



District Council of Loxton Waikerie

PREFERRED CONTRACTOR PACK

The attached information pack includes all relevant information that potential Contractors need to supply to be included on our Preferred Contractor Register. Please review this pack and ensure that you provide copies of the items listed below (as relevant to your business) to our Risk & WHS Coordinator, Danika Lewan via email dlewan@lwdc.sa.gov.au

Below is a list of items that we require copies of prior to commencement of any works for the DCLW.

1. Preferred Contractor Registration Form (*attached*)
2. Contractor WHS Online Induction (takes approx. 30 minutes)
<http://dclw.e3whs.com/>
3. Public Liability Insurance Cover
4. Professional Liability insurance Cover
5. Evidence of Return to Work SA registration (sole traders exempt – please advise if this is the case)
6. Copies of employee licences (*eg Electrical*), competencies (*eg Bobcat*) and certifications (*eg White card, Lawyer certification*) relevant to the works
7. Copies of WHS policies or procedures/Safe Work Instructions relevant to work to be formed
8. Safe Work Method Statements (SWMS) for High Risk Construction work
9. Copy of plant registration (Cranes/Elevated Work platforms)
10. National Police Clearance (if requested)

On commencement your Contract Manager will undertake the following with you:

1. Review the Preferred Contractor Registration Form
2. Site Specific Induction
3. Hazard Identification for Activities Form

This pack also includes examples of Safe Work Instruction/Job Safety Analysis (JSA), Safe Work Method Statements (SWMS) templates that may be utilised if required (for High Risk Activities).

If you have any queries in relation to this, please contact Danika Lewan 8584 8000 or via email: dlewan@lwdc.sa.gov.au

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*Electronic version on the Intranet is the controlled version.
Printed copies are considered uncontrolled.
Before using a printed copy, verify that it is the current version.*

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**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Appendix 1: Preferred Contractor Registration/Overview

Contractor Details									
Company / Business name:									
ABN (Australian Business Number):									
Street Address:									
Postal Address:									
Principal Contact Person									
Name:					Phone				
Mobile Phone:					E-mail:				
Site Supervisor									
Name:					Phone				
Mobile Phone:					E-mail:				
Work Health and Safety Contact									
Name:					Phone				
Mobile Phone:					E-mail:				
Contract Overview									
Brief description of work:									
Location of work:									
Period of contract:		Date	From:		To:				
		Time	From		To:				
Nature of work:		Construction work		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, risk assessment received?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		High risk construction work		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, SWMS received?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Construction project		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WHS Management Plan received?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Other							
Council Contacts									
Contact person:					Phone:				
Mobile:					Email:				
Or Contact person:					Phone:				
Mobile:					Email:				
Industry Type									
<input type="checkbox"/> Air-con/Refrig	<input type="checkbox"/> Confined Space	<input type="checkbox"/> General Building	<input type="checkbox"/> Mowing/Slashing	<input type="checkbox"/> Road Construction					
<input type="checkbox"/> Asbestos ID/Removal	<input type="checkbox"/> EWP	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting	<input type="checkbox"/> Tree Trimming					
<input type="checkbox"/> Automotive Air Cond	<input type="checkbox"/> Excavat/Trenching	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Waste Mgmt					
<input type="checkbox"/> Bitumen Works	<input type="checkbox"/> Fencing	<input type="checkbox"/> Line Marking	<input type="checkbox"/> Plant Hire	<input type="checkbox"/> Weed Control					
<input type="checkbox"/> Building Maint	<input type="checkbox"/> Footpath	<input type="checkbox"/> Major Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Welding					
<input type="checkbox"/> Concreting/Kerbing	<input type="checkbox"/> Gas	<input type="checkbox"/> Minor Civil Works	<input type="checkbox"/> Profess.Services	<input type="checkbox"/> Other:					

CONTRACTOR CHECKLIST AND DECLARATION



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

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.

