Checklist for contractors entering Northern Territory Government schools

| **Contractor details** |
| --- |
| Company name |  |
| Phone |  |
| Contractor name |  |
| Mobile |  |
| Location of work |  |
| Start date |  | Finish date |  |
| **Type of work** |
| Tick the boxes relevant to indicate the types of work you will be undertaking. |
|[ ]  Electrical work |[ ]  Asbestos work |[ ]  Work at heights |[ ]  Tree inspection |
|[ ]  General gardening |[ ]  Pest control |[ ]  Plumbing work |[ ]  IT or communication |
|[ ]  General construction |[ ]  General maintenance |[ ]  Operating machinery |[ ]  Air conditioning work |
|[ ]  Other, please specify |  |
| **Control measures** |
| Tick the boxes relevant to indicate the precautions you will be taking to manage the risks. |
|[ ]  Protective clothing |[ ]  Safety data sheets |[ ]  Portable ladder |[ ]  Housekeeping |
|[ ]  Safety harness |[ ]  Air monitoring |[ ]  Temporary fencing |[ ]  Warning signs |
|[ ]  Eye protection |[ ]  High risk licence |[ ]  Temporary handrails |[ ]  Spill kit |
|[ ]  Hearing protection |[ ]  White card |[ ]  Erect barriers |[ ]  Skip or wheelie bin |
|[ ]  Enclosed footwear |[ ]  Asbestos licence |[ ]  Hard hat |[ ]  Fire watch |
|[ ]  Breathing protection |[ ]  Electrical test and tag |[ ]  Mobile work platforms |[ ]  JSA/SWMS/Safe work instruction |
|[ ]  Isolation tag or lock out |[ ]  Electrical licence – A class |[ ]  Electrical licence – restricted |[ ]  Fire system bypass or isolation |
|[ ]  Supervision of apprentice or trainee |[ ]  Other,please specify |  |

| **Contractor declaration** |
| --- |
| Tick the boxes relevant to indicate the prestart actions you and your team have completed. |
|[ ]  Completed site sign in and induction |[ ]  Agree to report all incidents to the school leadership as soon as possible |
|[ ]  Agree to follow all site rules whilst on site |[ ]  I have a written JSA/SWMS/Safe work plan |
| I agree to carry out the above stated work, follow the site rules, safe work procedures and implement the agreed precautions outlined in my work plan and in this pre-start checklist. |
| Contractor signature |  | Date |  |
| Further informationPlease return the completed checklist to Reception. |

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