This self-assessment checklist and report is to be completed annually, per each AIS operating under contract and signed off by the contract holder.

Given to your AIS auditor at the time of your audit.

**AIS details**

AIS name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Proprietor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIS number:

AIS Stamp here:

|  |  |  |
| --- | --- | --- |
| **Do you have the following procedures and practices in place?** | **Yes** | **No** |
| Are employees consulted with about health and safety and are committed to identifying and helping to resolve health and safety issues? |  |  |
| Employees are trained in health and safety requirements that are relevant to their position? |  |  |
| Appropriate first aid resources are available on sight? |  |  |
| Reporting mechanisms are in place for any incidents that occur? |  |  |
| Regular workplace Occupational Health and Safety (OH&S) inspections are undertaken? |  |  |
| All plant and equipment is maintained according to the manufacturers recommended schedule and maintenance records are readily available? |  |  |
| A documented fire escape plan is available to employees and displayed? |  |  |
| Fire warden is on sight during (normal) working hours? |  |  |
| Physical hazards have been identified and controlled? |  |  |
| Personal protective equipment is provided to all employees? |  |  |
| All electrical equipment has been tested, tagged and up to date? |  |  |
| All hazard materials are maintained appropriately? |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I have completed this WHS report. I declare that all questions in this report to the best of my knowledge are true and correct..

*(Print name)*

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_