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.)
- ☐ Evidence of current ReturnToWork SA registration (sole traders exempt)
- ☐ Copy of employee licences, competencies and certifications relevant to the works (e.g. White Card, Work Zone Traffic Management, drivers licences, machinery licences, trade licences)
- ☐ 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)

Additional Documents (if relevant to the works/company or requested by the organisation)

- ☐ 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)
- ☐ Sample copies of risk assessments, safe work instructions or SWMS for the works provided by your company
- ☐ 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.)
- ☐ Incident reporting and investigation process, including a sample incident report form
- ☐ Copy of plant registration e.g. cranes, elevated work platform
- ☐ Training or skills matrix of personnel to be engaged in the work (and an explanation of how this is maintained)
- ☐ Emergency response procedures and/or management plan
- ☐ National Police Check (if required)

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: _____

Signature _____

Date: _____



WHS Contractor Management Procedure – No. 6.1

Appendix 3: Hazard Identification

Prior to engaging a contractor, conduct (or request the contractor conduct) a hazard identification and risk assessment process in line with the organisation's procedures. Where there are hazardous components relating to the work or the work environment these should be identified and documented on the appropriate table regarding the relevant controls or precautions, as well as any licence or permit details required. The contractor is required to nominate how they will control any hazards identified by the organisation prior to commencing work. The identification table below is not all encompassing and any additional hazards identified should also be recorded with this document.

Contract details:

Contractor Name: _____

Type of work: _____

Location of work: _____

Hazard Identification

- | | |
|--|--|
| <input type="checkbox"/> Asbestos / lead | <input type="checkbox"/> Remote / isolated work |
| <input type="checkbox"/> Chemical exposure | <input type="checkbox"/> Restricted access |
| <input type="checkbox"/> Compressed air / pressure / vacuum | <input type="checkbox"/> Site access / security |
| <input type="checkbox"/> Confined Space / hazardous atmosphere | <input type="checkbox"/> Soil contamination |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Traffic / pedestrians |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Trenching / excavation |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Underground / overhead services |
| <input type="checkbox"/> Excavation / trenching | <input type="checkbox"/> Uneven / slippery surfaces |
| <input type="checkbox"/> Falling objects | <input type="checkbox"/> Untrained / unlicensed workers |
| <input type="checkbox"/> Fire / explosion | <input type="checkbox"/> UV exposure |
| <input type="checkbox"/> Gas / fumes | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Heat sources | <input type="checkbox"/> Working at heights |
| <input type="checkbox"/> Inclement weather | <input type="checkbox"/> Working on or near live electricity |
| <input type="checkbox"/> Lack of first aid / emergency plan | <input type="checkbox"/> Working over a pit hole |
| <input type="checkbox"/> Lighting | Other (add to monitoring checklist): |
| <input type="checkbox"/> Manual handling / ergonomics | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Noise | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Open bodies of water | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Others Working in the vicinity | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Plant / equipment / machinery | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Powered mobile plant | <input type="checkbox"/> _____ |



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Controls or precautions in relation to this contract

Physical isolations

- ☐ Barricading
- ☐ Electrical
- ☐ Gas
- ☐ Hydraulic
- ☐ Traffic
- ☐ Pneumatic
- ☐ Water
- Other:
☐
☐
☐

Plant & Equipment

- ☐ Elevating work platform
- ☐ Forklift
- ☐ Ladder
- ☐ Safety data sheet
- Permits to Work:**
- ☐ Confined space
- ☐ Hot work
- ☐ Working at heights
- Other:
☐
☐

Personal Protective Equipment

- ☐ Clothing (*long sleeved shirt, trousers, overalls*)
- ☐ Eye wear (*sunglasses, safety glasses, goggles, face shield*)
- ☐ Gloves (*safety, chemical, heavy duty, riggers*)
- ☐ Head wear (*broad brimmed hat, hard hat, welding helmet*)
- ☐ Hearing protection
- ☐ High visibility vest or clothing
- ☐ Respirator/mask
- ☐ Safety boots
- ☐ Safety harness
- ☐ Spill containment kit
- ☐ Wet weather gear

Is the work high risk construction work? ☐ Yes ☐ No
If yes, a Safe Work Method Statement is required prior to the commencement of work.

