

<u>CONTRACTOR</u> <u>WHS MANAGEMENT PLAN SITE REVIEW FOR PRINCIPAL</u>

Doc. Code: FRM-10.252 Version: 2.001 (01/07/2018)

An appointed Principal Contractor must prepare a site-specific WHS Management Plan for all construction projects.

During the implementation of a contract where MRC has appointed a Principal Contractor, the MRC Representative or a person authorised by MRC may verify the implementation of the contractor's WHS management plan using this form.

It is the responsibility of the Principal Contractor to determine any actions in response to any concerns or issues raised by MRC.

Contract Details:

Contract No.		Project Name						
Princi	Principal Contractor							
Ref		Criteria	Addressed	Comments / Observations				
	1 General and administrative requirements							
1.1		nagement plan been reviewed and, if ed to ensure it remains up to date.	☐ Yes ☐ No					
1.2	Is the plan readily accessible to any worker who is to carry out construction work at the workplace?		☐ Yes ☐ No					
		2 Consultation, cooperation	n, and coordina	tion				
2.1	Is the contractor consulting, cooperating and coordinating with other duty holders on site?		☐ Yes ☐ No					
2.2	Is the contractor consulting with workers on site?		☐ Yes ☐ No					
		3 Managing WHS	incidents					
3.1	Is the contractor managing WHS incidents, including managing investigations and notifying WHS Queensland When appropriate?							
		4 Provision of information, tra	ining, and instr	ruction				
4.1	Have site-specific and displayed?	health and safety rules been prepared	☐ Yes ☐ No					
4.2		t the workplace been informed of any h and safety rules?	☐ Yes ☐ No					
4.3	workplace been in	rrying out construction work at the nformed of the content of the WHS and any revisions of the plan?	☐ Yes ☐ No					
4.4	information, traini • scope of wo • work to be o • risks associ		☐ Yes ☐ No					
4.5	Do workers undertaking construction work hold a General Induction for Construction (white) Card?		☐ Yes ☐ No					
		5 License	s					
5.1		are carrying out high risk work hold the risk work licence?	☐ Yes ☐ No					



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Ref	Criteria	Addressed	Comments / Observations						
	6 Safe work method statements (SWMS)								
6.1	Have SWMS been prepared for high risk construction work?	☐ Yes ☐ No							
6.2	Are SWMS readily accessible to relevant workers carrying out high risk construction work?	☐ Yes ☐ No							
6.3	Are relevant workers aware of, trained in, and understand the contents of SWMS?	☐ Yes ☐ No							
	7 Facilities and the work environment								
7.1	Have facilities for workers been provided, including: • toilets (at least 1 toilet for each 15, or part of 15, workers); • drinking water (an adequate supply of potable, clean and cool drinking water); • washing facilities (clean water for washing the hands and face); • eating facilities (room or sheltered area)?	☐ Yes ☐ No							
7.2	Has a safe system for the collection, storage, and disposal of excess or waste materials been implemented?	☐ Yes ☐ No							
	8 Site signa	age							
8.1	Have signs been installed that: • show the principal contractor's name and telephone contact numbers (including an afterhours telephone number); • show the location of the site office for the project, if any?	☐ Yes ☐ No							
	9 Public access and workplace security								
9.1	Have provisions been made to ensure, so far as is reasonably practicable, that the workplace is secured from unauthorised access?	☐ Yes ☐ No							
	10 First a	d							
10.1	Are there provisions for ensuring first aid at the construction workplace, including: • the provision of first aid equipment for the workplace; • facilities for the provision of first aid; • an adequate number of workers trained to administer first aid?	☐ Yes ☐ No							
	11 Emergency preparedne	ess and respon	se						
11.1	Has an emergency plan has been prepared for the workplace, that provides for the following: • emergency procedures; • testing of emergency procedures; • information, training and instruction in emergency procedures?	☐ Yes ☐ No							



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Reviewer:

Name	Position	Di	ate
Signature			

Contractor:

Name	Signat	re D	ate
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