

**Contractor Pre-Qualification Checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contractor name** | |  | | | | | | |
| **Services provided** | |  | | | | | | |
| **Date to commence** | |  | | | | | | |
| **Job title** | |  | | | | | | |
| **Department** | |  | | | | | | |
| **Supervisor** | |  | | | | | | |
| As part of the contractor approval process all contractors are required to answer the following questions and provide copies of relevant documents where applicable. | | | | | | | | |
|  | | | | | **YES** | | **NO** | |
| **OHS/WHS Policy and Management** | | | | | | | | |
| 1. Company OHS/WHS policy | | | | |  | |  | |
| 1. OHS/WHS management systems manual or plan [table of contents page to be provided as evidence] | | | | |  | |  | |
| 1. OHS/WHS certification eg AS/NZS 4801 | | | | |  | |  | |
| **Safe Work Practices and Procedures** | | | | | | | | |
| 1. OHS/WHS procedures or specific safety instructions relevant to its operations and this contract | | | | |  | |  | |
| 1. Procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company | | | | |  | |  | |
| 1. Safe operating procedures for plant and equipment | | | | |  | |  | |
| 1. Procedure for electrical testing and tagging system [evidence/statement] | | | | |  | |  | |
| 1. Procedure for tagging or lock out of faulty equipment | | | | |  | |  | |
| 1. Procedure for storing and handling hazardous substances | | | | |  | |  | |
| 1. Procedures for identifying, assessing and controlling risks associated with manual handling/manual tasks | | | | |  | |  | |
| 1. Competencies as required eg forklift, confined spaces | | | | |  | |  | |
| 1. Emergency response planning for the job/work on site | | | | |  | |  | |
| 1. Site emergency evacuation procedures | | | | |  | |  | |
| 1. Personal Protective Equipment [PPE] used [please list] | | | | |  | |  | |
| **Hazard Identification and Incident Investigation** | | | | | | | | |
| 1. Procedure for workplace and equipment inspection | | | | |  | |  | |
| 1. Procedure for hazard and incident reporting including reporting of near misses and notifiable incidents | | | | |  | |  | |
| 1. Procedure for incident investigation | | | | |  | |  | |
| **Documentation and Records** | | | | | | | | |
| 1. Safe Work Method Statements/Job Safety Analyses | | | | |  | |  | |
| 1. Material Safety Data Sheets [MSDS]/Safety Data Sheet (SDS) for hazardous substances to be brought on-site | | | | |  | |  | |
| 1. Records of safety training conducted | | | | |  | |  | |
| 1. Site rules (Mandatory PPE, drugs, alcohol, smoking, etc.) | | | | |  | |  | |
| 1. Plant & equipment maintenance schedule | | | | |  | |  | |
| 1. Inspection checklists for worksites/equipment | | | | |  | |  | |
| 1. Records of toolbox talks/OHS/WHS committee meetings | | | | |  | |  | |
| 1. Evidence of current workers compensation policy (copy of current certificate) | | | | |  | |  | |
| 1. Details of public liability insurance (copy of certificate) | | | | |  | |  | |
| ***The information provided is true and accurate at the time of submission.*** | | | | | | | | |
| ***Completed by: [name]*** |  | | ***Position:*** | | | | | |
| ***Signature*** |  | | ***Date:*** | | | | | |

**Office use only:**

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| --- | --- | --- | --- | --- |
| ***Approved*** | Yes | No | ***Review Date*** |  |
| ***Approved by  [Name]:*** | | | ***Position:*** | |
| ***Signature:*** | | | | |
| ***For an approved contractor, that had a NO answer, provide details on exemption/s:*** | | | | |
| ***If not approved, explain:*** | | | | |
| ***Further requirements to be re-considered as an Approved Contractor:*** | | | | |