**Form 1 - Annual Confirmation of Implementation of WHSMS**

**(Note: This form must be completed and submitted to the Archdiocese every year along with the Annual Parish/Agency WHS Audit, Form 5)**

Name of Parish/Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to confirm that the work needed to establish and implement and Work, Health and Safety Management System in this Agency/Parish has been undertaken and the WHSMS is current and up to date.

The following elements are in place: (tick if completed)

* Archdiocesan WHS Policy is on display
* Workplace inspection has been conducted
* Risk Assessment of Hazards has been completed
* Risk Controls have been developed and Implemented

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of Parish/Agency Management