Student Vacation Employment Health and Safety Checklist

To be filled in by student

Name of vacation employment organisation: ........................................................................................................

Address: .................................................................................................................................................................

Telephone: .................................................... Start date of Vacation employment ..........................................

Name of participant(s): ................................... End date of Vacation employment:...........................

(Attach list if necessary)

Department: .............................................. Telephone: ..............................................................................

Name of supervisor at vacation employment organisation: ........................................................................

Telephone: ...............................................................................................................................................................

Name of University supervisor: ............................................................................................................................

Telephone: ...............................................................................................................................................................

To be filled in by student in conjunction with Vacation employment Organisation supervisor

Please provide a brief description of the nature of the duties and tasks to be undertaken during the vacation employment and outline the possible risks of this work.

Attach a risk assessment, if available.

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**VACATION EMPLOYMENT HEALTH AND SAFETY CHECKLIST**

*To be filled in by Vacation employment Organisation Supervisor*

For negative responses, please provide further details in the space provided below.

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<tbody>
<tr>
<td>1.</td>
<td>Does the company have a written health and safety policy?</td>
<td>YES</td>
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<td>2.</td>
<td>Will appropriate health and safety induction, training and supervision be provided to the vacation employment participant(s)?</td>
<td>YES</td>
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<tr>
<td>3.</td>
<td>Are there instructions for local emergency procedures readily available?</td>
<td>YES</td>
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<tr>
<td>4.</td>
<td>Are safe working procedures documented and available?</td>
<td>YES</td>
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<td>5.</td>
<td>Risk assessment</td>
<td></td>
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<tr>
<td></td>
<td>a) Have you carried out risk assessments of your work practices to identify possible risks to employees and to others within your organisation?</td>
<td>YES</td>
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<td></td>
<td>b) Are risk assessments kept under regular review?</td>
<td>YES</td>
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<tr>
<td></td>
<td>c) Are controls for the assessed risks implemented?</td>
<td>YES</td>
</tr>
<tr>
<td>6.</td>
<td>Will personal protective equipment be provided by your organisation for the vacation employment participant(s)?</td>
<td>YES</td>
</tr>
<tr>
<td>7.</td>
<td>Accidents and incidents</td>
<td></td>
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<td></td>
<td>a) Is there a formal procedure for reporting and recording accidents and incidents?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>b) Have you procedures to be followed in the event of serious and imminent danger to people at work in your organisation?</td>
<td>YES</td>
</tr>
</tbody>
</table>

**NB** The University requires that all accidents, illnesses or near misses involving vacation employment participants are reported to Monash OHS Unit within 48 hours of occurrence. **Phone: 9905 1016 or Fax 9905 2580**

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<td>8.</td>
<td>Insurance</td>
<td></td>
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<tr>
<td></td>
<td>a) Is Public liability insurance held? Please give details of your insurance policy:</td>
<td>YES</td>
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<tr>
<td></td>
<td>PL Insurer………………………………………………..Policy No………………………</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Indemnity Limit………………………………………………..Expiry Date………………</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b) Does your insurances cover any liability incurred by a vacation employment student/staff member as result of his/her duties?</td>
<td>YES</td>
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</table>
If any questions were answered NO please document controls to minimise risks in these areas or attach relevant vacation employment organisational policies:

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Contact personnel at vacation employment organisation:

Who is your nominated contact for health and safety?

Name .................................................. Position .................................................................

Telephone ............................................

The above statements are true to be best of my knowledge and belief.

Signed .................................................. Position Vacation employment Supervisor

Telephone .............................................

Thank you for completing the checklist. Please retain a copy and send original as soon as possible to your departmental vacation employment contact at:

Department of <insert department>
Faculty of Engineering
Building 72, Clayton campus
Monash University VIC 3800
AUSTRALIA

Privacy collection statement

The information on this form is collected for the primary purpose of recording the occupational health and safety and insurance arrangements at the organisation where you will be undertaking your 12 weeks' vacation employment. Other purposes of collection include program administration and reporting purposes. You have the right to access personal information that Monash University holds about you, subject to any exemptions in the relevant legislation. If you wish to see access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer 9905 6011.