



HIA Safety Services can **HELP** with Practical Safety Solutions

Subcontractor OHS Packs (Provided on CD)

- Asbestos Removal OHS Pack (A)
- Brick & Block Layers OHS Pack (B)
- Carpenters OHS Pack (A)
- Carpet & Vinyl Layer OHS Pack (B)
- Cement Render OHS Pack (B)
- Concreter OHS Pack (B)
- Electricians OHS Pack (A)
- Excavation & Demolition OHS Pack (A)
- Floor & Wall Tiler OHS Pack (B)
- Formwork OHS Pack (A)
- Landscapers OHS Pack (A)
- Kitchen Installation OHS Pack (A)
- Metal Roofer OHS Pack (A)
- Painters OHS Pack (A)
- Plumbers OHS Pack (A)
- Plasterers OHS Pack (A)
- Pool Builder OHS Pack (A)
- Tile Roofer OHS Pack (A)
- Waterproofer OHS Pack (B)

HIA MEMBER BUILDERS *may purchase all above for*

\$1720+gst (valued at \$9460 non member price)

Order Form Overleaf



Subcontractor OHS Packs include:

- **Housing Industry Site Safety Pack** (MS Word)
- **Toolbox Talks** (guidance material various topic)
- **Safe Work Method Statements** (trade specific) (MS Word)
- **Trade Safety Plan** (MS Word)
- **Material Safety Data Sheets** (HIA's Library)
- **Relevant Procedures**
- **Subcontractor Induction** (MS Word)
- **Risk Assessment Booklet**

**OHS Packs may be individually purchased for \$500/pack for Category (A)
\$350/pack for Category (B)**

*Member Price

Acceptance of Offer

Please notify your acceptance of this offer by completing all details and signing the payment conditions below. OHS Pack(s) will be delivered within 7 days of acceptance.

I accept the above terms			
..... Authorising Signature Name in Print Date	
Payment Amount			
OHS Pack <i>(Please insert name of OHS Pack(s) above or "All Packs")</i>			Total \$
Payment Details			
Business Name:		HIA Member No:	
Postal Address:			
Suburb:	State: NSW	P/Code:	
Contact Name:		Phone:	
Method of Payment:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order No:	<input type="checkbox"/> Cheque
If applicable, please fill in credit card details below:			
Please charge my:	<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/> Amex
Card No:		Expiry Date:	
Cardholders Name:		Signature:	

Please complete following form to order and fax back to 02 9888 7555 or scan and email to r.evanian@hia.com.au