

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.					
Contact Details					
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:		
Insurance Certificates – Please attach a copy of each Policy / Certificate of Currency					
Type	Expiry Date	Insurer	Amount		
Workers Compensation					
Public Liability					
Professional Indemnity Insurance					
Other:					
Licence / permit details – please attach copies of relevant licences / permits					
Name	Type	Expiry Date	Issued by		
	<i>(e.g. builder /plumber licence)</i>				
No.	Item	Yes	No	N/A	Checked by Council
Contractor to provide copies of the following:					
1.1					

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1.2	<i>(List other information to be supplied here)</i>								
Contractor Sign-off									
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:

Notes:			
<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>			
Council's Reviewer of Contractor Prequalification Questionnaire			
Comments:			
Manager Name:			
Signature:			
Trim No:			
On completion provide copy to the WHS Coordinator			
WHS Reviewer Name:			
Signature:			