**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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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:***  |