**AFEI Member Template: Contractor Pre-Work Assessment Form**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Contractor Pre-Work Assessment Form

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| --- | --- | --- | --- |
| Company Name: |  | Date: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact Name: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact Details: | Phone: |  | Fax: |  | Mobile: |  |

1. **Health and Safety System:** Does your Company have a clearly defined WHS Management System or some similar document? **Yes**:  **No**:
2. **Health and Safety System Standard:** Is your system certified or based on a Standard (e.g. 4801)?

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**Please complete the following information below, in relation to the contractor work:**

1. **Training** (Please record any relevant licences / certificates / training courses undertaken for the specific work tasks involved).

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| **Name** | **Licence / Certificate Name and Number** | **Date of Training** |
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1. **Plant / Equipment:**

Please list any plant / equipment (including electrical) which will be used during the work.

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| --- | --- | --- |
| **Equipment Type** | **Serial Number** | **Date last tested** |
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1. **Hazardous Substances:**

Please list any hazardous substances to be used when conducting the work.

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| --- | --- | --- | --- |
| **Substance** | **SDS Available Yes/No** | **Quantities** | **PPE to be Used** |
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1. **Safe System of Work:**

What is your safe system of work for the work tasks (e.g. Safe Work Method Statement, Safe Operating Procedure)? ***Attach a copy to this form***

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1. **Workers Compensation / Public Liability Insurance:**

Please supply details of Workers Compensation Number and expiry date as well as Public Liability Insurance number / expiry date and amount.

* Workers Compensation: Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Public Liability: Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

**APPROVED:** **Yes**:  **No**:

**Next Review Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Evaluation Notes**: |

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| **Evaluator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_** | |