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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**.