# CONTRACTOR PRE-QUALIFICATION CHECKLIST

This template checklist is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on **(03) 8662 5222**.

Disclaimer

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## **CONTRACTOR PRE-QUALIFICATION CHECKLIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contractor pre-qualification checklist | | | | | |
| Contractor name |  | | | | |
| Services provided |  | | | | |
| Date to commence |  | | | | |
| Job title |  | | | | |
| Department |  | | | | |
| Supervisor |  | | | | |
| As part of the contractor approval process all contractors are required to answer the following questions and provide copies of relevant documents where applicable | | | | | |
|  | | | | YES | NO |
| OHS/WHS Policy and Management | | | | | |
| 1. Company OHS/WHS policy | | | | ❒ | ❒ |
| 1. OHS/WHS management systems manual or plan [table of contents page to be provided as evidence] | | | | ❒ | ❒ |
| 1. OHS/WHS certification eg AS/NZS 4801 | | | | ❒ | ❒ |
| Safe Work Practices and Procedures | | | | | |
| 1. OHS/WHS procedures or specific safety instructions relevant to its operations and this contract | | | | ❒ | ❒ |
| 1. Procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company | | | | ❒ | ❒ |
| 1. Safe operating procedures for plant and equipment | | | | ❒ | ❒ |
| 1. Procedure for electrical testing and tagging system [evidence/statement] | | | | ❒ | ❒ |
| 1. Procedure for tagging or lock out of faulty equipment | | | | ❒ | ❒ |
| 1. Procedure for storing and handling hazardous substances | | | | ❒ | ❒ |
| 1. Procedures for identifying, assessing and controlling risks associated with manual handling/manual tasks | | | | ❒ | ❒ |
| 1. Competencies as required eg forklift, confined spaces | | | | ❒ | ❒ |
| 1. Emergency response planning for the job/work on site | | | | ❒ | ❒ |
| 1. Personal Protective Equipment [PPE] used [please list] | | | | ❒ | ❒ |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Hazard Identification and Incident Investigation | | | | | |
| 14. Procedure for workplace and equipment inspection | | | | ❒ | ❒ |
| 15. Procedure for hazard and incident reporting including reporting of near misses and notifiable incidents | | | | ❒ | ❒ |
| 16. Procedure for incident investigation | | | | ❒ | ❒ |
| Documentation and Records | | | | | |
| 17. Safe Work Method Statements/Job Safety Analyses | | | | ❒ | ❒ |
| 18. Material Safety Data Sheets [MSDS]/Safety Data Sheet (SDS) for hazardous substances to be brought on-site | | | | ❒ | ❒ |
| 19. Records of safety training conducted | | | | ❒ | ❒ |
| 20. Plant & equipment maintenance schedule | | | | ❒ | ❒ |
| 21. Inspection checklists for worksites/equipment | | | | ❒ | ❒ |
| 22. Records of toolbox talks/OHS/WHS committee meetings | | | | ❒ | ❒ |
| 23. Evidence of current workers compensation policy (copy of current certificate) | | | | ❒ | ❒ |
| 24. Details of public liability insurance (copy of certificate) | | | | ❒ | ❒ |
| The information provided is true and accurate at the time of submission. | | | | | |
| Completed by: [name] | |  | Position: | | |
| Signature | |  | Date: | | |

Office use only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approved | ❒ Yes | ❒ No | | Review Date |  |
| Approved by  [Name]: | | | Position: | | |
| Signature: | | | | | |
| For an approved contractor, that had a NO answer, provide details on exemption/s: | | | | | |
| If not approved, explain: | | | | | |
| Further requirements to be re-considered as an Approved Contractor: | | | | | |