**CONTRACTOR INDUCTION CHECKLIST**

Employing Business Name………………………………………………………………………………………………………………..

Contracting Business Name: …………………………………………………………………….. ABN:…………….……………..

Address ………………………………………………………………………….………. Phone No: …………………………………….

Contractor’s Authorised Person: ………………………………………………………… Phone No: …………………………

Brief Description of Work to be Undertaken…………………..………………………… Start Date: ……/……/……

Return to Work SA Registration Number …………………..…………………………

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| --- |
| **Introduction*** Explained work to be undertaken
* Explained who contractor reports to and introduced to relevant supervisor(s)
* Explained that foreign nationals must have a visa with permission to work in Australia
* Explained how to report hazards, injuries, near misses, accidents, documents required and to whom
* Explained that no one uses any equipment, machinery or, chemicals without the necessary experience, training, appropriate licences and required Personal Protective Equipment
* Explained where first aid kit is located
* Shown the work area, toilet, drinking water, amenities and, eating facilities.
* Identified location of MSDS
* Identified emergency assembly point and procedures

**Contractor Conditions*** Copy of Contractor’s liability insurance provided
* Licences/permits for machinery, equipment and chemicals to be used in the vineyard have been sighted
* Name of the industrial award the Contractor is using \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Classification levels under the Award that Contractor’s Employees are paid at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rates at which Contractor’s Employees are paid $\_\_\_\_\_\_/Hour *or* Piece Rate $/\_\_\_\_\_\_\_\_
* Name(s) of the Complying Superannuation Fund used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Contractor Declaration**

I have read and understood that I am fully compliant with all Australian Laws and when I provide labour, all employees

* Are paid at least the minimum provisions of the industrial award named above,
* Are paid Superannuation to a complying Fund in a timely manner as required by law
* Engaged by me are eligible to work in Australia and I have copies of Visas for foreign nationals.
* I am registered and my payments are current with Return To Work SA
* I will retain all wage records for a minimum of 6 years after an employee ceases employment.
* I agree to provide the grower with copies of any document to confirm this statement.
* I have provided this information freely and without coercion.

**Contractor’s Authorised Representative: Employer’s Authorised Representative:**

Name …………………………………………………… Name ……………………………………………………

Signature ………………………………… Date: …. / …. / …. Signature ………………………………… Date: …. / …. / ….

Witness Name …………………………………………………Print Name

Witness Signature…………………………………………… Date: …. / …. / …