

Contractor Monthly WHS Report

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

Work Health and Safety (WHS) KEY PERFORMANCE INDICATORS

Please provide information against each of the key indicators listed below. Statistics for NTA works only.

Key WHS Performance Indicators	Indicator	Monthly Statistics
	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.

WHS Corrective Actions	Date	Details	Actions completed? (attach report)

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

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