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OH&S AM-SAFE AUDIT REQUEST FOR QUOTE FORM

For the purposes of quotation for Audit, please complete the information requested in this form and return it to:

**AM-SAFE
C/- Worklaw Health & Safety Pty Ltd
PO Box 3
Spring Hill Brisbane
Queensland 4004**

***Freecall: 1800 225 272
Fax: 07 3357 1955***

Please retain a copy for your file

Commercial-in-Confidence

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The following Organisation seeks an AM-SAFE Audit:

Name of Organisation:	
Registered Business Name (if different)	
A.C.N./A.B.N	
Registered Business and Postal Address	Registered Address: Postal Address: Postcode Postcode
Site Address (if different from above)	Postcode
Director(s)/ Proprietor(s) Names	
Site Contact Name/ Position	
Phone No(s).	Business: Mobile: Fax:
E-mail Address:	
No of Employees.	Full-time: Part-time: Casual:
AALARA Membership Number	
WorkCover Number:	
OH&S/WHS Registration No.	

We Attach copies of:

- Company/Business Registration and all relevant licences.
- Specified Plant Registration Certificates
- Workcover Certificate
- Public Liability Insurance Certificate for \$_____M

DESCRIPTION OF BUSINESS:

(Please indicate a tick for YES and a cross (x) for NO in the following boxes)

Class (Where activities cross more than one class, number in size order)	<input type="checkbox"/> Aquatic Attraction <input type="checkbox"/> General Attraction <input type="checkbox"/> Transportable Attraction <input type="checkbox"/> Permanent Indoor Attraction <input type="checkbox"/> Coin-operated Amusement <input type="checkbox"/> Permanent Outdoor Attraction <input type="checkbox"/> Supplier to the Amusement Ride Industry <input type="checkbox"/> Other – state here:
Does the description in the current AALARA Membership Directory adequately describe your activities?	YES/NO If 'no', please describe any other activities/attractions here:
"Specified High-risk Plant" (items requiring registration) details:	<input type="checkbox"/> Amusement Ride classified in AS3533 as Class 2, 3, 4 or 5 1.Type : _____ Registered No. _____ 2.Type : _____ Registered No. _____ 3.Type : _____ Registered No. _____ (If insufficient space, attach list) <input type="checkbox"/> Crane or hoist SWL.> 5 tonnes <input type="checkbox"/> Elevating work platform designed to lift persons <input type="checkbox"/> Lift, escalator or moving walkway <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure vessel (describe type) <input type="checkbox"/> Large Refillable gas cylinder: State Capacity: _____ Litres <input type="checkbox"/> Forklift > 5 tonnes capacity
Bulk Storage:	<input type="checkbox"/> Bulk Chlorine Store: State Capacity _____ Litres <input type="checkbox"/> Above Ground Flammable liquid Store: State Capacity _____ Litres <input type="checkbox"/> Under-ground Flammable Liquid Store: State Capacity _____ Litres

QUESTIONNAIRE	<p><i>To enable AALARA Risk Management to determine your Company's readiness for Audit please indicate (yes) if you believe that the business complies with the intent of the question.</i></p> <p><i>Where there are multiple questions/answers - tick or cross to show compliance or not.</i></p>
1. Safety Management System	Does the Business have a documented Safety Management System?
2. Implementation of this system	Is the System implemented and are all staff aware of it and use it (to some degree)?
3. Health & Safety Policy	<input type="checkbox"/> Does the business have a Health & Safety Policy? <input type="checkbox"/> Is this Policy displayed?
4. Inspections	Are regular inspections made - <input type="checkbox"/> To ensure the safety of rides, amenities and facilities? <input type="checkbox"/> To ensure correct storage of hazardous substances? <input type="checkbox"/> To evaluate the installation and maintenance of facilities and equipment?
5. Emergencies	<input type="checkbox"/> Do you have a documented procedure for the actions to take in the event of all likely emergencies? <input type="checkbox"/> Are procedures displayed? <input type="checkbox"/> Are staff trained and practiced in these emergency procedures? Date of last emergency exercise - / / .
6. First Aid	<input type="checkbox"/> Are there adequate number and type of First Aid Kits to suit the number of persons and type of likely emergency? <input type="checkbox"/> Are emergency Contact Numbers displayed? <input type="checkbox"/> Are there adequate trained and qualified First Aid persons? <input type="checkbox"/> Are their names displayed?
7. Environment	<input type="checkbox"/> Is there an adequate waste removal system in place? <input type="checkbox"/> Where applicable, are there adequate measures to limit impact on the environment (e.g. walkways, barriers, signage, boardwalks etc)?
8. Training	<input type="checkbox"/> Are there documented Safe Working Instructions? <input type="checkbox"/> Are staff trained to carry out their duties in a safe manner? <input type="checkbox"/> Do permanent staff have written job descriptions that define their responsibility for working safety? <input type="checkbox"/> Are records kept of staff training?
9. Electrical Safety	<input type="checkbox"/> Are Residual Current Devices (Earth Leakage-fixed or portable) used? <input type="checkbox"/> Electrical equipment tested and tagged by a competent person?
10. Hazardous Substances	<input type="checkbox"/> Material Safety Data Sheets held for all hazardous substances? <input type="checkbox"/> All staff have access to MSDS? <input type="checkbox"/> MSDS are held close to where the hazardous substance is used? <input type="checkbox"/> A risk assessment has been conducted of hazardous substances? <input type="checkbox"/> Staff have been trained in the use of hazardous substances?

11. Records of Plant	<input type="checkbox"/> Are records maintained of Plant details, maintenance, repairs, modifications and use?
12. Food Handling	<input type="checkbox"/> Does your enterprise supply, sell or give away food products to staff or customers?
13. Animal Attractions	<input type="checkbox"/> Do you have animal attractions? <input type="checkbox"/> If yes, please list animal types below:- (a) (b) (c) (d) (e) Others:-
14. Noise	<input type="checkbox"/> Does excessive noise occur? <input type="checkbox"/> If yes, are readings taken?
15. Do you have Water Features	<input type="checkbox"/> If Yes, what testing controls are in place
16. Any other relevant activities	

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Signed: For and on behalf of _____

Signature: _____ Name: _____ Date: ___ / ___ / ___

QUOTATION

<p>OFFICE USE ONLY:</p> <p>Estimate of Audit fees \$</p> <p style="padding-left: 100px;">GST \$</p> <p style="padding-left: 100px;">TOTAL \$</p>
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