

TIER 1 + LICENSEE OSH ASSESSMENT



1. Introduction

VenuesWest (VW) is committed to maintaining a safe and healthy workplace for all employees, contractors and sub-contractors, licensees, users and visitors. All Tier 1+ Licensees are required to demonstrate their ability to perform their work or provide their service in compliance with the *OSH Act 1984 WA*, the *OSH Regulations 1996 WA* and the VW Occupational Safety and Health Management System (OSHMS). Licensees may be subject to a site audit as part of this process.

2. Licensee Performance

VW requires that Tier 1+ Licensees must provide and comply with:

- A signed and completed Tier 1+ Licensee OSH assessment including all required documentation;
- Evidence of an OSHMS that has been independently audited within the past three years and found to meet the requirements of a standardised audit tool (e.g. WorkSafe Plan, SafetyMap, AS4801; or an equivalent);
- Evidence of risk and/or hazard management plans that meet standard requirements applicable to the scope of work or event/activity license;
- All current Western Australian OSH Legislation, relevant Australian Standards and Codes of Practice;
- Adhere to the OSH requirements of VW; and
- Agree that any subcontractors engaged by the Licensee shall meet the requirements listed above.

3. Instructions for Completing the Questionnaire

- Please complete all the questions by circling 'YES', 'NO' or 'N/A' and insert written responses where required; and
- Return the completed Tier 1+ OSH Assessment along with any requested information to your VenuesWest Contact (VWC) prior to arriving on site.
- Please submit any additional information on a separate A4 document.

GENERAL INFORMATION						
Business name						
Address:						
City		State		Post Code		
Phone No		Fax No		Mobile No		
Contact Name		Position Held				
No. of Direct Employees				No. of Contract Employees		
1	OSH MANAGEMENT					
1.1	Please attach a copy of your business/organisations verified and valid OSHMS including an OSH Policy and all risk management plans relevant to the event/activity. * If you have answered 'NO' please state why? You will be required to develop and provide an OSHMS document for this activity/event.				YES	*NO
1.2	Is your business/organisation prepared to support and enforce all aspects of VW's Contractor Safety Guidelines? *If you have answered 'YES' please ensure you have attached a signed Contractor Safety Guidelines form. If you have answered 'NO' please state why you have answered 'NO'. Please note - Your activity/event will not be approved until you submit a signed contractor safety guidelines form.				*YES	**NO

2	COMPETENCY					
2.1	Are your employee's/volunteers formal work certificates and qualifications checked for currency prior to commencement of employment? *If 'YES' please state how this is undertaken? **If you have answered 'NO' or 'N/A' please state why?			*YES	**NO	**N/A
2.2	Are your contractor's formal work certificates and qualifications checked for currency prior to commencement of employment? * If 'YES' please explain how this process is undertaken? **If 'NO' or 'N/A' please state why? VW will require copies of any certificates or licenses required by your employees, contractors or sub-contractors to undertake their work as part of this submission process.			*YES	**NO	**N/A
2.3	Are the supervisory OSH roles and responsibilities of all employees and contractors defined for the duration of the activity/event? *If 'YES' please explain how this process is undertaken? **If 'NO' or 'N/A' please explain why?			*YES	**NO	**N/A
3	RISK MANAGEMENT					
3.1	Has a Risk Management Plan (RMP) been developed for your activity/event? *If 'YES' please include a copy of the RMP with this submission. Please ensure your RMP includes any dangerous activities associated with this event i.e. pyrotechnics, use of dangerous goods etc. ** If you have answered 'NO' you will be required to develop and provide a RMP for this activity/event.			*YES	**NO	
3.2	Does your business/organisation have processes in place for ensuring actions from JSA's, inspections, audits, safety meetings and incident investigations which may arise during the course of your activity/event are followed up and closed-out? *If 'YES' please explain the process. **If 'NO' or 'N/A' please explain why?			*YES	**NO	**N/A
4	OSH TRAINING PROGRAMME					
4.1	Are your employees/volunteers provided with any formalised OSH related training? *If 'YES' please list the training below.			*YES	**NO	**N/A
	TRAINING	INTERNAL / EXTERNAL	DATE	No. OF QUALIFIED STAFF		

