

SERVICE PROVIDERS HEALTH AND SAFETY CHECKLIST

This checklist is used for service providers such as: educational services, workshops, specialist sport instructors, music teachers, allied health professionals, photocopier servicing, photographers, pest control etc.



For buildings / grounds and other high-risk works (construction, confined space, work at heights etc.), Contractor Induction Checklist must be utilised.

Please tick boxes once information has been provided to you.

CCES Work Health & Safety and Injury Management Policy – You have been made aware of t CCES WHS & IM Policy.		
Sign In and Out – All service providers and cont visit. Work is not to commence until contact has requested the work	tractors are required to sign in and out for each as been made with the designated person who has	
Respect of Vulnerable Persons – You have bee area e.g. use of amenities and access to areas.	en informed of any specific requirements in this	
Smoking – All buildings and grounds are smoke	free environments at all times.	
Reporting Incidents and Hazards – All injuries, near misses and hazards are to be reported. Report in the first instance to the worksite designated person.		
First Aid – If needed, qualified First Aiders and first aid kits are available.		
Emergency Procedures – An Evacuation Plan is available in each work area giving simple directions and showing the evacuation route and assembly area. If you hear a lock-in alarm, you are required to go inside the nearest building; or stay where you are if already indoors. If further directions are required in an emergency approach any staff member. You are required to participate in practice drills if they are held at a time that you are on site. Hazards specific to the tasks – e.g., electricity, chemicals, step ladder, manual handling – shall		
be identified and discussed with the designated person and appropriate hazard controls shall be put in place.		
Delineation of work area – If necessary, clearly cordon off the work areas to prevent persons entering, to prevent them from being exposed to, or creating, a hazard.		
Security – Do not leave personal items unatten access code, do not share it with anyone.	ded. If you have been provided with an after-hours	
Contractor / Service Provider Name:	Signature:	
Business / Organisation Name:		
Date:		
nduction conducted by:	Signature:	

This signed form is to be retained by the WHS Coordinator and a copy is to be provided to the service provider / contractor.