



WHS Contractor Management – Contractor Selection

Version No:	1.0
Issued:	31 May 2017
Reviewed:	
Next Review:	30 May 2020

4. DETAILS OF LICENCES AND PERMITS RELEVANT TO THIS CONTRACT

<p><u>Work Zone Traffic Management</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Name</td><td style="width:40%;"></td><td style="width:20%;">Expiry Date</td><td style="width:10%;"></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> <tr><td>Name</td><td></td><td>Expiry Date</td><td></td></tr> </table> <p>Copies of Licences/ Tickets or Permit supplied: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>WZTM Plan received and checked: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>WZTM Safe Work Method Statement (SWMS) completed: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p>	Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		Name		Expiry Date		<p><u>Plant/ Vehicle Registration</u></p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p> <p>Reg. Number: _____ Expiry: Date: _____</p>
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<p><u>Confined Space Permit</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Confined Space Permit issued: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Permit Number: _____</p> <p>Confined Space SWMS completed <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent to retain a copy of the Emergency Response Plan</p>	<p><u>Hot Work (Welding & Grinding)</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hot Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Permit Number: _____</p> <p>Hot Work SWMS completed <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent retain a copy of the Emergency Response Plan</p>																				
<p><u>Hazardous Chemicals</u></p> <p>Contract Superintendent / Project Manager to site any SDS and associated Risk Assessments for any Hazardous Chemicals to be used onsite for this contract and ensure the Contractor makes them available to all workers onsite.</p> <p>Sited and Available: <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>Working at Heights</u></p> <p>Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Work at Heights Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permit Number: _____</p> <p>Work at Heights SWMS completed: <input type="checkbox"/> Yes <input type="checkbox"/> NA</p> <p>Contract Superintendent retain a copy of the Emergency Response Plan</p>																				
<p><u>Construction / High Risk Construction Work</u></p> <p>If the work is Construction or High Risk Work, has a SWMS been completed?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the work is construction work valued at \$450,000 or over, has a WHS Management Plan been completed?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>White Card / Certificate of Competency</u></p> <p>Copies of white card / work safely in the construction industry certificate of competency supplied or on contractor file <input type="checkbox"/> Yes <input type="checkbox"/> NA</p>																				
<p><u>Tradespeople with Trades Certificates and Licences</u></p> <p>Electrician / Electrical fitter, line worker and cable jointer / Tradespeople with restricted electrical licence / Plumber and gas-fitter / Carpenter and joiner, bricklayer and builder / Refrigeration and air-conditioning mechanic / Auto-gas installer.</p> <p>Current certificates verified by Contract / Project Manager <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Builder/Contractor Licence from Consumer and Business Services verified by Contract / Project Manager <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>Contract Employees</u></p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>																				
<p><u>High Risk Licences</u></p> <p><input type="checkbox"/> WP-Boom Lift <input type="checkbox"/> LG-Grader <input type="checkbox"/> LF-Forklift</p> <p><input type="checkbox"/> LB-Backhoe <input type="checkbox"/> LL-F E Loader <input type="checkbox"/> LZ-Bulldozer</p> <p><input type="checkbox"/> LR-Roller <input type="checkbox"/> LS-Skid Steer Other: _____</p> <p>All relevant licenses supplied / on file / within date <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><u>License Classes</u></p> <p><input type="checkbox"/> C-Car <input type="checkbox"/> LR-Light Rigid <input type="checkbox"/> R-Motorcycle</p> <p><input type="checkbox"/> MR-Med Rigid <input type="checkbox"/> HR- Heavy Rigid</p> <p><input type="checkbox"/> HC-Heavy Comb <input type="checkbox"/> MC-Multi Comb</p> <p>All relevant licenses supplied / on file / within date <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>																				
<p>Contracts Superintendent to verify currency of Certificates on the preferred Contractors Register</p>																					

Contractor Acknowledgement

Contractor Representative: _____

Sign: _____

Date: _____