

Contractor Pre-Qualification Checklist

Contractor name			
Services provided			
Date to commence			
Job title			
Department			
Supervisor			
As part of the contractor approval process all contractors are required to answer the following questions and provide copies of relevant documents where applicable.			
	YES	NO	
OHS/WHS Policy and Management			
1. Company OHS/WHS policy	<input type="checkbox"/>	<input type="checkbox"/>	
2. OHS/WHS management systems manual or plan [table of contents page to be provided as evidence]	<input type="checkbox"/>	<input type="checkbox"/>	
3. OHS/WHS certification eg AS/NZS 4801	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Work Practices and Procedures			
4. OHS/WHS procedures or specific safety instructions relevant to its operations and this contract	<input type="checkbox"/>	<input type="checkbox"/>	
5. Procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company	<input type="checkbox"/>	<input type="checkbox"/>	
6. Safe operating procedures for plant and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
7. Procedure for electrical testing and tagging system [evidence/statement]	<input type="checkbox"/>	<input type="checkbox"/>	
8. Procedure for tagging or lock out of faulty equipment	<input type="checkbox"/>	<input type="checkbox"/>	
9. Procedure for storing and handling hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	
10. Procedures for identifying, assessing and controlling risks associated with manual handling/manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	
11. Competencies as required eg forklift, confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	
12. Emergency response planning for the job/work on site	<input type="checkbox"/>	<input type="checkbox"/>	
13. Personal Protective Equipment [PPE] used [please list]	<input type="checkbox"/>	<input type="checkbox"/>	
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Hazard Identification and Incident Investigation		
14. Procedure for workplace and equipment inspection	<input type="checkbox"/>	<input type="checkbox"/>
15. Procedure for hazard and incident reporting including reporting of near misses and notifiable incidents	<input type="checkbox"/>	<input type="checkbox"/>
16. Procedure for incident investigation	<input type="checkbox"/>	<input type="checkbox"/>
Documentation and Records		
17. Safe Work Method Statements/Job Safety Analyses	<input type="checkbox"/>	<input type="checkbox"/>
18. Material Safety Data Sheets [MSDS]/Safety Data Sheet (SDS) for hazardous substances to be brought on-site	<input type="checkbox"/>	<input type="checkbox"/>
19. Records of safety training conducted	<input type="checkbox"/>	<input type="checkbox"/>
20. Plant & equipment maintenance schedule	<input type="checkbox"/>	<input type="checkbox"/>
21. Inspection checklists for worksites/equipment	<input type="checkbox"/>	<input type="checkbox"/>
22. Records of toolbox talks/OHS/WHS committee meetings	<input type="checkbox"/>	<input type="checkbox"/>
23. Evidence of current workers compensation policy (copy of current certificate)	<input type="checkbox"/>	<input type="checkbox"/>
24. Details of public liability insurance (copy of certificate)	<input type="checkbox"/>	<input type="checkbox"/>
<i>The information provided is true and accurate at the time of submission.</i>		
Completed by: [name]		Position:
Signature		Date:

Office use only:

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Review Date	
Approved by [Name]:			Position:	
Signature:				
<i>For an approved contractor, that had a NO answer, provide details on exemption/s:</i>				
<i>If not approved, explain:</i>				

Further requirements to be re-considered as an Approved Contractor: