

Business Profile

Trading Name:		
Legal Name:		
Industry Type:	Industry Sector:	
Workinfo #:	Estimated No. of Employees:	
Person undertaking Assessment:	Date:	Please Tick ✓ Yes No

Historical Serious Injury Events

Question 1	Has there been more than one serious injury event notified over the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
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Historical Complaints

Question 2	Has there been more than one complaint and or incident over the last 12 months where information received supports unsafe work practice.	<input type="checkbox"/>	<input type="checkbox"/>
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DoL Intelligence

Question 3	Does Workinfo show ongoing issues of unsafe practice and/or enforcement action taken	<input type="checkbox"/>	<input type="checkbox"/>
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Question 4	Has DoL received intelligence supporting high risk business/worker practice	<input type="checkbox"/>	<input type="checkbox"/>
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Question 5	The DoL has not undertaken a compliance assessment in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>
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Question 6	Is it in a National/Regional or Local Project Area	<input type="checkbox"/>	<input type="checkbox"/>
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Other

Question 7	Has there been a DoL Directive	<input type="checkbox"/>	<input type="checkbox"/>
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Question 8	Has had no previous DoL contact	<input type="checkbox"/>	<input type="checkbox"/>
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Question 9	A specific request has been made for assistance	<input type="checkbox"/>	<input type="checkbox"/>
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TOTAL "YES" TICKS			
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Comments on each "Yes" below	3 or more yes answers places the client into the client case management process	Client Case Management required <input type="checkbox"/>
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Note: Supporting documentation along with other relevant information must be attached to this form for determining that they meet DoL Workplace requirements for moving into the case management process

Note: Where a client does not proceed into case management but an interaction has taken place, details are to be placed on Workinfo and the appropriate file