Is the work construction work valued at \$450,000 or over? ☐ Yes ☐ No
If yes, a WHS Management Plan is required prior to the commencement of work.

- ☐ Contract Manager has given contractor any additional information the organisation has in relation to hazards and risks at or in the vicinity of the workplace where the work is to be carried out
Prior to the commencement of work, the contractor is required to confirm the hazard(s) identified and document the controls or precautions as outlined here and provide all required licences and/or permit details.

Contract Monitoring Frequency: _____

Contract Manager name: _____

Contract Manager signature: _____ Date: _____

Guide to Monitoring Frequency for Contractors:			
CONTRACT COMPLEXITY	CONTRACT DURATION:		
	SHORT TERM	MEDIUM TERM	LONG TERM
SIMPLE (eg regular Contractor- good past history, maintenance work with SWI in place, not high risk work)	Annually	Annually	Annually
MEDIUM (eg new contractor or a regular contractor doing small projects, SWI's/SWMS in place)	Once per Contract	Twice per Contract	Quarterly
HIGH RISK (eg Large Projects & High Risk Construction Work – Confined space, work at heights, demolition, major electrical, excavation, hot work, Asbestos, in or near water or a roadway, mobile plant etc)	Daily	Weekly	Weekly

If non-conformance is found by the Contractor additional monitoring to be undertaken. Monitoring undertaken within Skytrust which assists with Annual Contractor Review.

Office use only

- ☐ A copy of this form, (along with any additional information,) has been sent to the contractor



WHS AND INJURY MANAGEMENT DISTRICT COUNCIL OF LOXTON WAIKERIE

WHS Contractor Management Procedure – No. 6.1

Appendix 4: Job Safety Analysis (JSA) overview

Contractors must complete a JSA prior to commencing work if the contracted work does NOT involve high risk construction work and the value of the work is less than \$450,000, but involves:

- (a) Confined Space work
- (b) Demolition
- (c) Diving work
- (d) Electrical work
- (e) Excavation
- (f) Fall risks e.g. working in the vicinity of an edge, in or on an elevated workplace etc
- (g) Falling objects
- (h) Hazardous manual tasks
- (i) Hot work
- (j) Noise
- (k) Remote or isolated work
- (l) Working adjacent to moving traffic or pedestrians/public
- (m) Working on or near live electricity
- (n) Working over a pit/hole
- (o) Working with hazardous chemicals, including asbestos or lead, or
- (p) Working with plant

A JSA is the process of critically examining a work task and re-engineering that task to ensure that the necessary and relevant health and safety principles are followed. (please see the attached JSA Worksheet).

The following steps apply in a JSA:

Activity	List the tasks required to perform the activity in the sequence they are carried out
Hazards	Against each task list the hazards that could cause injury when the task is performed
Risk control measures	<p>List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard</p> <p><i>The aim is to adopt the control measure most capable of either eliminating or minimising the risk at the source. The hierarchy of control should be applied i.e. elimination, substitution, isolation, engineering control, administrative (supervision, training, Safe Operating Procedure), Personal Protective Equipment (goggles, gloves, hard hat, overalls, boots).</i></p>
Who is responsible	Write the name of the person responsible (supervisor or above) to implement the control measure identified



WHS AND INJURY MANAGEMENT DISTRICT COUNCIL OF LOXTON WAIKERIE

WHS Contractor Management Procedure – No. 6.1

Appendix 5: Job Safety Analysis Template

Company name:		Date:		JSA No.:	
Site Name:		Permit to work requirement:	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No		
Contractor:		Approved by:			
Activity:					

Activity List the tasks required to perform the activity in the sequence they are carried out.	Hazards Against each task list the hazards that could cause injury when the task is performed.	Risk Control Measures List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard.	Who is responsible? Write the name of the person responsible (supervisor or above) to implement the control measure identified.



