

CONTRACTOR: **MONTH:**

OPERATION:

DAYS WORKED IN PERIOD:

FOREST / W/LOT: **CPT:**

TOTAL CREW AT WORK HOURS

No. of men	<input type="text"/>	X days worked	<input type="text"/>	X hours / day	<input type="text"/>	=
No. of men	<input type="text"/>	X days worked	<input type="text"/>	X hours / day	<input type="text"/>	=
No. of men	<input type="text"/>	X days worked	<input type="text"/>	X hours / day	<input type="text"/>	=

TOTAL CREW TRAVEL HOURS

No. of men	<input type="text"/>	X days worked	<input type="text"/>	X hours travelled to work & return	<input type="text"/>	=
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HEALTH & SAFETY

No. of LTI's:	<input type="text"/>
No. of days lost as a result LTI's	<input type="text"/>
No. of 1 st Aid Incidents	<input type="text"/>
No. of Medical Treatment Incidents (MTI's)	<input type="text"/>
No. of Medical Treatment Incidents (MTI's) with alternative work duties	<input type="text"/>
No. of Near Hit incidents	<input type="text"/>

EMPLOYEE TRAINING DATA

	Yes/Number	No/Number
Have new employees had a pre-employment Drug and Alcohol Test?	<input type="text"/>	<input type="text"/>
Have all employees with > 3 months service achieved General Requirements?	<input type="text"/>	<input type="text"/>
Have all employees with > 6 months service achieved units 22994?	<input type="text"/>	<input type="text"/>
Have all crew bus drivers with >3 months service achieved units 17676, 3466, 3469, 17678?	<input type="text"/>	<input type="text"/>
Have all relevant employees with > 3 months service achieved appropriate environmental units?	<input type="text"/>	<input type="text"/>
Have all relevant employees with > 6 months service achieved Unit 3285 (Safety at Fires)?	<input type="text"/>	<input type="text"/>
Total manpower	<input type="text"/>	<input type="text"/>
Number of employees with unit standard / module for task being performed	<input type="text"/>	<input type="text"/>
Unit Standard for Task %	<input type="text"/>	<input type="text"/>

Provide Crew Van Drivers for the Month:

Name:

Name:

PRE EMPLOYMENT DRUG SCREENING

	Negative/Number	Positives/Number
Have new employees had a pre-employment Drug and Alcohol Test?	<input type="text"/>	<input type="text"/>

MANAGEMENT SYSTEMS COMPLIANCE

	Yes or No
Have Hazard ID & Control Plans been completed for all new blocks?	<input type="text"/>
Has a monthly safety inspection been completed for all activities?	<input type="text"/>
Have all new employees had a safety induction?	<input type="text"/>
Have on site health and Safety meetings been held this month?	<input type="text"/>
Were all compliments/complaints/incidents and accidents reported to Pan Pac?	<input type="text"/>
Has a POAC been completed for the previous months operations?	<input type="text"/>

Coordinator signature: _____ **Date** _____

Contractor signature: _____ **Date:** _____