

OFSC Scheme Project OHS Report

This form should be submitted by all accredited contractors that have a Scheme project (Australian Government funded) on the following schedule:

- April to September (or any part there-of) report by 15 October
- October to March (or any part there-of) report by 15 April
- At end of project submit within two weeks of the project end date

Please complete all parts of the form and verify that all incident reports for the period have also been submitted.

Part A - Project information	
A1 Accredited contractor:	
A2 Accreditation number:	
A3 Project name:	
A4 Contract number (allocated by the OFSC):	
A5 Date project actually completed (End-of-Project only):	
A6 Contact person:	A7 Position:
A8 Telephone:	A9 Email:
A10 Period covered: Period: ____ / ____ (mm/yyyy) to ____ / ____ (mm/yyyy) Enter full project period if end of project	

Part B - OHS strategies implemented in the period for this project only				
OHS Strategy	Used	Number in period	% of workers covered	Comment
B1 Onsite OHS inspections conducted	<input type="checkbox"/>			
B2 OHS audit hours conducted	<input type="checkbox"/>			
B3 Internal corrective actions or non compliance issues raised	<input type="checkbox"/>			
B4 Toolbox Talks conducted	<input type="checkbox"/>			
B5 OHS meetings held	<input type="checkbox"/>			
B6 Emergency drills conducted	<input type="checkbox"/>			
B7 OHS meetings where senior managers attended	<input type="checkbox"/>			
B8 OHS performance reports prepared for senior management	<input type="checkbox"/>			
B9 External safety training sessions attended (days)	<input type="checkbox"/>			
B10 Per cent of project cost spent on OHS implementation in the period	<input type="checkbox"/>			
B11 Implementation of a health strategy	<input type="checkbox"/>			
B12 Other strategies	<input type="checkbox"/>			

Part C - OHS performance data for all building and civil construction work on the project in the period				
OHS incident numbers	Dangerous occurrences	MTI's	LTI's	Fatalities
C1 Number of incidents in the reporting period:				
Total hours worked on this project	Commercial	Civil	Residential	
C2 Hours worked by all accredited contractor employees and subcontractors in the period:				

Part D - Notices issues for the project during the period		
OHS Performance data	Number	Comments/Description
D1 Infringement:		
D2 Prohibition:		
D3 Improvement:		
D4 Other – (e.g. enforceable undertakings):		

Part E - Indication of any high risk construction work on the project during the period as defined below	
E1 High risk construction categories (if applicable):	
<input type="checkbox"/> 1. Where there is a risk of a person falling two metres or more <input type="checkbox"/> 2. On telecommunications towers <input type="checkbox"/> 3. Involving demolition <input type="checkbox"/> 4. Involving the disturbance or removal of asbestos <input type="checkbox"/> 5. Involving structural alterations that require temporary support to prevent collapse <input type="checkbox"/> 6. Involving a confined space <input type="checkbox"/> 7. Involving excavation to a depth greater than 1.5 metres <input type="checkbox"/> 8. The construction of tunnels <input type="checkbox"/> 9. Involving the use of explosives <input type="checkbox"/> 10. On or near pressurised gas distribution mains and consumer piping	<input type="checkbox"/> 11. On or near chemical, fuel or refrigerant lines <input type="checkbox"/> 12. On or near energised electrical installations and services <input type="checkbox"/> 13. In an area that may have a contaminated or flammable atmosphere <input type="checkbox"/> 14. Tilt-up and precast concrete construction work <input type="checkbox"/> 15. On or adjacent to roadways or railways used by road or rail traffic <input type="checkbox"/> 16. On construction sites where there is any movement of powered mobile plant <input type="checkbox"/> 17. In an area where there are artificial extremes of temperature <input type="checkbox"/> 18. In, over or adjacent to water or other liquids where there is a risk of drowning <input type="checkbox"/> 19. Involving diving

Part F – Details of person completing this form	
F1 Name:	F2 Signature:
F3 Position:	F4 Date:
F5 Additional comment:	