



CONTRACTOR MANAGEMENT Approved Contractor Application

Form No:	PROC011.4
Page No:	1 of 4
Last Updated:	19 th August 2019
Form Ownership:	Asset Management Coordinator
Relevant Policy/Act:	Procurement Policy Contractor Management Policy

CONTRACTOR DETAILS

Trading Name	
Entity Name	
ABN	
Business Address	
Postal Address	
Telephone	
Facsimile	
Email	
Website	

Contact Details	Position	Name	Phone
	Quotations		
	WHS/Business Manager		
	Accounts		

DESCRIPTION OF SERVICES PROVIDED



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WORK HEALTH AND SAFETY QUESTIONNAIRE

Please note that documented evidence of the following questions may be required upon request. Provision of job safety analysis', risk assessments and safe work method statements relevant to the works to be undertaken will be required prior to commencement of any works (in the event that you are engaged to undertake for Council).

Section 1: Planning	Yes	No
Can you confirm that you have identified the Work Health and Safety regulations affecting your business?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented company Work Health and Safety Management system manual or plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is the company required to have any licences/permits or registrations that are relevant to its operations? <i>If yes, please attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that work undertaken will be conducted in line with your documented Work Health and Safety management system?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "No" to any of the above, please provide explanation:

Section 2: Implementation and Operation	Yes	No
Can you confirm that you will provide adequate supervision for those activities you will undertake for Council?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that your workers are competent and trained to carry out their work activities in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you will implement suitable measures to control the significant risk you have identified in your risk assessments? For example safe systems of work, safe isolation and permits to work.	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you will implement appropriate emergency procedures (first aid and fire) when working at our locations?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that all your tools, plant and equipment are safe to use, regularly inspected and maintained and only used by competent people?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you provide appropriate PPE when needed and ensure that it is regularly inspected and maintained and used by your workers?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you have a system in place for incident reporting and investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you undertake risk assessments, safe work method statements, plant and equipment and competence checks (as relevant) before commencing work?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "No" to any of the above, please provide explanation:

Section 3: Subcontractors	Yes	No
Will you be subcontracting any of the work that you will be undertake for Council?	<input type="checkbox"/>	<input type="checkbox"/> <small><i>If no, go to Section 4</i></small>
Can you confirm that you assess the Work Health and Safety competence of your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you check subcontractors risk assessments, safe work method statements, plant and equipment and competence (as relevant) before they undertake work for you?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you provide appropriate Work Health and Safety information to your subcontractors before they undertake work for you?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you will monitor those subcontractors that will be undertaking work on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "No" to any of the above, please provide explanation:



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Section 4: Monitoring and Corrective Actions	Yes	No
Can you confirm that you will carry out regular safety inspections of your work activities?	<input type="checkbox"/>	<input type="checkbox"/>
Can you confirm that you record all accidents and report them to enforcing authorities as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry out regular Work Health and Safety audits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a Work Health and Safety offence?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "No" to any of the above, please provide explanation:

Section 5: Management Review	Yes	No
Do you carry out regular management reviews of your Work Health and Safety system, and is the system kept up to date and re-issued where and when required?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "No" to the above, please provide explanation:

CONTRACTOR ACKNOWLEDGEMENT

By signing this application, I acknowledge that the above information is true and correct. I further acknowledge that I understand in order to retain an active status on the Approved Contractor Register that I must provide the following documentation to Council:

Annually:

- updated evidence of insurance upon expiry (public liability, professional indemnity and Return to Work SA (if applicable))

Biennially:

- Contractor Management Guide Acknowledgement, signed by the owner/director of the company; and
- a copy of our current Work Health and Safety Policy.

Signed	Signature	
	Name	
	Position	
	Date	

DOCUMENTATION REQUIREMENTS

The following documents must be attached to this form for your details to be included on Council's Approved Contractor Register. Upon receipt, your application will be assessed Council and you will be advised accordingly.

Document Required	Attached ✓	OFFICE USE ONLY	
		Rec'd	Not Rec'd
Public Liability Insurance Certificate <i>Note: Minimum \$20m coverage</i>	Expiry Date: Amount:	<input type="checkbox"/>	<input type="checkbox"/>
Professional Indemnity Insurance Certificate <i>Note: If required by your business</i>	Expiry Date: Amount:	<input type="checkbox"/>	<input type="checkbox"/>
Return to Work SA Certification <i>Note: Not required for sole traders</i>	Expiry Date: Employer No:	<input type="checkbox"/>	<input type="checkbox"/>
Contractor Management Guide Acknowledgement		<input type="checkbox"/>	<input type="checkbox"/>
Schedule of Rates		<input type="checkbox"/>	<input type="checkbox"/>

Assessed By: _____ Date: _____

Comments:



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CONTRACTOR EMPLOYEE INDUCTION

As part of Council's commitment to safety, all employees (supervisory and/or operations) in your company are required to undertake Council's on-line induction prior to commencing any works for Council.

Please provide the name and email contact for all employees. These employees will receive an email with a link to Council's on-line induction.

Name	Email	Work Site Required <i>[Please tick all required]</i>				
		Works	Saleyards	Airport	MTG Office	PMCC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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