

The contractor must complete this plan and give to Centre Management before commencing work.

Attach all supporting documentation to this form.

#### **Contract details**

Contractor name:						
Contractor address:						
Contractor representative:						
Contract description:						
Location of works:						
Timing of works (approximate):	Start date:	/	/	End date:	/	/

## Responsibilities

Name	Position held	Safety responsibilities	Contact number (direct)

## Emergency contact details

Contact	Name	Position	Contact number (direct)
First contact			
Second contact			
Third contact			
Fourth contact			



### Scope and activity details

Major activities		

#### Training and inductions

Do you have a documented training procedure including inductions covering safety requirements? Yes / No

If  $\dot{Y}es$ , attach a copy to this form.

If No, complete the following section outlining how it will be implemented.

(Training records must be available on request.)



#### Work Method Statements

Complete the following section outlining how you will ensure that all employees and subcontractors understand the Work Method Statements (WMSs). Attach copies of the relevant WMSs.

#### First aid and injury management

Do you have a documented procedure for first aid and injury management? Yes / No If Yes, attach a copy to this form.

If No, complete the following section outlining how it will be implemented.

Do you have a rehabilitation or injury management policy and return to work program? Yes / No

If Yes, attach a copy to this form.

If No, complete the following section outlining how it will be implemented.



#### **Emergency procedures**

Identify any other emergency procedures used during the works. List emergency procedures that you will provide and how they will link with the Centre's procedures, for example emergency plan, emergency equipment or liaison with other workplaces.

#### Incident reporting and investigation

Do you have a documented incident reporting and investigation procedure? Yes / No If Yes, attach a copy to this form.

If No, complete the following section outlining how it will be implemented.

### Specialised work or licensing

List any special licences required for the contract works.



#### Training requirements

List any relevant communication or training methods used during the works in relation to safety, for example weekly toolbox meetings or safe procedure training.

#### Plant and equipment register

Complete the attached plant and equipment register.

#### Chemical management

Complete the attached Chemical Register listing all chemicals to be used.

#### Safety monitoring

List any ongoing inspections, hazard management or incident reporting or investigation processes to be used during the works, if relevant.

Subcontractor management Complete the attached Subcontractor List detailing the subcontractors to be used and the details of the subcontractor management.

#### Agreement

This Safety Management Plan and any attachments incorporate all the safety requirements outlined in the contract.

Name:	Position:
Signature:	Date: / /