	** If 'NO' or 'N/A' please explain why?			
4.2	Are your business/organisations OSH training records maintained? *If 'YES' please explain the process ** If 'NO' or 'N/A' please explain why?	*YES	**NO	**N/A
5	HAZARD MANAGEMENT			
	Your business/organisation will be required to conduct regular workplace hazard inspections whilst onsite. Please provide details of type, frequency and who will be involved in these inspections.			
5.1	TYPE	CONDUCTED BY	FREQUENCY	
6	SAFE WORK PROCEDURES (SWP's)			
	Will your employees, contractors or volunteers undertake any high-risk work or activities that require SWP's? *If 'YES' please provide a list of the SWP's/ Safe Work Method Statements (including date of last review) that will be used for this activity/event.	*YES	**NO	**N/A
6.1	Title	Review date		
	**If 'NO' or 'N/A' please explain why?			
7	OSH COMMUNICATION			
	Does your business/organisation have an OSH Committee? *If 'YES' please describe your OSH Committee meeting structure including frequency.	*YES	**N/A	
7.1	MEETING TYPE	CHAIRPERSON	FREQUENCY	
	** If 'N/A' please explain why?			
8	INCIDENT / INJURY / HAZARD REPORTING AND INVESTIGATION			
8.1	Does your business or organisation have a formal system for reporting incidents and injuries? *If 'YES' please provide a copy of your Incident / Hazard Report form.	*YES	**NO	

	**If 'NO' your business or organisation must adopt the VW Incident and Hazard Reporting procedure and circle 'YES'. A copy of the Incident and Hazard Reporting procedure can be found on our website or you can request a copy from the VWC.		YES	
9.	OSH STATISTICS			
9.1	Has your business/organisation been issued a Prohibition or Improvement Notice (PIN) from a Regulatory Authority? *If 'YES' please provide a description of the PIN.	*YES	NO	
9.2	Has your company been prosecuted by a Regulatory Authority? *If 'YES' please explain why?	*YES	NO	
9.3	Please provide details of your business/organisations safety record for the last three years as follows:			
		Year	Year	Year
	Fatalities			
	Lost Time Injuries			
	Medical Treatment			
	Restricted Duties			
	First Aid Injuries			
	Days Lost			
	Incidents			
	Total Hours Worked			

Please provide copies of your current Insurance Certificates. Please note – As this OSH assessment document is valid for 12 months if an insurance policy lapses during this time you will be required to provide a new insurance certificate of currency to maintain the validity of this OSH assessment process. If you do not provide an updated insurance certificate of currency within an acceptable timeframe you will be required to complete the whole OSH assessment process again.

Type of Cover	Insurer	Other Information		Copy Supplied
Workers Compensation		Employer Number		
Public Liability		Amount of Cover		
Professional Indemnity		Amount of Cover		
Motor Vehicle		Amount of Cover		
Volunteer		Amount of Cover		

Licensee sign-off

The information provided in this questionnaire is an accurate summary of your business/organisations OSH and Risk Management practices. By signing below you agree that this information is correct and you agree to meet and maintain all the requirements (including contractor, sub-contractors and volunteers requirements) of this OSH submission process.			
Name		Signed	
Position		Date	

VenuesWest sign-off

Recommended Tier 1+ Licensee for VenuesWest:	Yes		No	
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Signed: _____ Date: _____

General Manager

Endorsed Tier 1+ Licensee for VenuesWest:	Yes		No	
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Signed: _____ Date: _____

Risk, Safety and Wellbeing Manager

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Chief Executive Officer

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Chief Operating Officer

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Director Strategy, Marketing and Governance

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Director Portfolio Management

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Director Corporate Services

<i>Approved Tier 1+ Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Executive Team member - Manager Executive Services