

CONTRACTOR INDUCTION

FARM NAME:		CONTRACTOR:	
PROJECT OR TASK:			
EXPECTED DURATION OF WORK:		FROM:	TO:

Contractor Contact Details

Cell Phone Number:
Business Address:
Emergency Contact:

As a contractor we expect you to comply with all policies and all instructions given to you by farm employees. By signing this form you are confirming that you have been through with the Farm Owner/Manager (or designate) all the items listed below and that you and your employees agree to comply with all farm policies while on this property.

ITEMS TO COVER	TICK TO CONFIRM
Farm Owner/ Manager/ representative has explained emergency procedures and provided emergency contact details.	<input type="radio"/>
Farm Manager has explained accident reporting and location of first aid kits.	<input type="radio"/>
Farm Manager has explained Drug and Alcohol Policy.	<input type="radio"/>
Farm Manager has explained hazards and shown the hazard register.	<input type="radio"/>
The farm's RT (radio) frequency is... (if applicable)	<input type="radio"/>
Contractor has confirmed they have appropriate equipment for the work.	<input type="radio"/>
Farm Manager has seen proof of contractor competency (e.g. trade certification) where relevant.	<input type="radio"/>
Contractor has confirmed they will report any accidents that happen on site.	<input type="radio"/>
Contractor has explained location and hours of work and any subcontractors to be used. (record details)	<input type="radio"/>
Contractor has presented an appropriate safety plan.	<input type="radio"/>

Farm Manager's Post Contract Safety Review

HAPPY WITH THEIR STANDARD OF WORK & SAFETY PRACTICES? (TICK ONE) <input type="radio"/> <input type="radio"/> <input type="radio"/>		DISCUSSED WITH STAFF IN A TOOLBOX MEETING? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> <input type="radio"/> <input type="radio"/>		MEETING DATE:	
Comments: 			
FARM MANAGER SIGNATURE:			DATE:

