

## WHS Management System Questionnaire/Enquiry Form

**Your Enquiry:**

---

---

---

**Date:**                    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Name of the Venue:** \_\_\_\_\_

**Contact Information:**    Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of the PCBU:** \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

(This person(s) will be responsible for the approval of all WHS Control Documents)

**Venue Contact Name:** \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



Part of a Group: Yes  No

If so Name of Group: \_\_\_\_\_

Name(s) of the other venue(s):  
\_\_\_\_\_

Type of Venue: Hotel  Club  Bottle Shop   
Retail  Other  \_\_\_\_\_

Hierarchy Chart:

Secretary Manager	<input type="checkbox"/>	General Manager	<input type="checkbox"/>
_____		_____	
Licensee	<input type="checkbox"/>	_____	
COO	<input type="checkbox"/>	CEO	<input type="checkbox"/>
_____		_____	
Operations Manager	<input type="checkbox"/>	HR Manager	<input type="checkbox"/>
_____		_____	
Duty Manager	<input type="checkbox"/>	Assistant Manager	<input type="checkbox"/>
_____		_____	
Supervisor	<input type="checkbox"/>	Employee/Worker	<input type="checkbox"/>
Chef	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Number of Staff: \_\_\_\_\_

Type: Permanent  Part Time  Casual

Numbers: \_\_\_\_\_

Have any staff ever requested a HSR or HSC: Yes  No



**Departments within the venue:**

Bar(s)	<input type="checkbox"/>	Cellar	<input type="checkbox"/>	Coolroom	<input type="checkbox"/>
Delivery Dock/Bay	<input type="checkbox"/>	Bottle Shop	<input type="checkbox"/>	Carpark	<input type="checkbox"/>
Bistro/Dining	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Coffee Shop	<input type="checkbox"/>
Accommodation	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Office	<input type="checkbox"/>
TAB	<input type="checkbox"/>	Gaming Room/Area	<input type="checkbox"/>		
Other	<input type="checkbox"/>	_____		_____	

**Has the venue commenced any WHS/OHS systems or registers, if yes please note:**

---



---



---

**Has the venue ever been visited by WorkCover?**

Yes  No

If yes – please note

---



---



---

**Other Notations**

---



---



---

**Please return the completed form to Austrain Academy and we will be in contact with you.**

