

The Chief Executive or his delegate must ensure all details on this form are completed and kept on the contractors file.

1. Contractor Details	
Name of Company	
Contact Person	
Who do they report to when on site	
Contract Date	
Pre Work Application Date	
Date of Last Review	
Date of Current Review	
Review Period	

2. Work Performance	Satisfactory		Comments
Quality of Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Meet Time Deadlines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Housekeeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Kept within Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3. Contractor Rep and Employees	Satisfactory		Comments
Responsiveness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Availability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Health and Safety Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualifications Supplied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

4. Health and Safety	Satisfactory		Comments
Recording	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incident Reporting/Recording	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PPE Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hazard ID and Controls (TAWS, SOP's, JSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attendance at Toolbox Safety meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Compliance	Satisfactory		Comments
All employees Trained, Licensed, Qualified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plant and Equipment Tagged, Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Company licenced to provide service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
All employees inducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hazard ID Training Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. Environment	Satisfactory		Comments
Attitude and Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incident Reporting/Recording	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Environmental impacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

7. Incident Reporting

Check the Incident Management Records and Contractor File for details of any incidents relating to the contractor.

Where all incidents reported Yes/No Number of Incidents Reported: _____

Comments:

8. Contractor Feedback – Conduct Interview with Contractor

What did we do on this site to make it a safe experience for you and your employees?

Comments:

Were all site hazards controlled and correctly identified to you prior to commencing work?

Comments:

Did any hazards arise during the course of your contract?

Comments:

Where you invited to attend Health and Safety Meetings? Yes/No

How often and what could we do better?

Comments:

9. Re-Authorisation

- When the performance is of an **unsatisfactory** standard, then a Health and Safety Improvement Plan is required if they are to continue as an Approved Contractor. We are responsible for ensuring an appropriate improvement plan is developed and implemented with the Contractor Company. (complete section 10)
- When the performance is **poor** then the contractor will be terminated.

Overall Rating for Contractor’s Health and Safety Performance:

Excellent Good Satisfactory Unsatisfactory Poor

Reviewer: _____ Date: _____

Signature _____

Does the Contracting Company Re-Qualify as an Approved Contractor?

Yes Yes - but subject to a Health and Safety Improvement Plan No

Review completed by: _____

Signature: _____

Date: _____

