

## 16.15 GENERAL WHS CONTRACTOR CRITERIA CHECKLIST

This form is only to be used for contractors involved in general or general high risk work. For construction contractors please use *Construction WHS Contractor Criteria Checklist*.

This form is to be completed by the Diocese representative prior to the engagement of the contractor.

General Information:		
Contractor name:		
ABN:		
Contact person:		
Contact number:		
Fax:		
Email:		
Type of work to be carried out for the Diocese (include duration of works):		
Insurances:		
Where relevant, the following current insurances and documented copies are to be provided		
Motor vehicle insurance	<input type="checkbox"/>	Expiry date:
Personal accident insurance (sole traders and partnerships)	<input type="checkbox"/>	Expiry date:
Professional indemnity insurance	<input type="checkbox"/>	Expiry date:
Public liability insurance (please specify the amount)	<input type="checkbox"/>	Expiry date:
Tools of trade insurance	<input type="checkbox"/>	Expiry date:

Workers' compensation insurance	<input type="checkbox"/>	Expiry date:
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**IF – high risk work is to be undertaken, for example, but not limited to:**

- work carried out on or near energised electrical installations or services
- work carried out that may involve fall hazards
- work involving mobile plant and equipment
- work involving disturbance to materials containing asbestos
- work involving hazardous chemicals

<b>Does the contractor be involve any of the above high risk work?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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If YES, the following MUST be completed: documentation is required prior to commencement of works:

Copies of documentation required	Received	
	YES	NO
Certificates of competency of workers involved in the job	<input type="checkbox"/>	<input type="checkbox"/>
Licences if required for workers completing the job	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment and safe work method statements for the particular job	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
Consultation arrangements	<input type="checkbox"/>	<input type="checkbox"/>

<b>Diocese to Complete:</b>	
Diocese Representative:	Date:
Position:	Signature:
If work is high risk, indicate if all required documentation has been received prior to engagement YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>A CONTRACTOR CANNOT BE ENGAGED UNTIL CONTRACTOR CHECKLIST IS COMPLETED</b>	