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|  | WHS Contractor Management – Contractor Registration & Information Form | Version No: | V2.0 |
| | | Issued: | 19 February 2015 |
| | | Reviewed: | 31 May 2017 |
| | | Next Review: | 30 May 2020 |

To be completed by the Contractor for Council's Preferred Contractor Register

Registered Company / Business Name: _____

Business Registration: _____ Australian Business No. (ABN): _____

Street Address: _____

Postal Address (if different from above): _____

Principal Contact Person: _____

Business Ph #: _____ Fax: _____

Mobile: _____ Email: _____

Site Supervisor: _____


Mobile: _____ Email: _____

Work Health & Safety Contact: _____

Mobile: _____ Email: _____

WorkCover Registration (if you have employees): _____

| Industry/Trade | | | | | |
|--------------------------------|--|-----------------------|--|-------------------------|--|
| Air-conditioning/Refrigeration | | Gas | | Plumbing | |
| Asbestos ID/Removal | | General Building | | Professional Services | |
| Automotive Air Conditioning | | General Electrician | | Road Construction | |
| Bitumen Works | | Irrigation Services | | Rock Crushing | |
| Building Maintenance | | Kerbing / Water Table | | Septic Waste Management | |
| Carpet Cleaning | | Landscaping | | Tiling | |
| Concreting | | Line Marking | | Tree Trimming / Removal | |
| Confined Space | | Major Electrical | | Waste Management | |
| Earthmoving & Construction | | Mowing/Slashing | | Weed Control | |
| EWP | | Paving | | Welding | |
| Excavation/Trenching | | Painting | | Other: | |
| Fencing | | Pest Control | | | |
| Footpath Construction | | Plant Hire | | | |

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CONTRACTOR CHECKLIST AND DECLARATION

Contractors must provide the following documentation listed as mandatory. The documentation listed as additional must be provided if relevant to the works or requested by Council.

| Mandatory Documents Requested |
|---|
| <input type="checkbox"/> Proof of Public Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer.) |
| <input type="checkbox"/> Evidence of current ReturnToWork SA registration (sole traders exempt) |
| <input type="checkbox"/> Copy of employee licences, competencies and certifications relevant to the works (e.g. White Card, Work Zone Traffic Management, driver’s licences, machinery licences, high risk licences, work at heights licence, trade licences) |
| <input type="checkbox"/> Identification of person within your Organisation responsible for Work Health and Safety |
| <input type="checkbox"/> Copies of Work Health and Safety policies and/or procedures relevant to the work to be performed |
| <input type="checkbox"/> Evidence that hazards relating to your work activities are identified, assessed and controlled (e.g. hazard identification list or other documentation) |

| Additional Documents (if relevant to the works/company or requested by Council) |
|--|
| <input type="checkbox"/> Work Health Safety Policy and summary of WHS procedures and instruction or processes relevant to the works your company is providing (e.g. WHS Management System) |
| <input type="checkbox"/> Sample copies of risk assessments, safe work instructions or SWMS for the works provided by your company |
| <input type="checkbox"/> Proof of Professional Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer.) |
| <input type="checkbox"/> Incident reporting and investigation process, including a sample incident report form |
| <input type="checkbox"/> Copy of plant registration e.g. cranes, elevated work platform |
| <input type="checkbox"/> Training or skills matrix of personnel to be engaged in the work (and an explanation of how this is maintained) |
| <input type="checkbox"/> Emergency response procedures and/or Management Plan |

This is to certify that I have provided the above information as indicated.

_____ (Company/Business name) agrees to perform the work within the remit of the Work Health and Safety Legislation, relevant model Codes of Practice, industry standards and in accordance with reasonable requests by Council.

Authorised Officer: _____

Signature _____

Date: _____