OF0024 – Contractor Evaluation Form

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|  |  |  |
| --- | --- | --- |
|  | Amendment Record | **Issue #: 1** |
| **Issue Date: 10/09/2018** |

| **Rev. #** | **Date** | **Details** | | **Description of Changes** | **Prepared By** | **Approved by** |
| --- | --- | --- | --- | --- | --- | --- |
| Section # | Para. # |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Contractor Evaluation Form | | |
| Name of Contractor: | Position: | |
| Company Name: | ABN: | |
| E-mail: | Phone: | Mobile: |
| Work to be undertaken onsite: | | |

PRIOR TO GETTING ONSITE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Yes | No | Comments | |
| Is the contractor appropriately trained to conduct this work | ☐ | ☐ | Please attach copies of licences, training certificates. | |
| Does the contractor’s WHS System cover:   * WHS Policy * Drug and Alcohol Use * First Aid * Fire and evacuation * Workplace Harassment * Sun protection * Incident Reporting * Risk Assessment * Mobile phone usage | ☐ | ☐ |  | |
| Does the contractor have appropriate SWMS for the work to be conducted onsite? | ☐ | ☐ |  | |
| Does the contractor have:   * Public Liability Insurance * Workers’ Compensation * Professional Indemnity | ☐  ☐  ☐ | ☐  ☐  ☐ |  | |
| Has contractor conducted a Risk Assessment for the work? | ☐ | ☐ | Please attach a copy | |
| Has the contractor undertaken a WHS Induction? | ☐ | ☐ | Date of induction: | |
| Has contractor undertaken a site induction? | ☐ | ☐ | Date: | |
| Has the contractor fulfilled all requirements to conduct the work described above, onsite? | ☐ | ☐ |  | |
| Is any further information or action required from contractor prior to working onsite? | ☐ | ☐ |  | |
| Name of Evaluator: | Signature: | | | Date: |

ONCE ONSITE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Yes | No | Comments | |
| Has an on the spot site inspection been conducted to check contractor is following correct site procedures and safety requirements? | ☐ | ☐ |  | |
| Does any action resulting from the spot inspection need to be undertaken for contractor to remain onsite? | ☐ | ☐ |  | |
| Name of Evaluator: | Signature: | | | Date: |

TO BE COMPLETED BEFORE WORK COMMENCES:

|  |  |  |
| --- | --- | --- |
| I | Of | declare that I/we |
| Contractor Name – please print | Organisation Name | |

a) Understand the obligations under the Work Health and Safety Act and Work Health and Safety Regulations, Codes of Practice and Australian Standards that are applicable to the work being undertaken and to the circumstances in which the contract will be affected

1. Have certification and qualifications that are required by legislation and have attached a copy of these
2. Will cease working, make safe the Workshop and contact the Workshop Manager if I become aware of danger to myself or others during the period of the contract
3. Understand environmental obligations for the work undertaken including the need to prevent potential damage to the environment
4. Will maintain at all times a current Workers Compensation Insurance Policy (if applicable)
5. Will maintain at all times the following insurance policies:

Type of Policy: ......................................................... Policy covers: ..................................................

Type of Policy: ........................................................ Policy covers: ...................................................

Type of Policy: ......................................................... Policy covers: ..................................................

***Attach copies of all relevant licences and insurance policies.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed: Contractor** |  | **Date** |  |

ON SITE MANAGER SIGN OFF

The contractor has been admitted to the Workshop to provide the services as detailed in the contract.

The additional permits have been issued ...................................................................................................

Contractor Site Induction has been arranged before work will commence at the Workshop.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed: Site Manager** |  | **Date** |  |