

# Contractor OHS Performance Report Form

This form is to be completed by the Contractor and submitted to the Aqwest Contract Manager with every invoice.

<b>Contract Company:</b>		<b>Contract Number:</b>			
<b>Contractor site:</b>					
<b>Report month:</b>		<b>Or period from</b> /    / <b>to</b> /    /			
<b>Final report</b> <input type="checkbox"/> (tick)		<b>Report no:</b>		<b>(1,2,3,etc)</b>	

Required data (including Sub-Contractors)	This month / period	Contract total to date
Estimated man-hours worked		
No. of LTs/LTDs		
No. of MTIs (Not including LTIs/LTDs)		

WorkSafe – Reportable Incidents and notices	This month / period	Contract total to date
No. of incidents causing injuries/Diseases that are reportable to WorkSafe under OSH Regulations.		
No. of other incidents with potential to have caused Injury/Disease reportable to WorkSafe.		
No. of WorkSafe improvement Notices received.		
No. of WorkSafe Prohibition Notices received		

No. of incidents causing injuries/diseases that are reportable to WorkSafe under OSH Regulations.	
No. of other incidents with potential to have caused injury/disease reportable to WorkSafe.	
Contact details:	

Definitions	
LTI/D	Lost time injury or disease that results in a fatality, permanent disability or time lost from work of one day/shift or more.
MTI/D	Treatment administered to an injured worker by a health professional. Medical Treatment does not include first aid administered by a health professional or diagnostic testing [e.g. X-rays, electrocardiogram (ECG), etc.].

Declaration		
I declare that this report is true and accurate		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

REVISION HISTORY				
Version	Date released	Description of Changes	Author	Authorised by
Draft		First Draft	Robert Allan (STCO)	
1.0	9/03/2017	First Version	Robert Allan (STCO)	Gary Hallsworth (MWS)