

## Monthly Contractor WHS Performance Report

<b>Contractor Name / Month</b>	Name:	Month:	
<b>Project Name / Contract No</b>			
<b>NQA Project Manager / NQA Asset Owner</b>			
<b>Was any work performed for NQA during the above month?</b>	If "yes", please complete, sign and submit form.		
<b>Approximate whole hours worked during report period:</b>			
<b>Which Airport (tick)</b>	Cairns <input type="checkbox"/>	Mackay <input type="checkbox"/> Both <input type="checkbox"/>	
<b>WHS KEY PERFORMANCE INDICATORS</b>			
Please provide information against each of the key indicators listed below. Statistics are to be provided for works performed on behalf of NQA only.			
<b>Key WHS Performance Indicators</b>	<b>Indicator</b>	<b>Monthly Statistics</b>	
	Number of lost time injuries.		
	Number of medical treatment injuries.		
	Number of first aid injuries.		
	Number of notifiable incidents.		
	Number of NQA non-conformances received.		
	Number of internal safety inspections conducted.		
	Number of toolbox/site meetings conducted with WHS as an agenda item.		
<b>WHS INCIDENTS / CORRECTIVE ACTIONS</b>			
Please provide information on any WHS incidents that occurred in NQA-controlled areas, or whilst performing works on behalf of NQA (including those where no injury was sustained). Information provided to NQA must include:			
<ul style="list-style-type: none"> <li>• The date, time and location of the incident.</li> <li>• The name/s of those involved (including witnesses).</li> <li>• The outcome of the incident (i.e. MTI, no injury, property damage, etc).</li> <li>• The identified immediate and root causes of the incident and corrective actions.</li> <li>• The name and contact details of the person conducting the investigation.</li> </ul>			
Where an investigation was not undertaken and/or the report is not attached, please provide further information on why this has not occurred (i.e. <i>investigation currently underway – report to be submitted next month</i> ).			
<b>WHS Incidents / Corrective Actions</b>	<b>Date</b>	<b>Details</b>	<b>Investigation / actions completed (attach report)</b>
<b>Name of person completing report</b>	*		
<b>Position</b>	*		<b>Contact Telephone</b>
<b>Signature</b>	*		<b>Date</b>

\*Indicates mandatory fields that must be filled in before returning.