



RAYKONGGROUP

workplace relations | **labourplus** | contracting solutions

REGISTRATION FORM LABOURPLUS CASUAL EMPLOYMENT

NAME:	
LICENCE NUMBER:	
REFERAL CLIENT:	
REGISTRATION DATE:	

INTRODUCTION AND IMPORTANT INFORMATION

Labourplus is the largest labour hire provider of quality, licensed security personnel to the security industry in WA. Labourplus also provides quality, licensed security personnel to businesses in QLD, NSW, VIC and the NT.

You can register your interest for employment on a casual basis with Labourplus by completing and submitting this Registration of Interest Form.

To be considered for employment with Labourplus, it is of high importance:

- that you hold all relevant licences, certificates and cards required in the State or Territory for the security positions you are registering your interest for;
- that you hold all visas and meet all immigration requirements necessary to work in Australia; and
- that you are fit to perform the required duties of the position you are licensed to perform in the security industry.

Please note that this Registration of Interest Form is not an offer of employment. If you complete the registration and induction process, Labourplus will contact you if and when assignments become available.

Omissions, false or misleading information will result in your registration being refused for consideration. If your registration results in an assignment for work, and if it is subsequently discovered that you have provided false or misleading information in your Registration of Interest Form, it may result in immediate termination of employment with Labourplus.

CONTACT US

If you would like more information about Labourplus or assistance in completing this Registration of Interest Form, please contact our helpful Labourplus staff.

Labourplus Head Office

T: 1800 RAYKON (729 566)

F: 1300 857 733

E: lp.support@raykon.com.au

P: PO Box 135 Burswood WA 6100

A: 178 Great Eastern Highway, Ascot, WA, 6104

W: www.raykon.com.au



WHAT DO I NEED TO DO TO COMPLETE THE REGISTRATION PROCESS?

Complete the Registration of Interest Form and Safety Induction.

To register your interest in casual employment with Labourplus, you must complete this Registration of Interest Form and provide all the necessary documentation including:

- Proof of your right to work in Australia – Acceptable documents are listed in this Registration of Interest Form;
- Security and/or Crowd Controller Licences – Ensure that they are not expired or suspended; and
- Compulsory Certificates and/or Cards – First Aid Certificate, Drivers Licence, RSA Card, Blue/White Card, etc.

We will inform you if additional documents need to be provided. You can provide these documents to Labourplus by email, fax, mail or in person.

How will I know if the registration process is complete?

You will be placed on the Labourplus availability list and will be contacted by phone or email if you are offered an assignment for a Labourplus client.

If I am offered an assignment, what happens next?

If you are offered and accept an assignment with Labourplus, you will be sent a "Work Kit" and you will be required to have:

- read and understood the Employment Policies and Procedures Manual;
- read, understood and signed the Safe Working Instructions;
- read, understood and signed an employment agreement setting out the Labourplus terms and conditions of employment; and

Once I have completed the Labourplus Work Kit, what happens next?

You will also need to complete all necessary documentation, and provide the documentation to Labourplus, including:

- **Tax File Number Declaration** – As required by the Australian Taxation Office;
- **Bank Account Details** – For receipt of wages earned; and
- **Superannuation Fund Details** – If you choose to use your own Superannuation Fund (otherwise the default fund will be used).

We will inform you if additional documents need to be provided. You can provide these documents to Labourplus by email, fax, mail or in person. When Labourplus receives ALL the documentation required, you will be allowed to start work on the assignment immediately.

PERSONAL DETAILS

Title: Given Name(s):

Gender: M F Last Name:

Date of Birth: / / Place & Country of Birth:

Contact Phone: () Email:

Street Address:

Suburb/Town: State: Postcode:

Postal Address: (If same as address above, write 'SAME')

Suburb/Town: State: Postcode:

IMPORTANT REMINDER

It is important that you inform Labourplus of any changes to your contact details. Failure to do so may result in you not receiving important information by mail or email.

IN CASE OF EMERGENCY CONTACT

Full Name:

Relationship:

Contact Phone: ()

RIGHT TO WORK IN AUSTRALIA

Labourplus is required to check that each applicant is entitled to work in Australia. You are required to provide proof of your right to work in Australia with this Registration of Interest Form. You can email, fax, mail or hand deliver your proof to Labourplus. Photocopies that are not clear or incomplete will NOT be accepted.

