# Contractor WHSMS Review Checklist

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| Item | Input |
| Contractor Name |  |
| Project Name |  |
| WHSMS Review Date |  |
| 1. Does the contractor have a compliant WHSMS? (Yes/No) |  |
| 2. Are high-risk activities managed? (Yes/No) |  |
| 3. Are all contractors trained in relevant WHS procedures? (Yes/No) |  |
| 4. Have site-specific inductions been completed? (Yes/No) |  |
| Additional Comments |  |