

HOST ORGANISATION HEALTH AND SAFETY CHECKLIST

Have this checklist completed prior to a visit by UTS staff or students to a host organisation for course related work or research. Guidance notes on completing this checklist

SECTION 1. DETAILS OF UTS SUPERVISOR

| Name | |
|--------------|--|
| Faculty/Unit | |
| Telephone | |
| Email | |

SECTION 2. DETAILS OF HOST ORGANISATION

| Name of host organisation | |
|-------------------------------|--|
| Address | |
| | |
| | |
| Telephone | |
| Email | |
| Summary of host organisations | |
| business | |
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TO BE COMPLETED BY THE HOST ORGANISATION

| The organisation has an accredited Health and Safety Management System (AS/NZS 4801, | Yes | No | |
|--|-----|----|---|
| OHSAS 18001, ISO 45001 or similar) and all workers are covered by insurance. | | | |
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IF NO, COMPLETE THE FOLLOWING:

| HOST ORGANISATION HEALTH AND SAFETY COMPLIANCE CHECKLIST | | |
|--|-----|----|
| INDUCTION AND TRAINING | | |
| All new employees and workers (including student interns) are provided with a safety induction and training in safe work practices appropriate to the activities to be undertaken. | Yes | No |
| EMERGENCY MANAGEMENT | | |
| There is a formal emergency action plan which has been communicated to all workers as part of the induction process. | Yes | No |
| The organisation will maintain a register of emergency contact details for hosted UTS staff and students. | Yes | No |
| FIRST AID | | |
| First aid facilities are available and provided to injured workers. | Yes | No |
| ACCIDENTS/INCIDENTS | | |
| There is an accident/incident and hazard register maintained for the organisation which details remedial action taken. | Yes | No |
| WORK ENVIRONMENTS AND ACTIVITIES | | |
| Health and safety risks associated with work practices are identified and controlled. | Yes | No |
| Regular inspections of work environments are conducted to identify and control health and safety hazards. | Yes | No |
| INSURANCE | | |
| Workers at this workplace are covered by insurance. | Yes | No |

HOST ORGANISATION DECLARATION

To the best of my knowledge, the above statements are true and correct.

| Signed | Name | |
|----------------|------|--|
| Position Title | Date | |