Please select one of the following that you will provide, and please complete the below section as applicable:

- An Australian passport
- An Australian citizenship certificate
- A certificate of evidence of Australian citizenship
- A full Australian birth certificate for a person born before 20 August 1986
- A full Australian birth certificate for a person born on or after 20 August 1986, showing that at least one parent was born in Australia
- A valid visa with permission to work in Australia

Passport Number:

Name as Shown in Passport:

Passport Country:

Visa Expiry Date:

Visa Type: Student Bridging Spousal Other

Maximum hours permitted to work each fortnight: _____ hours

If you have a valid visa with permission to work in Australia, do you give Labourplus permission to check the validity of your visa as required by the Department of Immigration and Citizenship (DIAC) through the Visa Entitlement Verification Online facility (VEVO)? Yes No

IMPORTANT INFORMATION FOR VISA HOLDERS

If you are the holder of a valid visa that has working conditions imposed, you must NOT breach those conditions. Penalties for individuals include fines and imprisonment. If you are employed by Labourplus and it is discovered that you have knowingly breached your visa conditions whilst employed, it will result in immediate termination of your employment and Labourplus is required to report your breach to DIAC. It is also an offence for Labourplus to knowingly or recklessly employ an illegal worker and companies may be fined a substantial amount for doing so.

LABOURPLUS (REGISTRATION OF INTEREST)

How did you hear about Labourplus?

Security Company Name of Security Company: _____ Contact Person: _____

Co-worker

Internet

Family/Friends

Other

SECURITY INDUSTRY LICENCES

Please select your relevant State:

WESTERN AUSTRALIA

You are required to provide a photocopy of each licence in the paper format as issued to you by WA Police Licensing Services. A photocopy of your licence card is not acceptable proof.

QUEENSLAND

You are required to provide a photocopy of both sides of your licence card as issued by the QLD Office of Fair Trading.

NEW SOUTH WALES

You are required to provide a photocopy of both sides of your licence card as issued by the Security Licencing & Enforcement Directorate.

VICTORIA

You are required to provide a photocopy of both sides of your licence card as issued by the Licencing and Registration Division (LRD).

NORTHERN TERRITORY

You are required to provide a photocopy of both sides of your licence card as issued by the Northern Territory Licencing Commission.

SOUTH AUSTRALIA

You are required to provide a photocopy of both sides of your licence card as issued by the Office of consumer Business affairs (OCBA).

EMPLOYMENT HISTORY IN YOUR RELATED INDUSTRY

Labourplus may contact your past employer/s for a reference. Do you provide permission for Labourplus to contact your past employer/s? Yes No

Company Name:

Job Title:

Tasks Performed:

Period of Employment:

Employer Contact Number: ()

Employer Contact Name:

Company Name:

Job Title:

Tasks Performed:

Period of Employment:

Employer Contact Number: ()

Employer Contact Name:

CURRENT EMPLOYMENT

Are you currently employed? Yes - Full time Yes - Part time Yes - Casual
 No

If you answered Yes, please provide the following details:

Employer Company Name:

Position Held:

Industry: Security Industry Other

Average hours worked each week: _____ hours

Employer Contact Name:

Employer Contact Number: ()

Do you provide permission for Labourplus to contact your current employer? Yes No

CONFLICTS

If you commence employment with Labourplus, before undertaking any new secondary employment you must seek written approval from your Labourplus manager who will assess the fitness for work risks. Nothing you do should conflict with your responsibility to Labourplus or compromise, or appear to compromise the quality of your work performance, your fitness for work (including fatigue), your commitment to your work and your ability to make impartial business decisions.

EDUCATION & ADDITIONAL INFORMATION

EDUCATION

- Did you attend Secondary school? Yes No
- If Yes, highest level completed? Yr10 Yr11 Yr12
- Did you attend College or TAFE? Yes No
- Did you attend University? Yes No
- Specialised training or courses? Yes No

If you answered Yes to any of the above questions, please provide further details:

ADDITIONAL INFORMATION

Please select the following options that best describe your personal skills and current situation:

- | | | | | |
|---|------------------------------------|-------------------------------|------------------------------------|-------------------------------|
| I am able to speak English | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| I am able to read English | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| I am able to write in English | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| I have my own transport to attend work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I have access to public transport to attend work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available on short notice | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available for weekday shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available for weeknight shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available for weekend day shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available for weekend night shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can work 12 hour shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |
| I can be available for work outside the metropolitan area | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | |

FITNESS FOR WORK

The Occupational Health & Safety laws throughout Australia provide a duty of care obligation to ensure that workers are able to work safely and are not adversely affected by hazards at work. To enable Labourplus and its clients to meet duty of care obligations, we are required to establish your health and fitness status to determine if you are capable of performing all the tasks that you are licensed to perform in the Security Industry.

