

# 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 .....

## 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:

Name .....

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

Witness Name .....Print Name

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

### Employer's Authorised Representative:

Name .....

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