

**Integrated Trolley Management - Subcontractor Employee Participation Review**

Employee name  Store  Date

Have you read and signed? please answer Yes/No

Safety Policy and Goals  Safe Work Method Statement

Have you completed your Employer's Induction Training?

Have you completed ITM Staff Competency Test?  Your Scores

Toolbox & Alerts you've been given in the last 3 months

Toolbox	Alerts

Please tell us the greatest risks that you faced with at your site.

Did you find it easy to understand safety alerts and toolbox talks?

Please comment

Did your employer explain or interpret safety alerts and toolbox talks?

Please comment

Were you given the opportunity to share your concerns and observations?

Please comment

Please provide us with your input and comments about how we can improve safety.

Please comment

If at any time you have any concerns about your safety or conditions, you are invited to call **1800 686 966** to confidentially talk to the prime contractor – to whom our business subcontracts

Signature  Date