Please answer the following questions truthfully and accurately. If it is subsequently discovered that you have provided false or misleading information in your Registration of Interest Form, it may result in immediate termination of employment with Labourplus and may result in any workers compensation claim being denied by the relevant authority.

Have you ever had or received treatment or medical advice for any of the following?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Heart problems including heart attack / angina/heart surgery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. High or low blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Lung problems including asthma /collapsed lung/ chronic bronchitis, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Hernia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Seizures / fits / blackouts / epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Panic attacks, stress, anxiety or depression | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Persistent headaches/ migraines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Alcohol dependence or substance abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Allergic reactions i.e.: Medications, foods, bee stings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have you ever had any operations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Have you ever been hospitalised | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Any skin conditions i.e.: eczema, dermatitis, skin rashes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Any problems with your ears i.e.: burst eardrums, problems equalizing, loss of hearing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Arthritis /rheumatism in any joint | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Repetitive strain or overuse injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Back problems including pain, sciatica and/ or whiplash | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Neck problems including pain and/or whiplash | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Any bone fractures or dislocations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Pain in your shoulder, hip, knee, ankle, elbow or wrist | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Injury from a motor vehicle accident | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Anyother medical conditions which could increase your risk of injury at work or place others at risk | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do any of the following apply to you?

- | | | |
|--|------------------------------|-----------------------------|
| 23. Are you taking any medications of any type? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Do you take any illicit or recreational drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- | | | |
|---|------------------------------|-----------------------------|
| 25. Have you ever had a Workers Compensation claim or any work related illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Do you have a current Workers Compensation claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you had any time off work in the past year (5 days or more) due to any illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Are you currently being treated by a doctor, physiotherapist or chiropractor for any injury or illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you ever been refused life /disability insurance, military service or employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Is there any reason why you cannot wear personal protective equipment (PPE)? | | |
| 31. Do you drink alcohol?
If yes, please list weekly amount:
And type: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Do you smoke?
If yes, please list daily amount:
Age when started: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you have any difficulty with any of the following activities?

- | | | |
|--|------------------------------|-----------------------------|
| 33. Running 100 metres | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Walking on rough ground | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Kneeling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. Standing for 3 hours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. Sitting for 3 hours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. Concentrating on what you are doing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. Lifting or bending | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. Pushing or pulling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. Repetitive movement of hands or arms | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. Seeing (reading, long distance, night) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. Reading and/or understanding English | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. Hearing a normal conversation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. Shift work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. Sleeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you ticked YES to any of the previous questions, please provide details below. Please include any relevant dates i.e.: when you were hospitalised / had your operation, when you were treated, when you submitted a claim, names or types of medication you are taking etc.

DECLARATION

I declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in the termination of my employment with Labourplus (if I commence employment with Labourplus).

I will inform Labourplus immediately if:

- my visa conditions change or if my visa is revoked or expires; and
- my Security Licence/s become restricted, suspended, revoked or expired.

I will abide by the conditions of my visa and I will not knowingly or deliberately breach the conditions of my visa whilst employed with Labourplus. I also declare that if my Security Licence/s expire at any time during an assignment, that I will not carry out any work beyond the expiry date except where State legislation allows me to provide a copy of my renewal receipt of which I will provide to Labourplus.

I acknowledge that it is my responsibility to ensure that, at all times:

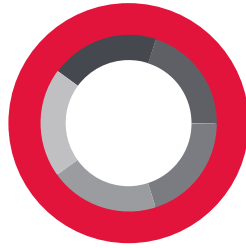
- my Security Licence/s are valid at all times; and
- any compulsory certificates and/or cards that I am required to hold for my position i.e.: First Aid Certificate, Drivers Licence, RSA Card, Blue/White Card, etc, will be valid at all times.

I understand that I may be required to undergo medical assessments as directed by Labourplus. I authorise the examining doctor to submit the assessment, medical report, physical findings, audiogram and all other investigations to Labourplus or their nominated representative.

