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|  | ***Specialist or Complex Contractor Application Form*** |

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| **Details** |
| **Project Name:** |  |
| **Company Name:** |  |
| **Company ABN:** |  |

| **Work Health and Safety Criteria** | **YES/NO** |
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| 1 | Is there a written company health and safety policy? *(If ‘yes’, please provide a copy. Comments may be provided below.)* |  |
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| 2 | Are health and safety responsibilities clearly identified for all levels of staff? *(If ‘yes’, please provide details, e.g. job description)* |  |
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| 3 | Are inductions, qualifications, training and competencies documented and monitored to ensure they remain current? *(If ‘yes’, please provide details, e.g. competency matrix)* |  |
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| 4 | Do you have a register of employees and their related licenses required to undertake the work? *(If yes, please provide a copy)* |  |
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| 5 | Is there on-site supervision of work undertaken (e.g. ratio of supervisors to workers or duration of time supervision is on-site)? *(If ‘yes’, please provide details below.)* |  |
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| 6 | Are there Safe Work Method Statements in place for High Risk Work and safe work procedures for non-high-risk work tasks? *(If yes, please attach them.)* |  |
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| 7 | Is there a process in place for monitoring legislative changes and updating affected systems? *(If yes, attach a copy or provide details below)* |  |
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| 8 | Is there a process in place to identify, manage and capture health monitoring for workers for all foreseeable risks? *(If yes, attach a copy or provide details below)* |  |
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| 9 | Is there a register of plant and equipment showing status of registration, certification, licensing, maintenance as required, related safe work procedures and licensed and competent people to operate it? *(If yes, please attach related documents)* |  |
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| 10 | Is there a process for selecting sub-contractors and monitoring their safety performance? *(If yes, please attach a copy or provide details below)* |  |
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| 11 | Is Personal Protective Equipment identified and specified for relevant tasks with people trained in its use, maintenance and storage? *(If yes, please provide details below)* |  |
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| 12 | Is there a process for incident reporting, incidents response, investigating root causes and implementing actions to prevent recurrence? *(If yes, please attach a copy or provide details below)* |  |
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| 13 | Are appropriate insurances in place and up to date? *(If yes, please attach copies)* |  |
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| 14 | Are Emergency response plans in place with appropriate first-aid trained personnel? *(If yes, please attach copies and provide details below)* |  |
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| 15 | Is there a process in place for consulting with workers on changes related to safety? *(If yes, please attach a copy or provide details below)* |  |
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| 16 | Are there lead and lag Key Performance Indicators in place to enable safety performance to be tracked? *(If yes, please provide a copy of the most recent performance report)* |  |
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| 17 | Is there an audit and inspection schedule in place and implemented? *(If yes, please provide a copy or details below)* |  |
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| 18 | Has the company been prosecuted or fined under WHS legislation or had a fatality or permanent disabling injury in the last 3 years? *(If yes, please provide details below)* |  |
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