

# Contractor WHS Management Procedure

## INTERNAL PROCEDURE – WHS-FO-117



### Contractor Prequalification Questionnaire – Short Version

Contractor Prequalification Questionnaire						
This questionnaire forms part of the mandatory evaluation process for Contractors. Contractors may be required to verify their responses noted in their questionnaire by providing additional evidence upon request by Council.						
<b>Contact Details</b>						
Contractor Business Name:						
Address:						
Phone:		Fax:		Mobile:		
Please provide details of the nominated person within your company who can be contacted regarding WHS issues				Name:		
				Phone:		
				Mobile:		
<b>Insurance Certificates</b> – Please attach a copy of each Policy / Certificate of Currency						
<b>Type</b>		<b>Expiry Date</b>		<b>Insurer</b>		<b>Amount</b>
Workers Compensation						
Public Liability						
Professional Indemnity Insurance						
Other:						
<b>Licence / permit details</b> – please attach copies of relevant licences / permits						
<b>Name</b>		<b>Type</b>		<b>Expiry Date</b>		<b>Issued by</b>
		<i>(e.g. builder /plumber licence)</i>				
<b>No.</b>	<b>Item</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Contractor to provide copies of the following:</b>						
1.1						

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1.2	(List other information to be supplied here)				
<b>Contractor Sign-off</b>					
The information provided in this questionnaire is an accurate summary of the company's WHS Management System.					
Name of authorised Contractor Representative:			Position:		
Signature:			Date Submitted:		

**The section below to be completed by Griffith City Council:**

<b>Notes:</b>			
<p>The Contractor's responses to this questionnaire will be reviewed against Council's requirements and relevant sections of the NSW WHS legislation, Codes of Practice and Australian/New Zealand Standards.</p> <p>Where deficiencies are identified, the required improvements will be communicated to the contractor with a request to resubmit required documents.</p> <p>No contractor is to be approved until Griffith City Council requirements have been met.</p>			
<b>Council's Reviewer of Contractor Prequalification Questionnaire</b>			
Comments:			
Manager Name:			Position:
Signature:			Date:
Trim No:			
<b>On completion provide copy to the WHS Coordinator</b>			
WHS Reviewer Name:			Position:
Signature:			Date: