

HIGH RISK CONTRACTORS INDUCTION CHECKLIST



Catholic Diocese of Auckland
TE TAUMATA O TE HAHI KATORIKA

Contractor Worker Name:

Induction Date:

Location(s) Working In:

Catholic Parish **Representative** responsible for induction:

- Check off each item as Contractor Worker(s) is inducted. Check for understanding of each item briefed on. If not applicable for induction, mark as N/A.

CATHOLIC PARISH CONTACT NAMES:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Workers are aware of their work area First Aider names, location and contact details? 		
<ul style="list-style-type: none"> Workers are aware of who their work area Emergency Warden is? 		
CATHOLIC PARISH HEALTH AND SAFETY POLICIES AND RULES:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Emergency Response Procedures (e.g. fire and evacuation, earthquake, chemical/substance spill, bomb, robbery etc as appropriate). 		
<ul style="list-style-type: none"> No alcohol or non-prescription drugs allowed on site. 		
<ul style="list-style-type: none"> Near Miss and Injury Reporting – take immediate action on those created by the works being undertaken. Reporting process and documentation discussed and understood. 		
<ul style="list-style-type: none"> Unsafe Act and Hazard Reporting – take immediate corrective action on identified Hazards. Reporting process, documentation and good housekeeping practices at all times discussed and understood. 		
<ul style="list-style-type: none"> Only to use safety compliant equipment, tools and electrical leads (i.e. current tag) 		
<ul style="list-style-type: none"> Ensure appropriate and restricted storage area for any hazardous substance on site during the contracted works period. All hazardous substances must be properly labeled and secured and Safety Data Sheets (SDS) available. 		
HAZARDS IN THE WORKPLACE:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Review and ensure the Contractor's Workers understand the existing hazards and the safe behaviours/actions required for the work area they will be working in. Refer to the relevant Hazard Registers and Safe Working Procedures (SOP's) for information. 		
<ul style="list-style-type: none"> Ensure the Contractor's Workers use the correct Personal Protective Equipment (PPE) as required. 		

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WORK PERMIT AND NOTIFIABLE WORK REQUIREMENTS FOR:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Ensure the Contractor's Workers use the correct safety signage and barriers as required. 		
<ul style="list-style-type: none"> Any site requirements around equipment isolation/lock-out 		
<ul style="list-style-type: none"> Working at height; Confined space work; Excavations; Hot work and Safety Observer (extinguisher required) 		
<ul style="list-style-type: none"> Any WorkSafe New Zealand Notifiable Work? 		

ORIENTATION WALK:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Location of Emergency Exits, Assembly Points and Emergency Equipment. 		
<ul style="list-style-type: none"> Location of First Aid Kits. 		
<ul style="list-style-type: none"> Location of toilets and washing facilities. 		
<ul style="list-style-type: none"> Location of parking. 		

PERSONAL BEHAVIOUR:	DATE COMPLETED	CONTRACTOR SIGNATURE
<ul style="list-style-type: none"> Observe all site policies and rules at all times. 		
<ul style="list-style-type: none"> Clean up your mess – ensure work area housekeeping is of a good standard at all times. 		
<ul style="list-style-type: none"> Manage the work activities and behaviours of yourselves and others to reduce the potential for physical or mental harm 		

Declaration: My signature below is confirmation that the above items have been effectively communicated, understood, and will be applied/adhered to when working at Catholic Parish **premises** or areas under their control.

Contractor/Consultants Representative's Name:	Position:
Contractor/Consultants Representative's Signature:	Date: ____/____/____
Catholic Parish Representative's Name:	Position:
Catholic Parish Representative's Signature:	Date: ____/____/____