I further acknowledge that in the event that I commence employment with Labourplus, I must seek written approval from my Labourplus manager before undertaking any new secondary employment.

Applicant Signature: _____ Date: / /

Applicant Name: _____ Sec Lic#



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OCCUPATIONAL HEALTH AND SAFETY

Induction Handout and Questionnaire

Please read the induction handout and return the completed questionnaire to the Labourplus Client Manager.

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1. OCCUPATIONAL HEALTH AND SAFETY POLICY

Raykon has an Occupational Safety and Health Policy which states how the organisation will manage Occupational Safety and Health in the workplace.

When you go to work next time find the Occupational Safety and Health Policy.

2. LEGAL RESPONSIBILITIES FOR OCCUPATIONAL HEALTH AND SAFETY (OHS)

The Occupational Safety and Health Act of WA places responsibilities referred to as "*General duty of care*" upon people to ensure their own safety at work and that of others who are at the workplace or who might be injured by the work.

These legal responsibilities are aimed at preventing anyone being killed, injured or contracting an illness because of work or activities at a workplace.

2.1 Who has a general duty? - Everyone!

- Managers, Employees and Self-employed people
- Contractors and their employees
- Designers, manufacturers, importers or suppliers of plant or substances
- Erectors or installers of plant
- Labour hire organisations and host employers
- Labour hire company employees

2.2 Your Duty of Care as an Employee

To take reasonable care of your own safety and health at work and avoid harming the safety and health of others; and to:

- Follow safety and health instructions (e.g. Standard Operating Procedures- SOPs);
- Use personal protective clothing and equipment;
- Take good care of equipment provided for your safety;
- Report hazards. This is very important when you are working on your own as the hazard can't be fixed if the employer doesn't know about it;
- Report work related injuries or illness. This is important to both prevent further injuries and to make sure you are eligible for workers' compensation if you need it; and
- Co-operate with the safety and health requirements

2.3 Employer responsibilities

The employer is to provide and maintain a working environment in which employees are not exposed to hazards. In particular providing:

- Safe systems of work
- Information, instruction, training and supervision

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- Consultation and cooperation
- Personal protective clothing and equipment
- For the safe use, use, cleaning, maintenance, transportation and disposal of plant; and the use, handling, processing, storage, transportation and disposal of substances

Because of the unique arrangement of labour hire, in effect there are two employers – your host and Labourplus. Both have a duty to provide a safe workplace, so we need to work together to protect you.

3. CONSULTATION AND COMMUNICATION

Consultation is a legal requirement, good communication and consultation is a positive way to manage safety and health in the workplace.

Communication and consultation occurs in the workplace through regular meetings and good communication between managers and employees.

3.1 Safe Work Instructions

Safe Work Instructions are developed to help keep you safe.

Your host employer may have Job Safety Analysis, Safe Work Instructions/Procedures or Safe Operating Procedures and you are expected to comply with these whilst working for them.

If you consider the work to put you at risk of serious or imminent harm you should stop work and report this to your supervisor. Please refer to the section on Aggressive Patrons or Public.

3.2 Resolution of Issues Procedure

Legislation requires that when a dispute or issue relating to health and safety arises, management and employees must attempt to resolve the matter between themselves.

If you have a safety and health problem or issue, raise it with your Supervisor or Safety and Health Representative and try to resolve the issue.

In the circumstances where you are unable to resolve the issue - you may to contact WorkSafe for assistance, however they will expect you to have followed this procedure in an attempt to resolve it “in-house”.

4. RISK MANAGEMENT

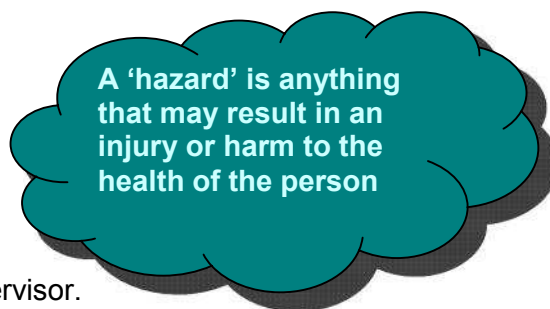
4.1 Hazard Reporting

If you spot a hazard, fix it immediately if it is possible and safe to do so.

If you can't fix the hazard, immediately report it to the supervisor.

Either complete the Host employer's *Hazard Report Form* and send a copy to your Labourplus Client Manager or use the Labourplus form.

