The following information is required is to assess contractor safety management systems. Please complete sections 1, 2, & 3 and return it, along with all supporting documentation at your earliest opportunity. Original documents are not required, verifiable copies are acceptable.

|  |
| --- |
| **1.0 Contractor Details** *(Contractor to complete)* |
| Company name: |  |
| Address: |  |
| Primary contact: |  |
| Phone: |  |
| Email:  |  |
| Service(s) provided |  |

|  |  |  |
| --- | --- | --- |
| **2.0 Contractor Management Systems** *(Contractor to complete)* | **Available** | **Evidence provided** |
| **Yes** | **No** | **Yes** | **No** |
| 1 | Health and safety policy |  |  |  |  |
| 2 | Environmental policy |  |  |  |  |
| 3 | Induction and training policy |  |  |  |  |
| 4 | Fatigue management policy *(Max. hours / Min. rest periods)* |  |  |  |  |
| 5 | Drug and alcohol policy |  |  |  |  |
| 6 | Employee training/competency/licencing records |  |  |  |  |
| 7 | A register of common hazards & controls  |  |  |  |  |
| 8 | Relevant safe work procedures (SOPS or SWMS) |  |  |  |  |
| 9 | Pre-start hazard identification / job briefing records |  |  |  |  |
| 10 | Worksite audit records |  |  |  |  |
| 11 | Accident, incident, near miss reporting records |  |  |  |  |
| 12 | Accident, incident, near miss investigation records |  |  |  |  |
| 13 | Plant & equipment inspection records |  |  |  |  |
| 14 | Regular health and safety / operations review meeting records |  |  |  |  |
| 15 | Hazardous substances handling/management systems/records |  |  |  |  |
| 16 | Emergency response procedures & training records |  |  |  |  |
| 17 | Current commercial insurance cover |  |  |  |  |

***Note:*** *For all items ticked ‘yes’, please provide current evidence or examples for verification purposes.*

|  |
| --- |
| **3.0 Contractor Health & Safety Declaration** *(Contractor to complete)* |
| 1 | I confirm all personnel from my company understand their obligations and responsibilities in relation to hazard identification, risk assessment and working to all required controls and agreed safe work practices  |
| 2 | I confirm all personnel from my company understand their obligations and responsibilities in relation to accident, incident, & near miss reporting requirements |
| 3 | I confirm all personnel from my company are adequately trained and I deem them competent to conduct their work in a safe and professional manner |
| 4 | I confirm all administrative, insurance and operational certification requirements required by my company will remain current throughout my company’s association with XXXX.  |
| Signed:  |
| Date:  |

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| **Subcontractor Assessment** *(Principal to complete)* |
| Contractor to work to own H&S systems  | Contractor to work to Principal’s systems  | Supervision required | Able to work unsupervised |
| *initial* | *initial* | *initial* | *initial* |
| Comments |
| Assessment conducted by: |  |
| Date: |  |
| To be reviewed at no greater than two-yearly intervals |