



Latrobe /Kentish Contractors – Safety Compliance Checklist

Document Number: 1
Version: 1
Approved Date: 2/02/17

Field of Registration (Tick)

Plant and Equipment Hire:	<input type="checkbox"/>
Supply of Materials:	<input type="checkbox"/>
Contracting:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Obligations

Under the *Workplace Health and Safety Act 2012* (Tas), our organisation has obligations to Contractors and Contractor employees engaged by us to undertake various types of work. This checklist has been developed, to satisfy obligations of this act.

This checklist must be completed by the Contractor to ensure they are aware of, and comply with all relevant WHS requirements.

The checklist is reviewed and approved by a Council Officer prior to commencement of works. Insurance certificates of currency, relevant licenses and evidence of general safety induction must be sighted prior to a council purchase order being raised.

Contractor Details

Business Name:		ABN:	
Postal Address:			
Suburb:		Postcode:	
Telephone:		Fax:	
Representative Contact Person:		Mobile:	
Email:			
Trade / Field			

Insurances

List here all Certificates of Currency for Workers Compensation, Public Liability, Vehicle and Equipment Insurances that are to be attached to the registration submission.

Item	Policy Number	Insurer	Expiry Date
Public Liability (minimum \$20 million)			
Workers Compensation			
Vehicle and Equipment Insurances:			
Works Insurance			

General Conditions



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	Yes	No	N/A
<u>General Safety Induction (if applicable to the works):</u> Have all your workers and subcontractors undertaking work under this contract or agreement, fulfilled the requirements for <i>Work Safely in the Construction Industry (White Card) Course</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Work Health and Safety and Quality Management:</u> Have you familiarised yourself with relevant WHS and Quality Management policies, procedures and relevant legislation and have provided evidence of your Companies WHS and Quality Management policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your Site Specific 'Safe Work Method Statement' along with traffic management plans (if applicable) been approved by the Councils Project Representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you provided a safety management plan as required for works with a value great than \$250,000 in value? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Traffic Control (if applicable to the works):</u> Are you familiar and do you comply with the Department of State Growth <i>Traffic Control for Works on Road - Tasmanian Guide 2014</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Building Accreditation (if applicable):</u> Do you have the appropriate accreditation under the <i>Tasmanian Building Act 2000</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number: <input style="width: 150px;" type="text"/>	Category 1: <input style="width: 150px;" type="text"/>		
	Category 2: <input style="width: 150px;" type="text"/>		
	Category 3: <input style="width: 150px;" type="text"/>		
<u>Certificates and Licences</u> Do all workers working for you on our worksites possess the appropriate licences, certificates and qualifications required of them to complete the works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Site Specific Induction</u> I acknowledge responsibility to provide a pre-start site specific induction to all employees and subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Plant and Equipment</u> Does your plant and equipment have appropriate Certificates of Inspection? (e.g. Current Roadworthiness, GVM, GCM etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all of your plant and equipment operators possess the appropriate licences and qualifications required for operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required could you provide evidence of a regular maintenance schedule for your plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your operators undertake regular safety checks of plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A



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<u>First Aid</u> Do you have an appropriate and regularly maintained First Aid Kit on site or in your plant or equipment at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personal Protective Equipment</u> Are you familiar with and have all workers working for you on our worksites, been provided with the appropriate PPE that complies with our <i>Personal Protective Equipment Policy</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fire Equipment</u> Do you have compliant and regularly maintained fire extinguishers for your operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Incident / Hazard Reporting</u> Do you understand that All incidents and hazards that occur whilst working for Council must be reported to the Council Project Representative as soon as practicable after the incident or hazard occurs. Near misses must also be reported to allow investigation and elimination or control of the risk to occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Statement of Understanding and Compliance

I am aware of the Council ***Contractor Workplace Health and Safety Code – Safe Work Practice***, and ***The Code of Conduct*** that applies to any site operated by their organisation.

In signing this declaration I am attesting to the following:

1. I/We will comply with these safety requirements at all relevant times.
2. I/We am/are aware that it is my responsibility to comply with Acts and Regulations gazetted under State Legislation as relevant to my/our activities.

Authorisation

Name of Contractors Representative:			
Signature of Contractors Representative:		Date:	
Name of Council Representative:			
Signature of Council Representative:		Date:	

Council Office Use Only

Contractors Induction Certificate Number:		Date completed:	
Documentation Received:	Date:	Received By:	
Information entered into the Council Contractor Registration Database			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sign:	Initial:	Date:	