

# Contractor Monthly WHS Report

<b>Contractor Company Name</b>	*
<b>Month/Year</b>	* <b>2015</b>
<b>Number of hours worked at NT Airports (NTA ) this month?</b>	*

## Work Health and Safety (WHS) KEY PERFORMANCE INDICATORS

Please provide information against each of the key indicators listed below. Statistics for NTA works 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 hazards identified?	*
	Number of near misses identified?	*
	Number of property damage events?	*
	Number of safe work method statements (SWMS) or equivalent used over the month?	*
	Number of meetings conducted where WHS discussed?	*

## WHS EVENT INFORMATION

Please provide information on any WHS events that occurred in NTA-controlled areas. Minimum information should 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.

<b>WHS Corrective Actions</b>	<b>Date</b>	<b>Details</b>	<b>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.**