- It is everybody's responsibility to identify and report hazards



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- **All** hazards must be reported.

Report all “NEAR MISS” incidents - the next one may result in severe injury or death!

4.2 Accident Reporting

- All injuries, sustained at work, however minor, must be reported to the supervisor as soon as possible. We can't prevent it from happening to anyone else if we don't know about it.
- You must also report any incidents involving plant, equipment, materials, contractors, members of the public and their property.
- Cuts, scratches and other minor injuries may develop into something serious if neglected and must be referred to the First Aider for attention.
- Failure to report personal injuries promptly has the potential to jeopardise your claim for workers compensation.

5. BULLYING, AGGRESSION AND VIOLENCE

The following behaviours and activities are dangerous and strictly forbidden in the workplace:

- Bullying and aggression;
- Practical jokes that compromise another person's safety and health;
- Horseplay and skylarking; and
- Distracting other employees whilst they are working.

As a security guard you should manage conflict so as to maintain the safety and security of the premises. Defensive measures may be required in the course of your job. As per your security training, you should always try to calm the situation down before using physical restraint. You must never use force on the neck or throat of people.

6. DRUGS AND ALCOHOL

Workers are to report for duty fit for work which includes not being under the influence of alcohol and or other drugs while at the workplace and / or performing work.

Workers are prohibited from using alcohol or other drugs at the workplace except where authorised to do so. For the purposes of this procedure “under the influence of alcohol” is deemed to be a blood alcohol reading of greater than 0.0 BAC (Blood alcohol concentration) or other Australian Standards approved alcohol or other drugs measurement unit. Unauthorised use of alcohol and other drugs at the workplace by workers may be considered by the company to be wilful misconduct.

The use of, possession of, or dealing in illegal drugs at the workplace by workers, is prohibited and is considered by the company to be wilful misconduct.

7. ELECTRICAL EQUIPMENT

Electricity is dangerous and can kill! Do not attempt to carry out electrical repairs.

When working with or near electrical equipment:

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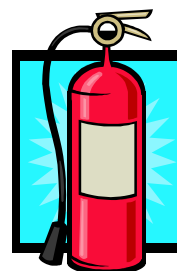
- inspect electrical tools and equipment before use.
- report any frayed wires, damaged cables or faulty switches to your supervisor.
- when using an extension lead across a traffic area protect it from damage by placing boards on either side of the lead.
- do not allow electric leads to lie in wet areas.
- do not operate or use any electrical equipment which has a Danger or Out of Service tag attached.
- If you receive a shock, even a small one, you must report it to your supervisor immediately.
- If working on a construction site all electrical tools and leads must be tagged every 3 months.

8. EMERGENCY PROCEDURES

You should be made aware of your host employer's emergency procedures.

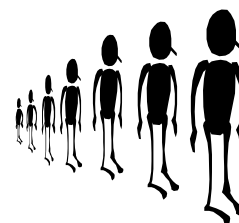
If you detect a fire:

- Alert the persons nearby and ask for assistance (Call 000);
- Alert all other personnel in the immediate area inform the Chief or Area Fire Warden;
- Use a fire extinguisher to fight the blaze only if it is safe to do so, and you have been properly trained; and
- Evacuate as directed by the Area Warden to the Assembly Area



8.1 Emergency Evacuation

- Evacuate or leave the workplace in situations where:
- There is a fire or occurrence where you fear for your safety;
- A siren alarm is sounding; and
- A warden has told you to evacuate the premises



The following procedure must be followed:

- Proceed in an orderly manner via the nearest safe exit to the Assembly Area;
- Remain at the Assembly Area until you receive further instructions from the Fire Warden or Emergency Service personnel; and
- Stay in the Assembly Area until the warden has accounted for every one on site.

9. FIRE PREVENTION

The risk of fire is present in most work activities and everyone has a vital role to play in its prevention.

- Handle and store flammable liquids safely - keep naked lights and sparks away.

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- Avoid the use of adaptors and long or damaged power cables.
- Keep fire extinguishers unobstructed and mounted on the wall.
- If you use an extinguisher take it to your supervisor afterwards for replacement
- Report all fires, no matter how small, to your supervisor immediately.

10. FIRST AID

You should check where the host employer's first aid boxes and defibrillator (if available) are located and who the first aider is. If in patrol vehicles you should have a kit in the car.

