

Contractor Pre-Qualification Checklist

Contractor name		
Services provided		
Date to commence		
Physical address		
Email		
Mobile		
Please use this checklist to provide evidence as the the New Contractor Pre-qualifiaction Questionnaire		
	YES	NO
Occupational Health and Safety (OHS) Policy and Management		
1. Please provide accreditation from Safeplus, ISO45001, SiteWise	<input type="checkbox"/>	<input type="checkbox"/>
1.1 Signed and dated OHS policy has provided	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety and Procedures		
2. OHS manual has been attached	<input type="checkbox"/>	<input type="checkbox"/>
3. Documented list of hazards and controls (hazard register) is attached	<input type="checkbox"/>	<input type="checkbox"/>
3.1 Completed examples of JSA's or SSSP's has been provided	<input type="checkbox"/>	<input type="checkbox"/>
3.2 A PPE register has been attached	<input type="checkbox"/>	<input type="checkbox"/>
4.Examples of notifiable work has been provided	<input type="checkbox"/>	<input type="checkbox"/>
5.Completed plant and equipment register is attached showing maintenance schedule	<input type="checkbox"/>	<input type="checkbox"/>
6.Register of MSDS sheets has been provided including certified handler certification	<input type="checkbox"/>	<input type="checkbox"/>
7.Documentation showing that a safety review has been completed	<input type="checkbox"/>	<input type="checkbox"/>
7.1 Results of safety reviews and corrective actions have been provided	<input type="checkbox"/>	<input type="checkbox"/>
8.Emergency plan provided including list of first aiders that will work on site	<input type="checkbox"/>	<input type="checkbox"/>
9. Please provide copies of any infringements issued from Worksafe/ Police/ other councils		

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Hazard Identification and Incident Investigation		
10. Attach completed evidence for an accident/ injury investigation	<input type="checkbox"/>	<input type="checkbox"/>
10.1. Attach completed evidence for near miss identification	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Attach evidence (toolbox meetings) how corrective actions were communicated	<input type="checkbox"/>	<input type="checkbox"/>
10.3. Attach (where applicable) any notifications to WorkSafe of any notifiable incident	<input type="checkbox"/>	<input type="checkbox"/>
Engagement and Communication		
11. Attach evidence of regular toolbox meetings with staff.	<input type="checkbox"/>	<input type="checkbox"/>
11.2. Attach evidence of any H&S specific safety meetings	<input type="checkbox"/>	<input type="checkbox"/>
11.3. Attach evidence of staff being inducted to your business	<input type="checkbox"/>	<input type="checkbox"/>
12. Supply list of subcontractors to be used for SDC work	<input type="checkbox"/>	<input type="checkbox"/>
12.1. Supply evidence of how these subcontractors have been inducted to your business	<input type="checkbox"/>	<input type="checkbox"/>
13. Supply all training records for staff that will be working for SDC	<input type="checkbox"/>	<input type="checkbox"/>
14. Details of public liability insurance (copy of certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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: