**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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: …. / …. / …