

# HDR Candidate Placement Host Work Health and Safety Proforma



Name of Placement Host: \_\_\_\_\_

*Each item in this checklist must address each workplace at which a candidate will undertake placement activities (e.g. main office, construction sites, a client's premises).*

Item	Requirement		
1	Please indicate the nature of the environment in which the placement candidate will be exposed:		
	Office	Laboratory	Factory
	Hospital/Clinic	Research Institute	Museum
	Other		

Item	Requirement	Yes	No
2	The Placement Host is aware that all accidents / injuries involving placement candidates must be reported to JCU through the graduate research school and/or Primary Advisor within 24 hours of occurrence at <a href="mailto:grs@jcu.edu.au">grs@jcu.edu.au</a> ?	<input type="checkbox"/>	<input type="checkbox"/>

- The workplace of the Placement Host is covered by a workplace health and safety management system that is certified by a recognised independent authority. Please attach evidence of certification. **No further information is required.**
- The workplace of the Placement Host **is not** covered by a workplace health and safety management system certified by a recognised independent authority. **Further information is requested below.**

Item	Requirement	Yes	No	N/A
3	Has the Placement Host developed and kept current emergency procedures for potential emergencies, which may occur in the workplace that provides for emergency response, evacuation and medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the placement candidate have access to adequate first aid and qualified first aiders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are hazards, which may cause injury to placement candidates and other workers, identified and documented to provide this information to placement candidates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are all hazards eliminated, or if that is not reasonably practicable, controlled to minimise the risk and documented to provide this information to placement candidates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are the controls and the conditions at the workplace monitored and improved to ensure health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the Placement Host provide and maintain safe plant, substances and structures and ensure that they are used safely, handled and stored without risk to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the Placement Host have a process for consulting and communicating with all workers on work health and safety matters and enabling all employees and placement candidates to report work health and safety hazards and incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the workplace have sufficient staffing resources to provide appropriate supervision that candidates on a placement are likely to require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can the Placement Host provide adequate and maintained facilities (e.g. dining, amenities, storage, change rooms, showers) to the candidate over the course of the placement, which includes safe access to the facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Will placement candidates undertake an induction / orientation program, which includes information requested in Items 3- 11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the host have process and policies to manage bullying, sexual harassment and sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HDR Candidate Placement Host Work Health and Safety Proforma



Additional Information:

---

---

---

***Supervisor at placement host responsible for monitoring the health and safety of the candidate***

Name _____	Position _____
Telephone _____	Email _____

***Name of person at placement host completing this checklist***

Name _____	Position _____
Telephone _____	Email _____
Signature _____	_____