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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **WHS FORM** | | | | | **WHS76** | |
| **Contractor SAFETY Evaluation Checklist**  **WHS Contractors Management Procedure**  **(For use in assessing suitability of a contractor prior to engagement)** | | | | |
| **Unit/Institute:** Enter Workplace | | **UniSA Staff Member :** Enter name of person conducting evaluation | | **Position:** Enter Position Title | | | |
| 1. **CONTRACTOR DETAILS** | | | | | | | |
| **Contract Company/Business Name:** Enter company name. | | | | **ABN:** Enter ABN. | | | |
| **Representative/Contact Person:** Enter name. | | | | **Contact No:** Enter contact no. | | | |
| **Brief Description of Contract work to be undertaken:** Enter contract description and location. | | | | **Email:** Enter email address | | | |
| 1. **INSURANCES** | | | | | | | |
| **2.1 Insurance Requirements** | | | | | | | |
| 1. Worker’s Compensation insurance sighted and current. | | | | | Yes | No |  |
| 1. Professional Indemnity insurance sighted and current. | | | | | Yes | No |  |
| 1. Public Liability insurance sighted and current. | | | | | Yes | No |  |
| 1. **CONTRACTOR SAFETY MANAGEMENT SYSTEM– ASSESSMENT CRITERIA** | | | | | | | |
| **3.1 WHS Policy** | | | | | | | |
| 1. Contractor Work Health & Safety (WHS) Policy or Plan sighted and current. | | | | | Yes | No |  |
| 1. WHS Responsibilities evident in the Policy or Plan. | | | | | Yes | No |  |
| **3.2 Hazard Management – Check there is a procedure evident for the following:** | | | | | | | |
| 1. Hazard identification, risk assessment and control. | | | | | Yes | No |  |
| 1. Site safety management planning and safe work methods (for construction project work). | | | | | Yes | No | N/A |
| 1. Safe work/operating procedures. | | | | | Yes | No |  |
| 1. Provision of current Safety Data Sheets (SDSs) for any hazardous chemicals to be used. | | | | | Yes | No | N/A |
| 1. Hazard/incident reporting & investigation. | | | | | Yes | No |  |
| 1. Use of personal protective equipment. | | | | | Yes | No |  |
| 1. Use of warning signage, barriers etc. | | | | | Yes | No |  |
| **3.3 Contractor Licencing, Competence & Training – Check there is a procedure evident for:** | | | | | | | |
| 1. Site induction of contractor’s employees (including sub-contractors). | | | | | Yes | No | N/A |
| 1. Contractor licences or accreditation required by WHS legislation held and current (including for any sub-contractors)? | | | | | Yes | No |  |
| 1. Any task specific training needs. | | | | | Yes | No |  |
| 1. Contractor criteria used for the selection of sub-contractors based on WHS performance. | | | | | Yes | No | N/A |
| 1. **EVALUATION SUMMARY** | | | | | | | |
| Contractor meets criteria? | | | | | Yes | No |  |
| If no, Contractor advised of further information required to meet criteria? | | | | | Yes | No |  |
| **Comments:**  Click here to enter any comments. | | | | | | | |
| Contractor has met criteria following provision of outstanding criteria notified? | | | | | Yes | No |  |
| **Evaluation completed by:**  **Name:** Click here to enter name. | | | **Date:** Click here to enter date. | | | | |

**A copy of this completed document must be retained within the appropriate contract records for this service contract**.