



Contractor Pre-Registration Form

The personal information requested on this form is being collected to enable council to consider the application. Council will use this information for this purpose or one directly related and may disclose this information as required by law in accordance with the *Privacy and Data Protection Act 2014*. The applicant may apply to council for access and/or amendment of the information by contacting council's freedom of information/privacy officer on 5624 2436.

Section 1: Company/ Contractor Details

Company/
Contractor Name

Address

Town

Postcode

Manager

Australian Business
Number

Responsible
Representative

Position in
Company

Phone Number

Email

Business Activity/ Services Provided

Section 2: Work Cover Details

Work Cover Insurer

Employer Number

Expiry Date

Please provide a copy of Certificate of Currency with this application.

Section 3: Public Liability Insurance

Insurer

Policy Number

Expiry Date

Insured Amount

Please provide a copy of Certificate of Currency, \$10,000,000 cover is the minimum cover required.

Section 4: Professional Indemnity Insurance

This type of insurance is only necessary when the contractor is providing design(s) and or technical information and advice.

Insurer

Policy Number

Expiry Date

Insured Amount

Please provide a copy of Certificate of Currency, \$10,000,000 is the minimum cover required.

Section 5: Health & Safety Management System

Do you have a certified Occupational Health and Safety Management System?

Yes No

If 'Yes' please provide the following information:

System certified to

AS4801

Safety Map

Other

Name of Certifying Body

Date Last Audited

Please provide a copy of the most recent audit report with this application.

Section 6: Questionnaire

Occupational Health and Safety Policy and Management

Is there a written company health and safety policy?

Yes No

If 'Yes' provide a copy of this policy with the application.

Does the company have an Occupational Health and Safety Management System certified by a recognised independent authority?

Yes No

If 'Yes' please provide details

Is there a company Occupational Health and Safety Management System manual or plan?

Yes No

If 'Yes' please provide a copy of the content pages with this application.

Are health and safety responsibilities clearly identified for all levels of staff?

Yes No

If 'Yes' please provide details

Safe Work Practices and Procedures

Has the company prepared safe work method statements and associated procedures of specific safety instructions relevant to its operations?

Yes No

If 'Yes' please provide a summary listing of procedures or instructions with this application.

Does the company have any permit to work systems (for example hot work, electrical isolation or working at height)?

Yes No

If 'Yes' please provide a summary listing or permits with this application.

Is there an incident investigation procedure document?

Yes No

If 'Yes' provide a copy of a standard incident report form with this application.

Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/ owned by the company?

Yes No

Are plant risk assessments undertaken for hired plant/ equipment?

Yes No

Are there procedures for storing and handling hazardous substances?

Yes No

If 'Yes' please provide details

Are there procedures for identifying, assessing and controlling risks associated with manual handling?

Yes No

If 'Yes' please provide details

Occupational Health and Safety Training

Describe how health and safety is conducted in your company

Is a record maintained of all training and company induction programs undertaken for employees in your company?

Yes No

If 'Yes' provide examples of safety training records

Do you have appropriate licences, permits in relation to required safety competencies (For example Construction Induction Card/ Red Card or Traffic Controller)?

Yes No

If 'Yes' provide evidence with this application.

Health and Safety Workplace Inspection

Are regular health and safety inspections undertaken at worksites?

Yes No

If 'Yes' please provide details

Are standard workplace inspection checklists used to conduct health and safety inspections?

Yes No

If 'Yes' provide details or examples

Is there a procedure by which employees can report hazards at workplaces?

Yes No

If 'Yes' provide details

Health and Safety Consultation

Is there a workplace health and safety committee?

Yes No

Are employees involved in decision making over Occupational Health and Safety matters?

If 'Yes' provide details

Yes No

Are there employee elected health and safety representatives?

Yes No

Occupational Health and Safety Performance Monitoring

Is there a system for recording an analysing health and safety performance statistics?

If 'Yes' provide details

Yes No

Are employees regularly provided with information on company health and safety performance?

If 'Yes' provide details

Yes No

Has the company ever been convicted of an occupational health and safety offence?

If 'Yes' provide details

Yes No

Section 7: Company References

Please provide the following information for the three most recent contracts completed by the company.

Contract One

Contract Description

Client Name

Contact Name

Contact Phone Number

Number of lost time injuries

Number of person days on contract

Total days lost due to injuries

Contract Two

Contract Description

Client Name

Contact Name

Contact Phone Number

Number of lost time injuries

Number of person days on contract

Total days lost due to injuries

Contract Three

Contract Description

Client Name

Contact Name

Contact Phone Number

Number of lost time injuries

Number of person days on contract

Total days lost due to injuries

Section 8: Declaration

I certify that the information provided in this document is true and correct.

Signed

Name

Date