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: JOHN SMITH Phone: (H) 0400 123 456 (W) _____

Address: 12 HILL ST Sex: ☑ M ☐ F

IPSWICH QLD Date of birth: 11-11-79

_____ Position: CONTRACTOR.

Experience in the job: 3 YEARS (years/months)

Start time: 7:00 ☑ am ☐ pm

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

2. DETAILS OF INCIDENT

Date: 10-11-24 Time: 8:00 am

Location: IPSWICH POST DEPOT QLD

Describe what happened and how: MANUAL HANDLING INCIDENT - Incorrect POSTURE LIFTING 20kg PARCEL. DID NOT ASK FOR ASSISTANCE OR UTILISE MECHANICAL AID

3. DETAILS OF WITNESSES

Name: BILL MURRAY Phone: (H) 0400 789 163 (W) _____

Address: 6 FAKE ST IPSWICH QLD.

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) LOWER BACK SPRAIN.

Cause of injury (eg fall, vehicle collision) Incorrect manual Handling Techniques

Location on body (eg back, left forearm) Lower BACK

Plant/equipment involved (eg trolley, van) NIL

5. TREATMENT ADMINISTERED

☑ First Aid ☐ Treated by doctor ☐ Admitted to hospital

Treatment given by (name): TOM HAYES

Treatment: ICE APPLIED

Referred to: DR FOR POSSIBLE SCAN.

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: Time:

☑ Returned to work on modified duties. Date: 12-11-24 Time: 7:00am

☐ Workers compensation claim ☑ Rehabilitation

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

Incorrect Manual Handling Techniques used.
No consultation with other employees for assistance considering weight of item. Opportunity to utilise mechanical aid but overlooked.

8. RISK ASSESSMENT

Likelihood of recurrence: POSSIBLE

Severity of outcome: MAJOR.

Level of risk: ☐ High ☐ Moderate ☐ Low HIGH

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed
Mechanical Aids to be utilised for item 20kg + Heavier	workers Supervisor	12-11-24	12-11-24.

10. ACTIONS COMPLETED

Signed (Manager): Title: Safety Advisor

Date: 12-11-24

☑ Feedback to person involved Date: 12-11-24.