

CONTRACTOR PRE-QUALIFICATION

This form must be completed by the contractor and a company representative before any work can commence.

Page 1 is to be completed by the Contractor. (Refer to page 2 for reference)

Please Describe the Scope of Work

Do you have safe work, quality and environmental control methods in place to undertake the work indicated above?

Yes

No

Have you been trained and are you competent in the safe working methods?

Yes

No



SAMPLE

ORDER NOW AND GET FULL ACCESS

Company Details (Name of your company/organisation)
Please provide your name, title, and contact details with your company/organisation if possible.

Authorising Contractor

Declaration

I/We hereby declare and agree to comply with the conditions under the Work Health and Safety Act and Work Health and Safety Regulation and Codes of Practice and Australian Standards.

All work to be completed in accordance with the safety systems that are applicable to the work being undertaken and to the circumstances in which the work will be carried out.

I/We warrant that all work to be completed is in accordance with the applicable standards.

I/We warrant that all work to be completed is in accordance with the applicable standards.

I/We warrant that all work to be completed is in accordance with the applicable standards.


I/We warrant that all work to be completed is in accordance with the applicable standards.

Name

Signature

Date

Page 1 is to be completed by a Company Representative.

| | | |
|--|-------------|------|
| Name of Contractor Company: | | |
| ABN of Contractor Company: | | |
| Job Location: | | |
| Services to be Provided by Contractor: | | |
| Name and contact details of the person responsible for the job or work performed by the contractor: | | |
| Name: | Contact No: | |
|  <h1 style="font-size: 100px; opacity: 0.5; display: inline-block;">SAMPLE</h1> | | |
| <div style="background-color: black; color: white; padding: 5px; display: inline-block; border-radius: 15px;"> ORDER NOW AND GET FULL ACCESS </div> | | |
| Has the contractor attached and signed the original form agreement and | Yes | No |
| Which states that the contractor holds current Worker Compensation Insurance from the original form agreement | Yes | No |
| Does the contractor hold Public Liability Insurance from the original form agreement | Yes | No |
| Does the contractor hold Public and Public Administration form agreement | Yes | No |
| <p>State any additional standards, regulations or information that need to adhere to the quality or safety of the work performed by the contractor.</p> | | |
| Have questions been satisfactorily answered? | Yes | No |
| Is approval recommended? | Yes | No |
| Full signature | | |
| Name | Signature | Date |