|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |  | |