

This checklist provides information to assist **Mackay Regional Council** in reviewing contractors WH&S compliance with relevant legislation and contractual arrangements. Actions are to be taken to address any issues identified, the completed checklist shall be included in the work file and a copy sent to contracts@mackay.qld.gov.au.

Contractor:						
Contract Name & Number:						
MRC Representative: Contractor Representative:						
No	Induction/ Training	Y	N	NA	Risk	Comment
1	Have all contractors been inducted, and can they produce evidence of induction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Has consultation, training been provided on the risk assessment for the task? Discussed at pre-start meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is there documented proof the contractors have been checked to ensure they are competent to complete the task safely? (Licences available e.g. electrical, plumbers, VOC for plant and equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Assessment/ Documentation						
4	Safe work method statements (SWMS) readily available for high risk construction work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Has the SWMS been reviewed and is it documented? (Use the SWMS review form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	JSA, SOP, SWI, SAFE 5 etc readily available for other work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is the work being carried out as per the controls in the task risk assessment? Have all the workers signed onto it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are site specific hazards detailed in the risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are high risk task hazards controlled- WAH, Excavation, confined space, Electrical work etc? Are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Have the required permits been completed? Hot Work, Confined space etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plant and Equipment						
11	Is all lifting gear tagged, current and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Is WAH access equipment in good condition and fit for use? <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffold <input type="checkbox"/> EWP <input type="checkbox"/> Harness and Lanyards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Are Ladders set up correctly?(1 in 4 footed/ tied off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	If the contractor using plant and equipment–fit for duty? <input type="checkbox"/> Pre-start completed? <input type="checkbox"/> Risk assessment available for the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Is scaffold in good condition, has it been inspected and a scaff tag is in place and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Site						
16	Are barricades / exclusion zones erected where required? Does the work impact on public safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Are all work areas tidy and free from trip points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Have all services been identified and the hazards controlled? Eg; Overhead /underground etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	Site signage/ traffic control in place where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	Adequate storage for plant and equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	Is solar radiation/ heat stress managed and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

22	Have all trenching hazards been identified and controlled on site- benched, battered and or shored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	If the contractor is making sparks, welding or oxy-cutting, has a hot work permit been completed? Are controls implemented and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Safety						
24	Is electrical equipment tested, tagged and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	Is the contractor using RCDs? (Portable orange boxes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26	If the work includes live electrical work, has the following been put in place; <input type="checkbox"/> SWMS, site RA, available and signed by workers <input type="checkbox"/> PPE- (Safety glasses, long sleeve burn retardant clothing, gloves rubber soled boots, and rubber mats) <input type="checkbox"/> Isolation/ test for dead. <input type="checkbox"/> Current electrical licence, CPR and Switch Board Rescue certificates. <input type="checkbox"/> Safety observer present-with CPR SB Rescue <input type="checkbox"/> Correct calibrated test equipment <input type="checkbox"/> Is a qualified technical person (QTP), endorsed on the electrical license, approving, performing or supervising the electrical work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical Management						
27	Ensure a Haz Subs register is available for all substances used by the contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28	SDS are available for all substances > 5 years old for all used on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	If the contractor is using hazardous chemicals is an SDS and relevant risk assessment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PPE						
30	Is appropriate PPE available and being used and maintained correctly e.g. <input type="checkbox"/> foot, <input type="checkbox"/> ear <input type="checkbox"/> eye, <input type="checkbox"/> head, <input type="checkbox"/> hand, <input type="checkbox"/> respiratory, <input type="checkbox"/> Long sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31	Have WAH and confined space harness and lanyards been tested tagged and are current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultation						
32	Daily pre-start meeting held; records kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33	Toolbox talks / team meetings regularly held; records kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work At Height/ Confined spaces						
34	Do the workers completing the task have adequate training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35	Is correct process followed? RA/ Permits etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36	Are all of the risks involved with the task controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37	Is all equipment, including harnesses used for the task in good condition and fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Signatures						

MRC Representative: **Date:**

Contractor Representative: **Date:**