

	WHS Contractor Management – Contractor Monitoring	Version No:	2.0
		Issued:	19 February 2015
		Reviewed:	31 May 2017
		Next Review:	30 May 2020

Contract Superintendent / Project Manager to complete. Please copy for any multiple visits

Contract Number / Name: _____

Description of Works: _____

Site / Location: _____

Inspection Date: _____ Inspection Time: _____ Inspection No.: _____

Person undertaking Inspection: _____

1. DETERMINATION OF MONITORING FREQUENCY

Risk Level

Very High High Medium Low


Frequency of Monitoring

Daily Weekly Fortnightly Monthly Other _____


2. MONITORING OF HAZARDS AND CONTROLS

Identified non-conformances (N/C) or new hazards at monitoring visit should be ticked in the "No" column and the corrective action recorded in the Corrective Action Table.

Hazard	ID No	Controls / Precautions	Compliant			Comments
			Yes	No	NA	
Asbestos	1	Asbestos register accessed prior to work commencing?				
Chemical Exposure	2	Are hazardous chemicals / substances on site stored & labelled appropriately, with SDS available?				
Confined Space	3	Confined Space Permit issued?				
	4	Are observers in place?				
Electrical	5	Are Electrical hazards and risks controlled (RCD usage, equipment tested and tagged)?				
Excavation	6	Are measures in place to prevent collapse?				
	7	Is a Permit in Place?				
Falling Objects	8	Controls in place (e.g. barriers, tools secured)?				
	9	Safety helmets worn if required?				
Fire / Explosion	10	Appropriate Fire Extinguishers Available and inspected?				
	11	Ignition sources removed to safe distance?				
	12	Flammables substances stored and labelled appropriately?				
First Aid / Emergency Plan	13	Is there a First Aid kit on site appropriate to needs?				
	14	Is someone trained to give first aid where required?				
	15	Emergency Response Plan in place and accessible where relevant?				
Gas / Fumes	16	Appropriate ventilation in place and respiratory protection worn?				

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Hazardous Manual Tasks	17	Mechanical, team lifts & other measures (e.g. job rotation) utilised where practical?				
Housekeeping	18	Is housekeeping acceptable (storage, safe access, slips & trips, trailing electrical cables etc.)?				
Mobile Plant	19	Are plant and equipment operated according to instructions, SWIs?				
	20	Plant in good order with safety features (e.g. rotating lights, guards) operational?				
PPE	21	Appropriate PPE being utilised (Head wear / eye wear / hearing protection / respirator-mask / wet weather gear / gloves / safety boots / hi vis clothing)?				
Remote or Isolated	22	Communication systems with remote and isolated workers are in place and tested?				
Site Security	23	Worksite secure from unauthorised access?				
Traffic / Pedestrians	24	Traffic Control Signage – in accordance with appropriate Field Guide?				
	25	Pedestrian Access given?				
	26	Barrier mesh / bollards / cones installed?				
	27	Speed restriction in place - 25kph / 40kph Other kph?				
	28	Other Signage?				
Underground / Overhead Services	29	Dial before you dig plans accessed?				
	30	Spotters utilised where required?				
Welding	31	Welding shield in place and appropriate PPE utilised?				
	32	Is a Welding Permit in place?				
Work Activity	33	Is there evidence of risk assessment/s, SWMS or the WHS Management Plan for the various activities and tasks (High risk construction work/construction projects)?				
	34	Are JSAs or other documented safe methods of work available?				
	35	Have reasonably foreseeable hazards been identified and are they being controlled?				
Work at Heights	36	Workers are appropriately licenced?				
	37	Controls in place to prevent falls (e.g. Harness, barrier)?				
Workers	38	Are worker's licenses /certificates of competency current?				
	39	Have site inductions been completed and are records available?				
Environmental	40	Access to and on site?				
	41	Varied contaminants?				
	42	Waste?				
	43	Vermin, Snakes & Spiders?				

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	44	Native/Significant Vegetation?				
	45	Fire load?				
	46	Erosion control?				
	47	Work areas are free from excessive rubbish?				
Other	48	Are incident / accident report forms available on site?				
	49					
	50					
	41					
	52					

3. CORRECTIVE ACTIONS

ID No	Corrective Action Required	By Whom	Completion Date
	If actions are required following monitoring, the Site Supervisor is to be notified immediately following the inspection		/ /
			/ /
			/ /
			/ /
			/ /

Notes / Comments _____

4. CORRECTIVE ACTIONS SIGN OFF

The corrective actions indicated within the above table have been satisfactorily completed.

Contract Superintendent / Project Manager: _____ Date: _____
Signature

Contractor Representative: _____ Date: _____
Signature

5. EVALUATION OF CONTRACTOR/S

Overall Rating For Future Contracts (Contract Superintendent / Project Manager to complete)

- In your observations has the Contractor met all their obligations as assessed in these criteria? Yes No
- Have identified non-conformance(s) observations been discussed with the Contractor? Yes No
- Has the Contractor agreed to / or has rectified non-conformance(s)? Yes No



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6. CONTRACTOR RATING

Acceptable: Rectified corrective actions in satisfactory time, fair and equitable dispute resolution re variations or alike, satisfactory customer service etc.

Opportunity for Improvement: Opportunity provided for Contractor to implement / improve by addressing the WHS Management criteria, enabling the Contractors eligibility for the Preferred Contractor process to be maintained.

Allocated Time to rectify: _____ hours/days Follow up date and time: ____ / ____ / ____ Time: _____

Unacceptable: Failed to rectify corrective actions, frequent dispute regarding variations, poor service / interactions

Should the Contractor be retained on the Preferred Contractors Register? Yes No

If NO - what improvements need to be demonstrated for reinstatement?

Additional Comments / Instructions: _____

ENDORSED / NOT ENDORSED

Contract Superintendent / Project Manager: _____ Date: _____

Chief Executive Officer: _____ Date: _____