



WHS Contractor Management – Contractor Selection

Version No:	2.0
Issued:	31 May 2017
Reviewed:	10 March 2020
Next Review:	10 March 2023

1. CONTRACTOR DETAILS

Company / Business name: _____

ABN: _____

Street Address: _____

Postal Address: _____

Contact Person: _____ Contact No.: _____ Fax: _____

Mobile Phone: _____ E-mail: _____

Contractor Compliant on Preferred Contractors Register? Yes No

Current Public Liability Certificate of Currency (minimum of \$20,000,000 provided)? Yes No NA

Current Professional Indemnity Certificate of Currency Yes No NA

Current ReturnToWorkSA Registration provided? Yes No NA

2. CONTRACT OVERVIEW

Brief Description of the work: _____

Location of Work: _____

Period of Contract: Date: From: _____ To: _____

Time: From: _____ To: _____

Nature of Work:

Construction work Yes No If **yes**, risk assessment received? Yes No

High risk construction work Yes No If **yes**, SWMS received? Yes No

Construction project Yes No If **yes**, WHS Management Plan received? Yes No

Other _____

3. COUNCIL CONTACT

Contract Manager: _____ Phone: _____ Fax: _____


Mobile Phone: _____ E-mail: _____

OR, in the absence of the above person:

Contract Manager's Representative: _____

Phone: _____ Fax: _____

Mobile Phone: _____ E-mail: _____

	<h2 style="margin: 0;">WHS Contractor Management – Contractor Selection</h2>	Version No: 2.0
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4. DETAILS OF LICENCES AND PERMITS RELEVANT TO THIS CONTRACT

<p><u>Work Zone Traffic Management</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Name</td><td style="width: 50%;"></td><td style="width: 25%;">Expiry Date</td><td style="width: 10%;"></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> </table> <p>Copies of Licences/ Tickets or Permit supplied: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>WZTM Plan received and checked: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>WZTM Safe Work Method Statement (SWMS) completed: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p>	Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		<p><u>Plant/ Vehicle Registration</u></p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p>
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Name		Expiry Date																			
Name		Expiry Date																			
Name		Expiry Date																			
<p><u>Confined Space Permit</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Confined Space Permit issued: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Permit Number: _____</p> <p>Confined Space SWMS completed <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent to retain a copy of the Emergency Response Plan</p>	<p><u>Hot Work (Welding & Grinding)</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hot Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Permit Number: _____</p> <p>Hot Work SWMS completed <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent retain a copy of the Emergency Response Plan</p>																				
<p><u>Hazardous Chemicals</u></p> <p>Contract Superintendent / Project Manager to site any SDS and associated Risk Assessments for any Hazardous Chemicals to be used onsite for this contract and ensure the Contractor makes them available to all workers onsite.</p> <p>Sited and Available: <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>Working at Heights</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Work at Heights Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permit Number: _____</p> <p>Work at Heights SWMS completed: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent retain a copy of the Emergency Response Plan</p>																				
<p><u>Construction / High Risk Construction Work</u></p> <p>If the work is Construction or High Risk Work, has a SWMS been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the work is construction work valued at \$450,000 or over, has a WHS Management Plan been completed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>White Card / Certificate of Competency</u></p> <p>Copies of white card / work safely in the construction industry certificate of competency supplied or on contractor file <input type="checkbox"/> Yes <input type="checkbox"/> NA</p>																				
<p><u>Tradespeople with Trades Certificates and Licences</u></p> <p>Electrician / Electrical fitter, line worker and cable jointer / Tradespeople with restricted electrical licence / Plumber and gas-fitter / Carpenter and joiner, bricklayer and builder / Refrigeration and air-conditioning mechanic / Auto-gas installer.</p> <p>Current certificates verified by Contract / Project Manager <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Builder/Contractor Licence from Consumer and Business Services verified by Contract / Project Manager <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>Contract Employees</u></p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>																				
<p><u>High Risk Licences</u></p> <p><input type="checkbox"/> WP-Boom Lift <input type="checkbox"/> LG-Grader <input type="checkbox"/> LF-Forklift</p> <p><input type="checkbox"/> LB-Backhoe <input type="checkbox"/> LL-F E Loader <input type="checkbox"/> LZ-Bulldozer</p> <p><input type="checkbox"/> LR-Roller <input type="checkbox"/> LS-Skid Steer Other: _____</p> <p>All relevant licenses supplied / on file / within date <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>License Classes</u></p> <p><input type="checkbox"/> C-Car <input type="checkbox"/> LR-Light Rigid <input type="checkbox"/> R-Motorcycle</p> <p><input type="checkbox"/> MR-Med Rigid <input type="checkbox"/> HR- Heavy Rigid</p> <p><input type="checkbox"/> HC-Heavy Comb <input type="checkbox"/> MC-Multi Comb</p> <p>All relevant licenses supplied / on file / within date <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>																				
<p>Contracts Superintendent to verify currency of Certificates on the preferred Contractors Register</p>																					

Contractor Acknowledgement

Contractor Representative: _____

Sign: _____

Date: _____