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| --- | --- |
| **Congregation Name** | **Item to be Purchased** |
| **Person requesting Item** | **Date**  |
| 1. **Pre- purchase Checklist**
 |
| 1. **General**
 | **Yes** | **No** | **N/A** |
| Has the end user of the item been consulted regarding the purchase? | [ ]  | [ ]  | [ ]  |
| Has a risk assessment been completed on the item *(if necessary)* Attach if Yes | [ ]  | [ ]  | [ ]  |
| Are there ergonomic considerations? e.g. use, setup, workflow, easy to handle/move | [ ]  | [ ]  | [ ]  |
| Has consideration be given to how the item will be used, transported, stored, maintained? (e.g. Will it fit through doorways) | [ ]  | [ ]  | [ ]  |
| Is an operation’s manual available and user friendly? | [ ]  | [ ]  | [ ]  |
| Is training, changes to work practices/ supervision required for safe use*? (If Yes Identify requirements)* | [ ]  | [ ]  | [ ]  |
| Has safe maintenance of the item been considered? | [ ]  | [ ]  | [ ]  |
| Is a sample product available for trial prior to the purchase? | [ ]  | [ ]  | [ ]  |
| Does the item comply with relevant Australian Standards *(if applicable)* | [ ]  | [ ]  | [ ]  |
| 1. **Plant and Equipment**
 |
| Are there any licences/registration requirements for the item? | [ ]  | [ ]  | [ ]  |
| Is a Safe Work Method (SWMS) required? | [ ]  | [ ]  | [ ]  |
| 1. **Chemicals**
 |
| Has a Safety Data Sheet(SDS) been obtained and reviewed? | [ ]  | [ ]  | [ ]  |
| Are current risk controls appropriate? If **No**, list required risk controls in section 5.(e.g. spill kits, PPE, training etc.) | [ ]  | [ ]  | [ ]  |
| Is a Safe Work Method (SWMS) required? | [ ]  | [ ]  | [ ]  |
| 1. **Personal Protective Equipment**
 |
| Will Personal Protective Equipment (PPE) be required when using the item?(Identify PPE required in comments section 6, including type and quantity) | [ ]  | [ ]  | [ ]  |
| Do workers require training in PPE use? | [ ]  | [ ]  | [ ]  |
| 1. **Summary**
 |
| **Hazards –** List identified hazards or risks | **Controls –** List any required controls |
| 1. **Other Considerations**
 |
|  |
| 1. **Person completing this checklist**
 |
| **Name Signature Date / /** |
| 1. **Receipt of Goods**
 |
| **Date**  | **Reference No/Purchase Order** |
|  **General** | **Yes** | **No** | **N/A** |
| Have all requirements outlined in the Pre-purchase Checklist above been met? | [ ]  | [ ]  | [ ]  |
| Are safety instructions /operator manuals provided with the item/s? | [ ]  | [ ]  | [ ]  |
| Has the manufacturer or supplier provided a risk assessment of the item/s? | [ ]  | [ ]  | [ ]  |
| Has the item been added to the maintenance schedule? | [ ]  | [ ]  | [ ]  |
| Has the item been added to any asset register? | [ ]  | [ ]  | [ ]  |
| Does the item need to be added to the Electrical Equipment Register? (testing and tagging) | [ ]  | [ ]  | [ ]  |
| Has any identified hazards and associated risk controls been entered onto the WHS Risk Register and/or included in the Inspection Schedule/Checklist? | [ ]  | [ ]  | [ ]  |
| **2. Chemicals** |
| Have current SDS been provided/obtained for each chemical? (issued within 5 years) | [ ]  | [ ]  | [ ]  |
| Has the item been added to the Hazardous Chemicals Register? | [ ]  | [ ]  | [ ]  |
| Is the product appropriately labelled and packaged? | [ ]  | [ ]  | [ ]  |
| Are there appropriate storage arrangements in place? | [ ]  | [ ]  | [ ]  |
| 1. **Comments/Follow up**
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| **Goods received conform to order specifications Yes** [ ]  **No** [ ] **Do not accept goods if they do not conform to your requirements** |
| **Person receiving goods Signature Date** |

**Once completed forward to the Church Council Secretary or designated congregation member to file**

Revisions

|  |  |
| --- | --- |
| Document number | TOO –  |
| Version | Approval date | Approved by | Effective date | Policy owner | Policy contact |
| Draft | 30.01.2019 |  Hazard Report Form  | DD.MM.YYYY | Manager Risk & Compliance | WHS Manager |
| Next scheduled review | DD.MM.YYYY |