



CSG 15 F5 - Monitoring Form



We work and communicate with our Contractors to keep each other safe

Contractor Monitoring Form

Persons Name:			
Site Supervisor Name:			
Contract Name (if applicable):			
Date:	Site Location:		
Types of Monitoring required	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
			Council
What level of monitoring is required to ensure that the Contractor/Consultant is complying with WHS Obligations?			<input type="checkbox"/> Weekly
			<input type="checkbox"/> Monthly
			<input type="checkbox"/> Random
Inspection Checklist	YES	NO	N/A
Is there evidence of consultation and communication shown by the Contractor for WHS issues onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the task being performed associated with high-risk construction work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the relevant SWMS & Site risk assessments being followed for any high-risk tasks being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the correct Personal Protective Equipment available and being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appropriate level of First Aid being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there appropriate emergency procedures in place? i.e who to contact, what to do and where to go in an emergency etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a suitable fire extinguisher onsite (checked in the last 6 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of an incident / near miss / hazard reporting system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are safe work procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do workers hold the required competencies / licences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are permits to Work, for "Working Heights", for "Hot Work" or for "Confined Spaces Entry" available and being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all Electrical equipment tested and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Isolated electrical equipment and cabling danger tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the general public protected from the work being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Safety Data Sheets available for hazardous substances and dangerous goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all substances appropriately labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are spill kits available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Are operators of plant trained & licensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are plant and tools onsite in good order? (Safeguarding in place etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person provided evidence of any training required for the position, including permits for high-risk work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an appropriate Traffic Control Plan in place for the site and any traffic hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other hazards on site observed? Discuss and list them below:			
Monitoring Outcome			
<input type="checkbox"/> I am satisfied that the Contractor / Council is meeting SSC WHS management requirements <input type="checkbox"/> Contractor / Council does not comply with SSC's WHS requirements with further WHS improvements required (list below corrective actions required)			
Corrective actions required / Non-compliance notes etc			
Contractor / Site Representative Name:			
Signature:			
SSC Representative Name:			
Signature:			

Document controller	WHS Team		
Approved by	Director of Corporate Support		
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