

WHS Contractor Management – Contractor Registration & Information Form

| Version No: | V5 |
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| Issued: | 19 February 2015 |
| Reviewed: | 18 October 2021 |
| Next Review: | 17 October 2024 |

To be completed by the Contractor for Council's Preferred Contractor Register

| Registered Company / Business Nam | ie: | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|----|--|
| Business Registration: | Australian Bus | Australian Business No. (ABN): | | |
| Street Address: | | | | |
| Postal Address (if different from abo | ve): | | | |
| Principal Contact Person: | | | | |
| Business Ph #: | Fax: | | | |
| Mobile: | Email: | | | |
| Site Supervisor: | | | | |
| Mobile: | | | | |
| Work Health & Safety Contact: | | | | |
| Mobile: | Email: | | | |
| WorkCover Registration (if you have | employees): | | | |
| Please indicate the way you wish to | receive Councils Contractor Induc | tion Manual (please tick): | | |
| Hard Copy Electronic Copy | | Access forms from Council Website | e) | |
| Industry/Trade | | | | |
| Air-conditioning/Refrigeration | Gas | Plumbing | | |
| Asbestos ID/Removal | General Building | Professional Services | | |
| Automotive Air Conditioning | General Electrician | Road Construction | | |
| Bitumen Works | Irrigation Services | Rock Crushing | | |
| Building Maintenance | Kerbing / Water Table | Septic Waste Management | | |
| Carpet Cleaning | Landscaping | Tiling | | |
| Concreting | Line Marking | Tree Trimming / Removal | | |
| Confined Space | Major Electrical | Waste Management | | |
| Earthmoving & Construction | Mowing/Slashing | Weed Control | | |
| EWP | Paving | Welding | | |
| Excavation/Trenching | Painting | Other: | | |
| Fencing | Pest Control | | | |
| Footpath Construction | Plant Hire | | | |
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CONTRACTOR CHECKLIST AND DECLARATION

Contractors must provide the following documentation listed as mandatory. The documentation listed as additional must be provided if relevant to the works or requested by Council.

| Ma | andatory Documents Requested |
|------|---|
| | Proof of Public Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer) - minimum of \$20,000,000. |
| | Evidence of current ReturnToWork SA registration (sole traders exempt) |
| | Copy of employee licences, competencies and certifications relevant to the works (e.g. White Card, Work Zone Traffic Management, driver's licences, machinery licences, high risk licences, work at heights licence, trade licences) |
| | Copies of work health and safety policies and/or procedures relevant to the work to be performed. |
| | Evidence that hazards relating to your work activities are identified, assessed and controlled (e.g. hazard identification list or other documentation: risk assessments, safe work instructions, and where relevant SWMS and WHS Management Plan |
| | |
| | ditional Documents (if requested by Council) based on the level of risk and the task or activity to be dertaken |
| | Work Health Safety Policy and summary of WHS procedures and instruction or processes relevant to the works to be provided (e.g. WHS Management System) |
| | Sample copies of Safe Operating Procedures/Safe Work Instructions for the works to be provided |
| | Proof of Professional Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer.) |
| | Incident reporting and investigation process, including a sample incident report form |
| | Copy of plant registration e.g. cranes, elevated work platform |
| | Training or skills matrix of personnel to be engaged to perform the work (and an explanation of how this is maintained). |
| | Emergency response procedures and/or Management Plan |
| This | is to certify that I have provided the above information as indicated. |
| | (Company/Business name) agrees to perform the work within the lit of the Work Health and Safety Legislation, relevant model Codes of Practice, industry standards and in ordance with reasonable requests by Council. |
| Aut | horised Officer: |
| Sign | nature Date: |
| | |