



Contractor WHS Performance Report Form

AWHS-03-TMP-005

Last approved: 20/02/2023

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

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

Required data (including Sub-Contractors)	This month / period	Contract total to date
Estimated man-hours worked		
No. of LTIs/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 WSH 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 injured worker by a health professional. Medical Treatment does not include 1st 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		
Name:	Signature:	Date:

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)
2.0	20/02/2023	Replace OHS with WHS	Ian Prosser (CHSEQ)	Ian Prosser (CHSEQ)