

Host Employer Details

COMPANY NAME	
ABN	
ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
NATURE OF INDUSTRY	
PLACEMENT POSITION/S	
WHS REPRESENTATIVE	
WHS REPRESENTATIVE CONTACT DETAILS	
SCOPE OF WORK/ACTIVITIES	

Declaration of Host Employer

"I recognise that as the Host Employer I have specific obligations under relevant WH&S legislation and I undertake to ensure the health and safety of Indigenous Workstars Employees, whom I understand are under my supervision. I confirm that the answers provided during this assessment are correct and will notify Indigenous Workstars if the role in which the Employees are engaged or nature of the work changes. I will also ensure that Indigenous Workstars Employees are inducted and aware of all site-specific safety requirements prior to commencing work."

Name:

Signature:

Position:

Date:

Site Workplace Health & Safety Accreditation Details

Please select one from the options below:

- Accreditation Certificate
 - OHSAS
 - 18001
 - AS4801
 - AS4802
 - ISO9001
 - ISO45001
 - Self-Insured

- WHS Management System Implemented (No Accreditation/Self-Insured)

- No Accreditation/No WHS Management System



Workplace Risk Assessment

WH&S Management		Host Employer Comments
Is there a current WH&S Policy approved by Management?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are safety rules clearly displayed in work areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a workplace inspection process in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a fatigue management policy in place that allows for long periods of work, both physical and mental drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do employees get a min. 10hr break between shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Induction/ Training/ Supervision		Host Employer Comments
Are all employees given a workplace specific induction on commencement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are employees made aware of all relevant workplace hazards and the importance of reporting associated controls/work methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be supervised during work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will accurate WH&S training records be maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are employees informed of Drug and Alcohol testing policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
WH&S Hazard and Risk Management		Host Employer Comments
Are walkways, stairways and doorways free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are site amenities adequate and maintained in a hygienic, safe, and serviceable condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are indoor and outdoor work areas, walkways, and stairs well-lit at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are employees made aware of reporting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there corrective and preventative actions processes in place, and communicated to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there corrective and preventative actions processes in place and communicated to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will all stakeholders consult, within a reasonable time, to adequately investigate hazards and/or injuries reported by their employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Workplace Risk Assessment

First Aid		Host Employer Comments
Does the workplace have trained First Aid staff and suitable first aid facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are employees aware of first aid facilities and nominated staff onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are first aid kits appropriate for the relevant work performed onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Preparedness and Response		Host Employer Comments
Are employees given general evacuation instructions in case of emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are employees given First Response Instructions and documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the emergency response plan tested at periodic intervals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has a fire warden been appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are evacuation procedures displayed, highlighting Emergency Assembly Area/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are emergency wardens appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are emergency floor plans displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there firefighting equipment appropriate to the nature of the work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Personal Protective Equipment		Host Employer Comments
Has the need for PPE been assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is training provided on the correct selection, care and use of PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is PPE maintained, and stored correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is PPE readily available for all employees onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
COVID-19 Policy		Host Employer Comments
Do you have a COVID-19 Policy and stipulated procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are staff members regularly receiving safety talks, toolbox talks, sanitization & social distancing reminders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is hand sanitizer available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Workplace Risk Assessment

Fumes/ Dust/ Ventilation/Biological		Host Employer Comments
Is there adequate ventilation at the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be exposed to air borne contaminants? If yes, is adequate PPE provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be exposed to asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there required vaccinations or medical tests for this workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are flammable liquids stored appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are flammable liquid storage facilities maintained and at a safe distance from potential ignition sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
General Safety		Host Employer Comments
Are there any work areas identified as having excessive noise? If yes, are ear plugs/muffs provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do hearing protection areas have relevant signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a risk of falling objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a risk of falling from heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there floor surfaces that are uneven or slippery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are adequate handrails provided in stairwells?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Could employees fall from heights or into depths?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are control measures such as scaffolding/guard rails in place where appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are harnesses provided for all work over 2m high?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be exposed to extreme hot and/or cold temperatures? If yes, are measures in place to mitigate exposures and relevant PPE available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Confined Spaces		Host Employer Comments
Are confined spaces labelled and restriction information included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will only certified employees enter confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are Risk Assessments performed for all confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Workplace Risk Assessment

Electrical		Host Employer Comments
Is there a documented process to identify and control electrical hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are isolating switches clearly labelled and identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do safety switches/guards protect portable electrical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is all electrical equipment tagged according to Australian Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Manual Handling		Host Employer Comments
Are all manual handling tasks in the workplace risk assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have efforts been made to reduce manual handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees have access to other staff members when lifting over 20KGs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are storage compartments organized in a user-friendly manner to reduce bending and twisting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the workspace adequately sized to facilitate ease of movement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be exposed to vibration during their duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are work benches at a comfortable height and sitting/standing equipment is suitable and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are tasks rotated to avoid repetitive work? If yes, what controls are in place to reduce risk of related injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Working Remotely/Alone		Host Employer Comments
Will employees be unsupervised in their daily duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Warehouse and Racking		Host Employer Comments
Is racking in good condition and inspected as per Australian Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are safe working load signs clearly displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Workplace Risk Assessment

Driver Safety/ TMP		Host Employer Comments
Are vehicle pre-starts completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are company vehicles serviced in accordance with manufacturing specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the worker inducted in company driving policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are first aid kits and Fire Extinguishers supplied in company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there an up to date and enforced Traffic Management Plan enacted in all workplaces onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are procedures in place to cover Heavy Vehicle Operation/Long Haulage legislative requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Dangerous Goods and Hazardous Substances		Host Employer Comments
Are dangerous substances clearly labelled and safely stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have decanted substances been labelled in accordance with legislative requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there segregation of incompatible classes of chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a clearly displayed process for dealing with spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Plant and Equipment		Host Employer Comments
Are there Standard Operating Processes for plant and equipment users?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are all employees trained to operate machinery safely including pre-start checks and isolation procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is adequate supervision provided to ensure Standard Operating Processes are adhered to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are Employees licenses checked and current status enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
High Risk Construction		Host Employer Comments
Will high risk construction work be undertaken by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are site specific inductions completed with employees prior to commencing work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Workplace Risk Assessment

Excavation and Trenching		Host Employer Comments
Are there any excavations being undertaken on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be safeguarded from falling into excavations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Will employees be protected from Trench collapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there safe access to trenches and excavations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Heat and Pressure Work		Host Employer Comments
Are safety procedures in place for welding work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are gas cylinders appropriately marked and stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	