|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME** |  | **SERVICE / GOOD SUPPLIED** |  |
| **ABN / ACN** |  | **TELEPHONE** |  |
| **STREET ADDRESS** |  | **WEBSITE** |  |
| **CONTACT PERSON** |  | **PRIMARY CONTACT DETAILS** |  |
| **YEARS ESTABLISHED** |  | **NUMBER OF PERSONNEL** |  |
|  |
| **QUESTION** | **✓** | **🗶** | **NA** | **COMMENTS**  |
| **MANAGEMENT SYSTEM** |
| *Does your company have documented WHS management system?* |  |  |  |  |
| *Does your company have up-to-date third-party accreditation for OHS / WHS Management Systems (ISO 45001 / 4801)?* |  |  |  |  |
| **INSURANCES** |
| *Does your company have up-to-date worker’s compensation insurance?* |  |  |  | *Insurer:* |  | *Expiry:* |  |
| *Does your company have up-to-date professional indemnity insurance?* |  |  |  | *Insurer:* |  | *Expiry:* |  |
| *Does your company have up-to-date public liability insurance?* |  |  |  | *Insurer:* |  | *Expiry:* |  |
| *Does your company have up-to-date insurances on all plant, equipment, and motor vehicles?* |  |  |  | *Insurer:* |  | *Expiry:* |  |
| **WORK PROCEDURES AND PERSONNEL** |
| *Does your company have documented work procedure/s (SWMS, JHAs or SWPs) for the task/s to be performed?* |  |  |  |  |
| *Are all personnel to be involved in the contracted works competent and do they hold the necessary qualifications, licences, and inductions?* |  |  |  |  |
| **HEALTH AND SAFETY PERFORMANCE** |
| *Has your company been issued with an improvement notice, prohibition notice or entered into enforceable undertakings under the WHS Act within the last 5 years?* |  |  |  |  |
| *Do you maintain a record of health and safety statistics?* |  |  |  |  |
| **PERSONNEL AND HUMAN RESOURCES** |
| *Have all staff completed the General Construction Induction (blue card / white card)?* |  |  |  |  |
| *Are all workers competent for the jobs they will be performing?* |  |  |  |  |
| *Do workers have all licences / VOCs required to operate the relevant plant, machinery and equipment being used on site?* |  |  |  |  |
| *Are all workers medically fit to conduct their particular job roles?* |  |  |  |  |
| **PLANT AND EQUIPMENT** |
| *Is all plant, machinery and equipment fit for purpose, considering all legislative, industry and project requirements?* |  |  |  |  |
| *Has all plant been maintained in line with legislative and manufacturer specifications?* |  |  |  |  |
| *Has all plant and equipment been fitted with safety devices (if required) (e.g., flashing lights, reverse beepers, emergency stops)?* |  |  |  |  |
| *Is there a procedure for all equipment to be inspected daily or prior to use (e.g., daily pre-start inspections)?* |  |  |  |  |
| **FIRST AID AND EMERGENCIES**  |
| *Will you have an adequate number of first aiders onsite (1 per 25 workers minimum)?* |  |  |  |  |
| *Do these first aiders have access to the necessary first aid equipment?* |  |  |  |  |
| *Do you have procedures for:** *Evacuation, and*
* *Medical Treatment?*
 |  |  |  |  |
|  |
| **NAME AND SIGNATURE** |  | **DATE** |  |