

## Monthly Contractor Health and Safety Report. To be sent to KDC Contract Mana

 Contract number: 1234 Month/year for: \_\_\_\_\_

 Prepared by: A Contractor Company/Organisation name: \_\_\_\_\_

Council department you are working for: \_\_\_\_\_

*Some of the events in these sections will need to be reported to WorkSafe ASAP.*

*See WorkSafe's Notifiable events webpage for a definition and the reporting form.*

*Events that do not need reporting to WorkSafe.*

Date Occurred	Time	Description	Action to be taken	Safety Audits	Reported Hazards	Non-harm Incident	First Aid	Medical Treatment	Lost Time Injury (Hrs)	Notifiable (Serious) Harm	Fatality	Date WorkSafe Notified
21.6.16	3 pm	Jill not using stepladder correctly	Shown correct use. To be covered at next meeting			1						

Internal or external health and safety training provided to Staff:

Subject	<b>23.6.16 Safe use of ladders</b>	Attendees	<b>Jill, John and Jack</b>	Duration	<b>10 Mins</b>
Subject	<b>27.6.16 chemicals M.S.D.S sheets</b>	Attendees	<b>All staff</b>	Duration	<b>15 Mins</b>

**Please attach copies of any WorkSafe investigations, Notifications, Notices Received or R**

*A little more information on the positive stuff you are doing to prevent harm please 😊*

The information provided above is a true and accurate record.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_