

## (WHS-FO-117) Contractor Prequalification Questionnaire – Short Version

### WHS-FO-098 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 Procedure/ 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
	(e.g. builder /plumber licence)		

No.	Item	Yes	No	N/A	Checked by Council

#### Contractor to provide copies of the following:

1.1	<ul style="list-style-type: none"> <li>• WHS Management Plan for works <i>and/or</i> the following safe work procedures / work instructions:</li> <li>• <i>(List document titles here)</i></li> <li>•</li> <li>•</li> <li>•</li> </ul>				
1.2	<i>(List other information to be supplied here)</i>				



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Alternatively, the Contractor agrees to work to relevant Council policies for the duration of the works and has been provided copies of the following: **(Delete if not applicable)**

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### 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:

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.

Where deficiencies are identified, the required improvements will be communicated to the contractor with a request to resubmit required documents.

No contractor is to be approved until Griffith City Council requirements have been met.

#### Council's Reviewer of Contractor Prequalification Questionnaire

Comments:

Manager Name:		Position:	
Signature:		Date:	
Trim No:			

#### On completion provide copy to the WHS Coordinator

WHS Reviewer Name:		Position:	
Signature:		Date:	

Approved: HR & Risk Manager	Group / System: HR & Risk	Document ID: WHS-FO-117	Version: 1
Relevant WHS-PR-011 To:	Date Issued: 12/12/2019	Revised: 16/12/2019	Status: Issued