

WHS Management System Questionnaire/Enquiry Form

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 _____



Austrain Academy Pty Ltd.
 RTO ID: 91269 ABN: 78 121 537 791
 Phone: 1300 20 40 20
 Email: info@austrainacademy.com.au
 Unit 7, 77 Montague Street
 North Wollongong NSW 2500

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"/>		
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"/>	Carpark	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____		_____	

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



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Yes No

Has the venue ever been visited by Safe Work NSSF or SIRA?

Yes No

If yes – please note

Other Notations