Take the following steps if anyone is injured:

- Follow the DRABCD action plan.
- Check for Danger to yourself, others and the injured person. If there is a significant danger of further injury due to the location of the injured person, move them to a safe position - this is the only occasion in which you are authorised to move an injured person. Otherwise treat them where they are.
- Check for a response.
- Raise the alarm. Call for a first aider (if available) or ambulance (ring '000').
- Follow CPR guidelines if the person is not breathing.
- If there is any bleeding, put on gloves from first aid kit. Use a clean pad and apply pressure to the injury. If there is no clean pad hold the wound against the bone to stop or reduce the blood flow.
- Make the person comfortable, keep them warm and reassure them.
- Do not move any limb which is broken.
- When the first aider or emergency services arrives be prepared to give assistance as required.

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11. Hazardous Substances

If you are required to work with chemicals you should have access to the Safety Data Sheets (SDS) for information about the safe use, storage and disposal of chemicals.

Correct protective equipment as stated in the SDS must be worn, this may include glasses and gloves.

Follow the safe handling and mixing instructions on containers and the instructions relating to the safe disposal of the material.

If you are not certain about the correct way to handle a substance read the label first, check the appropriate material safety data sheet (MSDS), or ask your supervisor.

You should be trained in the safe use of all hazardous substances before starting work with them.

12. HOT WEATHER

- In hot weather drink sufficient water to replace the fluid you lose through sweating.
- Drink, before you are thirsty, avoid drinking too much at a time - it is better to drink smaller quantities more frequently.
- If you follow a normal balanced diet it is usually unnecessary to eat any extra salt.
- Avoid alcohol, caffeine and highly sugared drinks - cool water is best.
- Wear loose fitting, absorbent clothing – preferably made from cotton fabric.
- If working outside, cover up, wear a hat, sunscreen lotion and safety sunglasses to protect you from exposure to ultraviolet (UV) radiation.
- Seek shade where possible.
- Take regular breaks.
- If you are feeling unwell, stop and rest. Notify your supervisor.

13. HOUSEKEEPING PRINCIPLES

A clean and tidy workplace is a major factor in maintaining a safe workplace.

- Maintaining a clean and tidy workplace is the responsibility of everyone
- Clean up as you go, don't leave mess for the next person



14. HYGIENE AND CLEANLINESS

Personal hygiene is important not only to prevent the infection of wounds but to prevent skin problems such as dermatitis through contact with harmful substances. Always wear the correct protective equipment and wash your hands after handling chemicals, before eating and after using the toilet.

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- Wash work clothes regularly and change if clothes get very dirty or wet during a job.
- Keep your lunch area clean, put your rubbish in the bin and wash up.
- Do not use strong detergents, kerosene or other solvents to clean your skin.
- Always use the toilet facilities with consideration for others.

15. LADDERS

Climbing ladders or scaffolds is prohibited.

16. LIFTING AND MANUAL HANDLING

Manual handling is a risky business. It represents a 40% of work place injuries.

Before you attempt to lift or move any object, **ASSESS THE RISK!**

Manual Handling injuries include:

- Damaged Vertebrae
- Herniated discs
- Abdominal Hernias
- Soft tissue injuries (sprains and strains)



There's no need to be a hero



Use a mechanical aid



or ask for help.

When lifting, use your leg and thigh muscles for lifting because they are much stronger than your back. Brace your abdominal muscles.

Never lift beyond your own personal lifting capability!

Avoid

- Lifting or moving heavy, bulky or awkward loads, including people.
- Repetitive twisting
- Bending below mid-thigh height
- Frequent and prolonged reaching above shoulder height
- Working in a constrained posture

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Follow these simple rules for all lifting work:

Size up the job and prepare

- Wear suitable clothing, footwear and hand protection as necessary.
- Remove any obstructions from the route you will travel.
- Make sure you have enough space in which to work.

Check the load –

- Before lifting check out the weight first by gently lifting a corner. If you can't lift it easily call for assistance or mechanical aid. Know your comfortable lifting capacity and don't exceed it.



Foot position

- Face the load and set your feet firmly about hip width apart, one foot slightly in front of the other.

Leg Action

- semi squat - do not squat right down

Straight Back

- Keep your back as straight as possible - it may not be vertical but it should not be arched.

Firm Grip

- Firmly grip load with the palm of your hands and the base of your fingers. Don't lift with your fingers. Wear gloves if necessary.

