



AM-SAFE RE-ACCREDITATION DESK-TOP AUDIT

Member Applicant: _____

Please complete the following to provide our Auditors with up-to-date accurate information about the current status of the Risk Management performance of your business and projected performance over the next year.

Question	Brief Answer – Attach More Detail if Required:
a) Has ownership of the Member business changed since the completion of your Audit last year? If so, please detail changes:	No <input type="checkbox"/> Yes <input type="checkbox"/>
b) Please list all controls, modifications, improvements, changes etc. undertaken since the completion of your Audit last year, either as a result of a non-compliance or liability risk identified or as a result of a self-identified health and safety or legal liability shortcoming:	If more space required, please attach.
c) Have you recorded any incidents relating to accidents, injuries or near-misses or liability issues since last Audit? If so, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/>
d) Has the business or you personally been issued with any Notices from WorkCover, WorkSafe, Division of Workplace Health & Safety, or like Authority since last Audit? If so please list details and include any outcomes:	No <input type="checkbox"/> Yes <input type="checkbox"/>
e) Has your business significantly increased or decreased its activities over the last year or intends to do so this year? If so, please list details:	No <input type="checkbox"/> Yes <input type="checkbox"/>

f)	Has there been any new acquisition or disposal of plant and equipment over the last year? If so, please list details:	No <input type="checkbox"/> Yes <input type="checkbox"/>
g)	Please list details of any training of yourself or staff undertaken by you or on your behalf during the last year and any skills analyses, or other competency based activities which focus on ensuring Operators and staff have adequate learning to enable the safe completion of tasks required in your business:	If more space required, please attach.
h)	OH&S Compliance: Please attach a copy of a Risk Assessment completed during the last year:	
i)	Please list below any matters you wish our Auditors to take into consideration when assessing your Application for Re-Accreditation under the AM-SAFE Program, particularly in relation to your implementation and monitoring of controls of risks identified and your understanding and control of all business related risks which may give rise to legal liability exposure:	If more space required, please attach.
j)	Have you received any notice of any common law claims? If so, give details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If more space required, please attach.
k)	Have you received any notice of Workers Compensation/WorkCover Claims? If so, give details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If more space required, please attach.

The above information supplied by me is true and correct to the best of my knowledge and belief and will be used by **WORKLAW HEALTH & SAFETY PTY LTD**, its servants or agents for the purposes of assessing an application for annual re-accreditation under the AM-SAFE National Accreditation Program for Aalara members.

I declare that I am a current member of Aalara and adhere to policies and procedures appropriate to the safe operation of my business and aligned with the best practice standards of an AM-SAFE credentialed operator.

SIGNED: _____

DATE:/...../.....

Please return this completed Re-Accreditation Application together with copies of your current ride registration certificate for each ride and a recent Risk Assessment to PO Box 3 Spring Hill, Q 4004.