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| --- | --- | --- | --- |
| Contractor Health and Safety Induction Verification of Induction | | | |
| **Company/Business Name:** |  | | |
| **Contractor (OIC) Name:** |  | **Phone:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker Name:** |  | | |
| **Phone:** |  | **Email:** |  |

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| --- | --- |
| **Induction Category:** | Consultant or professional contractor  Low/Medium Risk Work  High Risk Work  Construction Project/Principal Contractor Appointment |

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| --- | --- | --- |
| I state that I:  have provided confirmation of my COVID-19 vaccination status.  have read and understood the *West Moreton Health Contractors Induction Handbook* and have completed the relevant parts of the handbook for the work I am undertaking.  have shown evidence of licences; certificates; authorisations for the work to be undertaken to the contractor engagement/contact Officer where required.  understand my Work Health and Safety responsibilities while contracted to West Moreton Health and agree to follow any reasonable direction(s) and to abide by any policy/procedure(s) provided in the interest of maintaining a safe and healthy work environment.  agree to abide by thePPE and dress standards procedure when on working at WMH Facilities  agree to participate in a *General Evacuation Instruction* no later than 2 days after a starting work in a facility | | |
| I have completed the following sections of the Induction Handbook relevant to my work  Part A  Part B  Part C | Signed | Date |

*This Certificate is valid for a period of two years from the completion date.*

Submitted to:

|  |  |
| --- | --- |
| **Contractor Manager Name** (or delegate) |  |
| I state that I have sighted the:   induction record  confirmation of COVID-19 vaccination status  relevant licence(s)  of the contractor/worker named above.  I am satisfied that the relevant licence(s) meet the requirements of the *Queensland Building and Construction Commission Act 1991 and Regulation 2018;* the *Work Health and Safety Act 2011 and Regulation 2011 and the Electrical Safety Act 2002 and Regulation 2013*.  Signed:  Date ………/………/…… | |

*Note: The certificate is to be retained by business area responsible for the contractor. A copy of the certificate is to be provided to the contractor/worker.*