

TIER 2 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 2 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. Licensees may be subject to a site audit as part of this process.

2. Licensee Performance

VW requires that Tier 2 Licensees must provide:

- A signed and completed Tier 2 Licensee OSH assessment including all required documentation i.e. risk management plans etc.;
- Comply with the all current Western Australian OSH Legislation;
- Comply with all relevant Australian Standards;
- Comply with all relevant 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 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 Contractor Employees						
1	OSH MANAGEMENT									
1.1	Does your business/organisation have a written statement of its Occupational Safety and Health policy? *If you have answered 'YES' please include a copy of the document with this submission. **If you have answered 'NO' please describe what OSH processes you have in place to manage your business/organisations commitment to OSH. ***If you have answered 'N/A' please explain why?							*YES	**NO	***N/A
1.2	Does your business/organisation have a valid Occupational Safety and Health Management System? *If yes, please provide a copy of the index of your OSH Management System. **If you have answered 'NO' or 'N/A' please explain why?							*YES	**NO	***N/A

1.3	If you are engaging contractors and/or sub-contractors for your activity/event is your business or organisation prepared to support and enforce all aspects of VW's contractor safety guidelines? If you have answered 'YES' please include a signed contractor safety guidelines form (available from the VW website or from your VWC). **If you have answered 'NO' or 'N/A' please state why? Please note - Your activity/event will not be approved until you submit a signed contractor safety guidelines form.	*YES	*NO	**N/A
2	RISK MANAGEMENT			
2.1	Does your activity/event have any significant or unique operational risks associated with it? *If you have answered 'YES' you must advise your VWC of these risks and you will be required to submit a copy of your RMP to your VWC. **If 'NO' please state why you have answered 'NO'? **If you have answered 'NO' a VWC may still request a Risk Assessment (RA) or RMP from you based on their RA of your activity/event.	*YES	**NO	
2.2	Have all your activity/event based operational risks been assessed, adequately controlled and rated as acceptable? *If 'YES' please provide a copy of your RMP for your activity/event to your VWC. **If 'NO' you will be required to submit an RMP to your VWC prior to the commencement of your activity/event.	*YES	**NO	
2.3	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
2.4	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
3	HAZARD MANAGEMENT			
3.1	Will your business/organisation conduct regular workplace inspections whilst onsite? ** If 'NO' or 'N/A' please state why?	*YES	**NO	**N/A
	*If 'YES' please provide details of type, frequency and who is involved.			
	TYPE	CONDUCTED BY	FREQUENCY	

4	INCIDENT / INJURY / HAZARD REPORTING AND INVESTIGATION				
4.1	Does your business/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/organisation must adopt the VW Incident and Hazard reporting process and circle 'YES'. The Incident and Hazard reporting procedure can be found on the VW website or it can be requested from your VWC.			YES	
5	EQUIPMENT AND MATERIALS MANAGEMENT				
5.1	Will your business/organisation, contractors or volunteers associated with your activity/event be bringing any equipment onsite? *If 'YES' please explain how and by whom the equipment will be registered, checked, tested and maintained to ensure compliance with appropriate standards prior to arriving on site?			*YES	NO
5.2	Will your business/organisation, contractors or volunteers you engage for your activity/event bring Dangerous Goods or Hazardous Substances onsite? *If 'YES' please provide a copy of the contents page of your business/organisations or the contractors Dangerous Goods and Hazardous Substances Register and attach any completed risk assessments for the substances being brought onsite.			*YES	NO
6	OSH STATISTICS				
6.1	Has your business/organisation been issued a Provisional Improvement Notice (PIN) from a Regulatory Authority? *If 'YES' please provide a description of the reason for the PIN.			*YES	NO
6.2	Has your business/organisation been prosecuted by a Regulatory Authority? *If 'YES' please provide more information about the prosecution including the name of the Regulatory Authority.			*YES	NO
6.3	Please provide details of your business/organisations safety record for the last two years as follows:				
		Year		Year	
	Fatalities				
	Lost Time Injuries				
	Medical Treatment Injuries				
	Restricted Duties Injuries				
	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 my business/organisations OSH and Risk Management practices. By signing below I agree that this information is correct and I agree to meet and maintain all the requirements of this OSH submission process.

Name		Signed	
Company		Date	

VenuesWest sign-off

<i>Recommended Tier 2 Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

Authorised VenuesWest Delegate

<i>Endorsed and Approved Tier 2 Licensee for VenuesWest:</i>	Yes		No	
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Signed: _____ Date: _____

General Manager Commercial