

Employer Risk Management Questionnaire

Company Name:

Date:

1. How do you manage Workplace Health and Safety?

Employ a qualified WHS officer

WHS strategy available and regularly updated, including continuous improvement activities

WHS gap analysis completed by an external company every 2 years

Senior leaders receive regular reports on WHS metrics

None

Please provide a copy of your WHS strategy and details of how you embed and improve on Workplace Health and Safety. Detail if your WHS program has been certified and if so, the certification number.

2. How often do you conduct hazard checks?

Multiple times a day

Daily

Weekly

None

Please provide details of how often you check for slip, trip and fall hazards and how you record this (safety software, checklist etc) and provide a recent sample.

3. How are hazards rectified?

Safety software prompts until issue is solved and escalates to management, if past due date

Manual recording/paper-based

None

Please provide details of how you ensure that hazards are tracked to resolution and rectified promptly and please attach an example of this.

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4. What is your incident reporting process?

Please attach confirmation of incidents being reported.

All employees are trained on how to notify an incident

All incidents reported and investigated

Corrective action is undertaken and monitored

None

5. What is your pre-employment process?

Please provide details of how you ensure new employees are vetted, attach any pre-employment questionnaires.

Reference Checks completed

Verification of competency (qualifications) collected

None

6. What is your return-to-work strategy?

Please provide details of how you support return to work.

Office duties available

Light duties available

Job task analysis available

Dedicated return to work coordinator

Relationship with preferred Doctor

Relationship with preferred Vocational rehabilitation provider

None

7. How do you promote employee wellness?

Please provide details of how you promote a positive workplace.

EAP provider

Breaks enforced

Recognition program

Zero tolerance bullying program

None

If not CEO/Senior Representative, please obtain their signature to confirm all responses have been verified.

Name

Name

Position

Position

Signature

Signature