

# CONTRACTOR WHS RISK REGISTRATION FORM (FTRS014)



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CASHIER HOURS:  
8:30am – 4:30pm  
MONDAY- FRIDAY

## Introduction

The Shire wishes to thank you for expressing an interest in performing works on behalf of the Shire.

As the Shire has a genuine commitment to achieving Workplace Health and Safety (WHS) standards and maintaining performance, we expect that Organisations, Contractors and Suppliers performing work on our behalf will have WHS values, standards and performance aligned with our own.

The purpose of this registration form is to assist the Shire in determining contractor suitability to perform the scope of works in compliance with legislative requirements based on the perceived risk of the services provided by the external service provider. The Shire has categorised this registration form into Low, Medium, High and Extreme risk categories in conjunction with the Shires Risk Evaluation Matrix. Low Risk Contractors or Suppliers do not need to complete this form however must be registered as a supplier with the Shire for financial and administrative purposes. Contractors and suppliers, that are in the Medium, High and Extreme risk categories, are required to complete this registration once per calendar year.

Your scope of works risk category has been pre-determined by the engaging Officer and you will be requested to fill out the appropriate section of the registration form in line with the perceived risk.

Should any assistance be required in completing this questionnaire, or if further information is required, please do not hesitate to contact the Shire's Responsible Officer who is engaging your services.

## Description of Scope of Works

Please insert a brief description of the service or works, the Contractor or Supplier is to be engaged for.

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The engaging Officer has deemed the risk of the task(s) that the Contractor or Supplier is to be performing as (select one):

**Medium Risk**

**High Risk**

**Extreme Risk**

Contractor Company Details		
Contractor Organisation Name:		
Contractor Representatives Name:		
Contractor Representatives Job Title:		
Phone Number(s):	Office	Mobile
Email:		
Contractors Representatives Signature: (by signing this form, I acknowledge that the information supplied in this form is true and correct)	Printed Name ..... Signature ..... Date .....	

## Contractor WHS

### ALL Medium, High and Extreme Risk Contractors To Complete This Section

Element	NO	YES
1) Do you or your business have relevant experience to conduct the scope of works?		
(a) If yes, please state how long your business has worked in the industry:		Yrs
2) Does your business have a written WHS Policy or WHS Management Plan?		
(a) If yes, please attach a copy of your current WHS Policy/Management Plan:		
3) Have you and your employees (including any subcontractors), that will be working for the Shire, been issued with the Shire's WHS Contractors Handbook, read it, understand it and will comply with it?		
4) Do your staff hold all of the appropriate and required qualifications / licences /white cards, associated with the performance of the scope of work?		
(a) Please attach copies for each staff member who are intended to perform work:		
5) Does your business have a process to identify and manage workplace hazards?		
(a) If yes, please attach a summary of your hazard management process:		
6) Does your business have a system in place to formally record hazards, incidents and injuries?		
(a) If yes, please attach an hazard / incident report form and associated procedure:		
7) Does the scope of works require a Traffic Management Plan (TMP) to be in place?		
(a) If yes, please attach the TMP (or an example from previous works conducted):		
8) Does your business have trained first aiders and first aid kits in place?		
(a) If yes, please provide details in an attachment:		
9) Are your plant, machinery, vehicles and tools, to be used while working for the Shire, in a safe working condition and inspected for defects regularly?		
10) Are your plant, machinery and vehicles, to be used while working for the Shire, registered, road worthy and meet all relevant Australian Standards (A/S), with any certifications current?		

<b>Contractors With High And Extreme Risk To Complete This Section</b>		
<b>Element</b>	<b>NO</b>	<b>YES</b>
1) Does your business hold any external management system certification(s)? (e.g.: AS/NZS ISO 45001, Worksafe Plan Certificate, ISO 9001, ISO 14001)		
(a) If yes, please attach a copy of any certification awarded:		
2) Does your business intend to utilise subcontractors in the performance of any part of the scheduled scope of works?		
(a) If yes, please provide details of subcontractors as an attachment:		
(b) If yes, have you/will you induct the subcontractors into the work site prior to works commencing?		
3) Do you and your employees (including any subcontractors), that will be working for the Shire understand your responsibilities relating to WHS WA legislation that is applicable to the performance of the scope of works?		
4) Does your business have a formal WHS Induction Program in place?		
(a) If yes, please provide details of your induction program as an attachment:		
5) Do you have Safe Work Method Statements (SWMS) for the scope of works?		
(a) If yes, please attach all relevant SWMS:		
6) Does your business have an injury management and return to work process in place?		
(a) If yes, please attach your injury management procedure:		
7) Does your business have an emergency management plan / procedure in place if relevant for the scope of works?		
(a) If yes, please attach the emergency management plan / procedure:		
8) Does your business conduct WHS Committee meetings, toolbox meetings, workplace inspections and observations?		

<b>Insurance Requirements</b>		
<b>ALL Contractors With Medium, High And Extreme Risk To Complete This Section</b>		
<b>Element</b>	<b>NO</b>	<b>YES</b>
1) Does your business have current Workers Compensation Insurance?		
(a) If yes, please supply a copy of your Workers Compensation Insurance certificate of currency:		
2) Does your business have a current Public Liability Insurance Policy relevant to the scope of works*? (see note below)		
(a) If yes, please supply a copy of your Public Liability Insurance certificate of currency*:		
3) If applicable, does your organisation have a current Professional Indemnity Insurance Policy relevant to the scope of works*? (see note below)		
(a) If yes, please supply a copy of your Professional Indemnity Insurance certificate of currency*:		
4) Does your business have current Motor Vehicle Insurance policy covering vehicles to be used in the delivery of scope of works?		
(a) If yes, please supply a copy of your Motor Vehicle Insurance certificate of currency:		

<b>*Public Liability Insurance Policy - Note</b>	
Public Liability Insurance Policy Cover is to be for a minimum amount of:	<b>\$10 Million</b>
The Shire's Responsible Officer should refer to the LGIS Broker to confirm Public Liability Insurance Policy relevance required for the scope of works and that standard \$10 Million coverage is adequate prior to issue of this questionnaire.	

**Please return this signed and completed form to the Shire Officer who has requested you complete the form.**

<b>OFFICE USE ONLY</b>	
Contractor information/form completed	Y/N
Contractor information supplied as required	Y/N
File - 27.3.1	
Officer Signature: .....	
Date: .....	