APPENDIX A - WORKPLACE SPECIFIC INDUCTION CHECKLIST

No	Items covered	Yes	No	N/A
1.	Have you checked the competencies and qualifications of inductees?	✓		
2.	Have you discussed and clearly stated the procedures for reporting incidents, injuries and hazards?	✓		
3.	Have you discussed the workplace safety rules?	✓		
4.	Has the person been taken through relevant safe work method statements for the tasks to be performed?	✓		
5.	Is specialised equipment required and have they been trained to use the equipment?	✓		
6.	Do people have the correct PPE available e.g. • hard hat • safety glasses • safety boots • long sleeve shirt, and • high visibility vest?	✓		
7.	Have you shown the person what to do in an emergency and identified the location of the: • assembly point and evacuation route • closest medical facility • contact details of emergency services, and • provisions for emergency communications?	✓		
8.	Have you shown the person where all relevant firefighting equipment is located, for example fire extinguishers and hose reels?	✓		
9.	Have you shown the person: • the location of the first aid facilities and kits, and • who the first aiders are and how to obtain treatment?	✓		
10.	Have you shown the person where all the facilities are located including: • crib sheds • toilets, and • drinking water?	✓		
11.	Have you explained the workplace security procedures?	✓		
12.	Have you introduced the person to the Health and Safety Representative?	✓		
13.	Do they have any further questions or need clarification on any points or topics?		✓	

Attachment 7 **Incident Report Form** <Contractor>

Status: ☐ Worker ☑ Contractor ☐ Other

Outcome: ☐ Near miss ☐ Person injured ☐ Property damage

1. DETAILS OF INVOLVED PERSON

Name: Tom MAY Phone: (H) 0412 345 678 (W) _____

Address: 1 HOME ST Sex: ☑ M ☐ F

IPSWICH QLD Date of birth: 18-10-84

_____ Position: Contractor cleaner

Experience in the job: 5 YEARS (years/months)

Start time: 6:00 pm ☐ am ☐ pm

Work arrangement: ☐ Casual ☑ Full-time ☐ Part-time ☐ Other

2. DETAILS OF INCIDENT

Date: 1-11-24 Time: 6:00 pm.

Location: AUSTRALIA POST OFFICE IPSWICH QLD

Describe what happened and how: MISHANDLING OF CLEANING PRODUCT CAUSING CHEMICAL BURN TO SKIN.

3. DETAILS OF WITNESSES

Name: SAM SMITH Phone: (H) 3288 6152 (W) _____

Address: 1 HOUSE ST IPSWICH QLD

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) BURN

Cause of injury (eg fall, vehicle collision) CHEMICAL SPILL

Location on body (eg back, left forearm) RIGHT HAND

Plant/equipment involved (eg trolley, van) TROLLEY

5. TREATMENT ADMINISTERED

☑ First Aid ☐ Treated by doctor ☐ Admitted to hospital

Treatment given by (name): MICK DUNDEE

Treatment: HAND RINSED UNDER WATER -20 MINS. BURN covered.

Referred to: DOCTOR For further Treatment.

SECTION 6-9 MUST BE COMPLETED BY EMPLOYER

6. DID THE INJURED PERSON STOP WORK?

☑ Yes ☐ No

If yes, ☐ Has not returned to work.

☑ Returned to normal work. Date: 02-11-24 Time: 6:00pm.

☐ Returned to work on modified duties. Date: Time:

☐ Workers compensation claim ☐ Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

CLEANING PRODUCT SPILLED FROM TROLLEY. SDS NOT FOLLOWED for clean up. Correct Gloves not worn as per SDS.

8. RISK ASSESSMENT

Likelihood of recurrence: POSSIBLE

Severity of outcome: MODERATE

Level of risk: ☐ High ☑ Moderate ☐ Low

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed
SDS TO BE TOOLBOXED & FOLLOWED Correct PPE TO BE WORN	Supervisor Worker	02-11-24	02-11-24

10. ACTIONS COMPLETED

Signed (Manager): [signature] Title: Safety Advisor

Date: 02-11-24

☑ Feedback to person involved Date: 02-11-24.