Lifting

- Relax your arms and keep your elbows in. Lift with the thigh and leg muscles, pull the load in close to the body and straighten up. Lift smoothly, don't twist or jerk.

Carrying

- Don't twist or jerk, keep the load close to your body.

Lowering

- This is the same as lifting, but in reverse - back straight, load close in, use the leg and thigh muscles to lower the load.

High Lifts

- If you must lift above shoulder height - do it in two stages. Lift to waist height, rest the load on a shelf/ projection, change your grip, bend the knees slightly and finish the lift to the higher level.

IF IN DOUBT - GET HELP

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17. OUT OF SERVICE TAGS

- Out of Service tags should be attached to faulty equipment to ensure they are not used until fixed.
- They are yellow and black – ask your host employer if you need any.

18. NOISE AND HEARING CONSERVATION

Regular exposure to excessive noise will cause permanent hearing loss. Noise also interferes with the ability to concentrate and therefore may be a direct cause of accidents.

If it is not possible to reduce workplace noise levels you must wear the supplied hearing protection and observe noise hazard warning signs.

- Ear muffs or ear plugs must be worn for all noisy tasks and areas- wear them, look after them and keep them clean.
- Ear plugs should be changed regularly. Use clean hands whilst inserting in the ear to prevent ear infection.
- Hearing loss is permanent and irreversible.

19. PLANT AND EQUIPMENT OPERATION

- Only trained and authorised employees may operate plant including vehicles.
- If you operate plant you must be aware of the safe and correct methods of operation including any requirement for the wearing of personal protective equipment.
- You are responsible for ensuring that the basic maintenance of your equipment has been carried out before use. This includes checks on oil, fuel, water, moving parts, hydraulics, brakes, air cleaner, and lubrication.
- Any observed equipment fault or need for repair must be reported to your supervisor without delay.
- It is a serious breach of OHS regulations to operate machinery without all guards in position or to disconnect or override any safety or emergency device.

20. SMOKING

Observe 'No Smoking' signs. Follow your host employer's policies and procedures. Some sites may be smoke-free. Please dispose of cigarette butts responsibly.

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Please keep the previous pages of this Induction for your future reference.

Now move onto the Questionnaire, complete sign and return to Labourplus in the ReplyPaid envelope provided (no stamps needed)

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OHS QUESTIONNAIRE

Please complete the following questionnaire and give to your Labourplus Client Manager.

Name: _____

Licence Number: _____

Position: _____

Please circle the correct answers:

1. If you were the first person to arrive at a scene of an emergency, what action would you take:

- a) Ensure your own safety first and report the emergency by radio or mobile phone
- b) Rush in and render first aid to the injured person
- c) Do not render assistance until a witness arrives
- d) Leave the emergency scene to call assistance

2. If you see a hazard in the workplace what must you do?

- a) Make the area safe if you can
- b) Notify your supervisor
- c) Fill out a hazard report form and forward to your Client Manager
- d) All of the above.

3. As a Raykon employee, it is OK to use a ladder when:

- a) You can't reach to change a light globe.
- b) Your host employer asks you to.
- c) Never – ladder use is prohibited.

4. What preventative measures would you use for U.V. exposure?

- a) Wearing long sleeve shirts and long trousers.
- b) Sun screen lotion.
- c) Hard hat brims.
- d) All of the above.

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5. The use of alcohol and other drugs in the workplace:

- a) Is OK as long as you don't blow over 0.05% BAC
- b) Is allowed during breaks
- c) Is Prohibited except where authorised

6. Use of Force

Any use of force must be lawful, justified and reasonable (circle correct answer):

TRUE / FALSE

7. If you are injured at work you should:

- a) Try to hide it so you don't get into trouble
- b) Report it only if it is serious enough for Workers' Compensation
- c) Report it to your supervisor regardless of how minor it is
- d) Use your own first aid kit so the host employer won't know

8. If you think you are at risk of harm from another person you should:

- a) Keep trying to talk them down
- b) Call for backup and push them away
- c) Consider a tactical withdrawal

9. When lifting something you should:

- a) Check the weight by lifting a corner
- b) Use mechanical aids where possible
- c) Bend your knees and keep a straight back
- d) Keep the load close to your body
- e) All of the above

I have understood and fully completed all sections of this induction to date. I will abide by the instructions and implement the information and training received as part of this induction in all my work for Labourplus

Employee Name: _____ Licence No. _____

Signature: _____

Date: ____ / ____ / ____

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