Department for Infrastructure and Transport

Contractor Monthly Safety Performance Reporting Form

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| **Safety Performance Reporting Form** |

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| **Contractor Name** | **Project Name and Contract Number** | **Hours (Report Month)** | **Total Hours (Accumulative)** |
| |  |  | | --- | --- | | **A WHS Regulator** | | | Fatality | Serious Injury | | Dangerous Incident | NA | | 0 | 0 | | 0 | Nil | | | **Frequency Rate**  (A Total Incidents x 1000,000) / Total Hours Worked  **0.0** | |
| |  |  |  | | --- | --- | --- | | **B Technical Regulator** | | | | Gas | Electrical | Water / Sewerage | | Rail | NA | | 0 | 0 | 0 | | 0 | Nil | | | **Frequency Rate**  (B Total Incidents x 1000,000) / Total Hours Worked  **0.0** | |
| |  |  | | --- | --- | | **C Recordable Injuries** | | | Lost Time C1 | Medical Treatment C2 | | Restricted Work C3 | NA | | 0 | 0 | | 0 | Nil | | Lost time injuries indicates a Medical Certificate has been issued to a worker by a Medical Practitioner prescribing 1 or more days rest (i.e., the worker is temporarily unfit to work in any capacity). A LTI will not be reclassified as an RWI if medically prescribed restrictions are in place after the prescribed rest period. The recovery days will capture the RWI period. The lost days will capture the LTI period. | Medical treatment includes any remedy that is beyond first aid (such as prescribed medication, sutures or the provision of a cast or splint). Normally provided by a Medical Practitioner but also encompasses injuries requiring Dentistry, Physiotherapy or Chiropractic healthcare. Excludes First aid (such as cleaning/ dressing) or medical diagnostics/observations (such as blood tests / x-rays) or prescription medication provided as a precautionary measure. | | Restricted work injury is the result of limitations prescribed to a worker by a Medical Practitioner (normally described within a Work Capacity Certificate). An MTI will be reclassified as an RWI if medically prescribed restrictions are in place. The recovery days will capture the RWI period. |  | | | **Frequency Rates**  (C1 Total Incidents x 1000,000) / Total Hours Worked  (C2 Total Incidents x 1000,000) / Total Hours Worked  (C3 Total Incidents x 1000,000) / Total Hours Worked   |  |  |  | | --- | --- | --- | | C1 (LTI) | C2 (MTI) | C3 (RWI) | | **0.0** | **0.0** | **0.0** | | |
| |  |  | | --- | --- | | **D High Potential Near Miss** | | | Fatality Potential | Serious Injury Potential | | NA | | 0 | 0 | | Nil | | | **No Frequency Rate Required** | |
| |  |  |  | | --- | --- | --- | | **E Chain of Responsibility Infringements** | | | | Loading | Fatigue | Maintenance | | Speed | NA | | 0 | 0 | 0 | | 0 | Nil | | | **Comment/Description** | |

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| Key Learnings from WHS Surveillance Activities |
| WHS Issues or Concerns |
| Workforce Feedback regarding the Safe Systems of Work |
| Management Observations |

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| Key High Risk Work Activities Performed (Reporting Month) | Key High Risk Work Activities Planned (Next Month) |
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