

WHS Contractor Management Procedure Approved (Prequalified) Contractor Registration

Submit by

Email

council@coorong.sa.gov.au

Post

Coorong District Council PO Box 399 TAILEM BEND SA 5260

Hand delivered

Coorong Civic Centre 95 - 101 Railway Terrace Tailem Bend

Customer Service Centre 49 Princes Highway Meningie

Customer Service Centre 37 Becker Terrace Tintinara

APPLICANT DETAILS

| Company / Business Name | | | | | ABN | | | |
|---|-------|--|--------|-----------------------|------------|--|--|--|
| | | | | | | | | |
| Business Address | | | | | | | | |
| | | | | | | | | |
| Postal Address | | | | | | | | |
| | | | | | | | | |
| Principal Contact Person | | | | | | | | |
| Name: | | Phone: | | | | | | |
| Mobile Phone: | | Email: | | | | | | |
| Site Supervisor | | | | | | | | |
| Name: | | | Phone: | | | | | |
| Mobile Phone: | | | Email: | | | | | |
| Work Health and Safety Contact | | | | | | | | |
| Name: | | | Phone: | | | | | |
| Mobile Phone: | | | Email: | | | | | |
| Business Trading Hours | | | | | | | | |
| | | | | | | | | |
| Registered for GST? | | | | | | | | |
| NO 🗖 | YES 🗖 | IF YES - PLEASE PROVIDE A CERTIFICATE COPY OF ABN OR BUSINESS REGISTRATION | | | | | | |
| Do you employ staff or sub contractors? | | | | | | | | |
| NO 🗖 | YES 🚨 | IF YES - PLEASE PROVIDE STAFF NUMBERS, SUB CONTRACTOR DETAILS | | | | | | |
| Industry / Trade / Scope of Services provided (PLEASE TICK AS APPLICABLE OR LIST DETAILS) | | | | | | | | |
| Air-conditioning/Re | - | General Building | | Professional Services | | | | |
| Asbestos ID/Remo | val | General Electrician | R | Road Construction | | | | |
| Automotive Air Cor | nd | Kerbing | Т | ree Trimr | e Trimming | | | |
| Bitumen Works | | Landscaping | V | Waste Management | | | | |
| Building Maintenance | | Line Marking | V | Weed Control | | | | |
| Concreting | | Major Electrical | V | Welding | | | | |
| Confined Space | | Minor Civil Works | C | other: | | | | |
| EWP | | Mowing/Slashing | | | | | | |
| Excavation/Trench | ing | Painting | | | | | | |
| Fencing | | Pest Control | | | | | | |
| Footpath | | Plant Hire | | | | | | |
| Gas | | Plumbing | | | | | | |
| | | | | | | | | |

APPLICANT CHECKLIST AND DECLARATION

Contractors must provide the following documentation listed as mandatory. The documentation listed as additional must be provided if relevant to the works or requested by the organisation.

| Ma | Mandatory Documents Requested | | | | |
|---|---|--|--|--|--|
| | Proof of Public Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer.) | | | | |
| | Minimum \$20 million. | | | | |
| | Evidence of current ReturnToWork SA registration (sole traders exempt), including registration number and expiry date. | | | | |
| | Copy of employee licences, competencies and certifications relevant to the works (e.g. White Card, Work Zone Traffic Management, driver's licences, machinery licences, trade licences). | | | | |
| | Will you be undertaking Construction Work for the Council? If YES, White Card is mandatory requirement for all Contractors who undertake Construction Work (as defined in the WHS Regulations 2012). | | | | |
| | Identification of person within your organisation responsible for Work Health and Safety. | | | | |
| | Copies of Work Health and Safety policies and/or procedures relevant to the work to be performed. | | | | |
| | Evidence that hazards relating to your work activities are identified, assessed and controlled (e.g. hazard identification list or other documentation). | | | | |
| | Copies of risk assessments, job safety analysis, safe work instructions, SWMS and where relevant WHS Management Plan for the works being undertaken for each contract. Note these documents must be provided before work commences. | | | | |
| | Relevant training records of personnel to be engaged in the work | | | | |
| Additional Documents (WHERE RELEVANT AND REQUESTED) | | | | | |
| | Work Health Safety Policy and summary of WHS procedures and instruction or processes relevant to the works your company is providing (e.g. WHS Management System). | | | | |
| | Proof of Professional Liability Insurance Cover (i.e. copy of your Certificate of Currency of Insurance; a tax invoice or renewal notice will not suffice. Please request a Certificate of Currency from your insurer.) | | | | |
| | Minimum \$20 million. | | | | |
| | Incident reporting and investigation process, including a sample incident report form. | | | | |
| | Copy of plant registration e.g. cranes, elevated work platform. | | | | |
| | Emergency response procedures and/or management plan. | | | | |
| | | | | | |
| DE | DECLARATION | | | | |
| This is to certify that I have provided the above information as indicated. | | | | | |
| (Company/business name) agrees to perform the work within the remit of the Work Health and Safety legislation, relevant model Codes of Practice, industry standards and in accordance with reasonable requests by the organisation. | | | | | |
| Authorised officer: | | | | | |
| Sign | ature Date: | | | | |
| | | | | | |