

# OHS Self Evaluation Checklist



Contractor Name:		Start Date:	DD MM YYYY
Client Name:			

## Instructions

- Please complete this checklist prior to beginning regular duties
- Please discuss all items, and place a tick (✓) in the relevant box upon completion
- At the completion of the induction, please ensure the checklist is signed to acknowledge the Induction has taken place
- Please return this checklist to your Paxus Account Manager

Induction Topics	Tick
Workplace walk through to highlight location of amenities / facilities	
How to report injury, incidents, hazards or unsafe work practices	
Identification of Client's Health and Safety Representative (if applicable)	
Emergency evacuation procedures including location of nearest exit and assembly point	
Location of First Aid Kit or room / Name of First Aider	
Awareness of safety signage / restricted areas (if applicable)	
Equipment required to be operated:  <input type="checkbox"/> PC <input type="checkbox"/> Printer <input type="checkbox"/> Scanner <input type="checkbox"/> Photocopier <input type="checkbox"/> Guillotine <input type="checkbox"/> Binder <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> Headset Other: Please specify Instruction provided on safe work methods and use of equipment (if applicable)	
Personal Protective equipment (if applicable) including instruction in correct use	

**NOTE:** Any changes to the contractor's job or duties must be immediately identified to the Paxus Account Manager.

Acknowledgement	
I have received and understood the induction covering the items outlines above.	
	DD MM YYYY
Contractor Signature	Date
Signed by (print name in full)	

SAVE FORM

PRINT FORM

CLEAR FORM