|  |  |
| --- | --- |
| Safety Performance Reporting | |
| Contact Name | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |
| Reporting month | Click or tap here to enter text. |
| Year | Click or tap here to enter text. |
| Contract Number | Click or tap here to enter text. |
| Project name | Click or tap here to enter text. |
| Project Category | Choose an item. |
| Contractor’s Company Name | Click or tap here to enter text. |
| Construction Start Date | Click or tap to enter a date. |
| Anticipated Completion Date | Click or tap to enter a date. |
| Hours worked this Month | Click or tap here to enter text. |
| Total Project Hours (Accumulative) | Click or tap here to enter text. |
| Total number of workers on the project for the month | Click or tap here to enter text. |
| Department for Infrastructure and Transport’s Contract Manager’s Name | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Notifiable Incidents | |
| Were there any Notifiable Incidents for the month? | Choose an item. |
| Number of Fatality | Click or tap here to enter text. |
| Number of Serious Injury | Click or tap here to enter text. |
| Number of Dangerous Incident | Click or tap here to enter text. |
| Number of other Notifiable Incidents | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Technical Regulator | |
| Were there any notifications reported to the Technical Regulator for the month? | Choose an item. |
| Number of gas notifications | Click or tap here to enter text. |
| Number of electrical notifications | Click or tap here to enter text. |
| Number of water/sewerage notifications | Click or tap here to enter text. |
| Number of rail notifications | Click or tap here to enter text. |

|  |  |
| --- | --- |
| High Potential Near Miss | |
| Were there any high Potential Near Misses for the month? | Choose an item. |

|  |  |
| --- | --- |
| Recordable Injuries | |
| Were there any Recordable Injuries (Lost Time/Medical Treatment/Restricted Work) for the month? | Choose an item. |
| Number of Lost Time Injuries | Click or tap here to enter text. |
| Number of Medical Treatment Injuries | Click or tap here to enter text. |
| Number of Restricted Work Injuries | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Chain of Responsibility Infringements | |
| Were there any Change of Responsibility Infringements for the month? | Choose an item. |
| Number of Loading Infringements | Click or tap here to enter text. |
| Number of Fatigue Infringements | Click or tap here to enter text. |
| Number of Maintenance Infringements | Click or tap here to enter text. |
| Number of Speed Infringements | Click or tap here to enter text. |
| Comments/Description | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Worker Assault | |
| Were there any Worker Assaults for the month? | Choose an item. |
| Number of Weapon Threats | Click or tap here to enter text. |
| Number of Physical Contact | Click or tap here to enter text. |
| Number of Verbal Abuse | Click or tap here to enter text. |
| Number of Spitting | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Drug and Alcohol Testing | |
| How many Drug and Alcohol tests were conducted during the month? | Click or tap here to enter text. |
| How many Drug and Alcohol Tests were non positive? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| WHS Surveillance | |
| List key learnings from WHS Inspections, Audits and or WHS Assessments | Click or tap here to enter text. |
| List WHS issues or Concerns | Click or tap here to enter text. |