Monthly Contractor WHS Performance Report

Contractor Name / Month	Name: Month:
Project Name / Contract No	
NQA Project Manager / NQA Asset Owner	
Was any work performed for NQA during the above month?	**If "yes", please complete, sign and submit form.**
Approximate whole hours worked during report period:	

Which Airport (tick) **Cairns ☐** **Mackay ☐** **Both ☐**

WHS KEY PERFORMANCE INDICATORS

Please provide information against each of the key indicators listed below. Statistics are to be provided for works performed on behalf of NQA only.

	Indicator	**Monthly Statistics**
Key WHS Performance Indicators	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.	

WHS INCIDENTS / CORRECTIVE ACTIONS

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:

- The date, time and location of the incident.
- The name/s of those involved (including witnesses).
- The outcome of the incident (i.e. MTI, no injury, property damage, etc).
- The identified immediate and root causes of the incident and corrective actions.
- The name and contact details of the person conducting the investigation.

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. *investigation currently underway – report to be submitted next month*).

	Date	**Details**	**Investigation / actions completed (attach report)**
WHS Incidents / Corrective Actions			

Name of person completing report	*		
Position	*	**Contact Telephone**	
Signature	*	**Date**	

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