



Contractor Work Health and Safety Declaration

Your Business Name _____

Contractor Name: _____

Contractor Company: _____

Ag Induction No: _____ Expiry Date: _____

Contract Task

Brief description of the task being performed.

Licenses

Do you need a special license for the equipment you are going to be using? Yes No

If Yes, provide details including license number and expiry date.

Declaration

I declare that the above information is correct.

I have undertaken the Ag Induction Manager general induction and agree that I will comply with all appropriate WHS legislative requirements, codes of practice and Farm policies and guidelines while undertaking works for the business named above.

I will bring any concerns to the attention of the Farm Manager immediately, including uncontrolled risks, hazards, or incidents.

Name

Signature

Date