

# WHS CONTRACTOR MANAGEMENT

RECORD NO : .....

FILE NO : 12.78.2.1

## SELECTION, INDUCTION AND MONITORING

CONTRACTOR DETAILS			
COMPANY/ BUSINESS NAME			
ABN		CONTACT NAME	
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			
BRIEF DESCRIPTION OF CONTRACT			
PERIOD OF CONTRACT	FROM		TO
INSURANCE/ IDEMNITY etc			
WORK COVER REGISTRATION			
PUBLIC LIABILITY			

CONTRACT OVERVIEW	
LOCATION OF WORK	
DETAILS OF WORK	
CONDITIONS THE CONTRACTOR HAS QUALIFIED FOR	<input type="checkbox"/> CONSTRUCTION WORK <input type="checkbox"/> HIGH RISK CONSTRUCTION WORK <input type="checkbox"/> CONSTRUCTION PROJECT <input type="checkbox"/> OTHER – Please specify _____

COUNCIL CONTACT		
CONTACT PERSON		MOBILE PHONE
EMAIL		
In absence of the above, please contact:		
CONTACT PERSON		MOBILE PHONE
EMAIL		

RECORD DETAILS OF LIVENCES AND PERMITS	
WORK ZONE TRAFFIC MANAGEMENT	
HOT WORK	
CONFINED SPACES	
WORKING AT HEIGHTS	
PLANT REGISTRATION AND LICENCING	
CERTIFICATE OF COMPETENCY AND OR WHITE CARD	
HAZARDOUS CHEMICALS	
OTHER LICENCES OR PERMITS AS REQUIRED	

DECLARATION	
I declare that the information I have provided is true and correct. I agree to comply with any reasonable directions issued by an Officer of Council.	
SIGNATURE	DATE

OFFICE USE ONLY			
APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE
OFFICER			SIGNATURE