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Appendix 6: Safe Work Method Statement (SWMS) overview

Contractors must complete a SWMS prior to commencing the contract work if the contract work involves **high risk construction work** (refer to the WHS Construction Activities Guidance Checklist if high risk construction work is being undertaken to check legislative requirements are met).

A SWMS sets out the work activities in a logical sequence and identifies hazards and describes control measures. The description of the process should not be so broad that it leaves out activities with the potential to cause accidents and prevents proper identification of the hazards, nor is it necessary to go into fine detail of the tasks.

The SWMS must be able to be easily read by those who need to know what has been planned to manage the risks, implement the control measures and ensure the work is being carried out in accordance with the SWMS. Relevant persons include the:

- (a) Supervisor of the high risk construction work;
- (b) Worker(s) carrying out the high risk construction work; and
- (c) the principal contractor (if it is a construction project) or the person who has management and control over the high risk construction work.

A6.1. Recommended steps for filling out the SWMS template

- A6.1.1 Consult with relevant workers, contractors and health and safety representatives involved with the high risk construction work, the activities involved and associated hazards, risks and controls.
- A6.1.2 In the 'What is the high risk construction work?' column, identify the high risk construction work for the construction work activity that will be undertaken.
- A6.1.3 In the 'What are the hazards and risks?' column, list the hazards and risks for each high risk construction work activity.
- A6.1.4 Identify the workplace circumstances that may affect the way in which the high risk construction work will be done.

Examples of workplace circumstances that may impact on the hazards and risks include:

- (a) information relating to the design of the structure, the workplace (e.g. location, access, transport), and information contained in the WHS Management Plan;
 - (b) information on any 'essential services' located on or near the workplace;
 - (c) confirmation that the regulator has been advised of any 'notifiable work' (e.g. demolition work involving explosives); and
 - (d) safe work methods and plant to be used.
- A6.1.5 In the 'How will the hazards and risks be controlled?' column, select an appropriate control or combination of controls by working through the hierarchy of controls. It is important that you are able to justify why the selected control measure is reasonably practicable for the specific workplace.



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Selecting control measures

- A6.1.6 Eliminate the risks so far as is reasonable practicable
- A6.1.7 If this is not reasonably practicable, minimise them so far as reasonably practicable by applying the following hierarchy of control measures:
- (a) Minimise the risk by doing one or more of the following:
 - i. substituting the hazard;
 - ii. isolating the hazard; and/or
 - iii. implementing engineering controls;
 - (b) If the risk still remains, minimise the remaining risk by implementing administrative controls
 - (c) If the risk still remains, minimise the remaining risk by ensuring the provision and use of suitable personal protective equipment (PPE).
- A6.2. SWMS compliance (information, monitoring and review)**
- A6.2.1 Brief each team member on the SWMS before commencing work. Ensure each team member knows work is to stop if the SWMS is not followed.
- A6.2.2 Observe the work being carried out and monitor compliance with the SWMS. Review risk controls regularly, including:
- (a) Before a change occurs to the work itself, the system of work or the work location
 - (b) If a new hazard associated with the work is identified
 - (c) When new or additional information about the hazard becomes available
 - (d) When a notifiable incident occurs in relation to the work
 - (e) When risk controls are inadequate or the SWMS is not being followed
- In all of the above situations, stop the work, review the SWMS, adjust as required and re-brief the team.
- A6.2.3 Keep the SWMS in a readily available location for the duration of the high risk construction work.



WHS AND INJURY MANAGEMENT DISTRICT COUNCIL OF LOXTON WAIKERIE

WHS Contractor Management Procedure – No. 6.1

Appendix 7: Safe Work Method Statement template (Source: Model Code of Practice: Construction Work)

NOTE: Work must be performed in accordance with this SWMS. This SWMS must be kept and be available for inspection until the high risk construction work to which this SWMS relates is completed. If the SWMS is revised, all versions should be kept.			
[PCBU Name, contact details]		Principal Contractor (PC)	[Name, contact details]
Works Manager:		Date SWMS provided to PC:	
Contact phone:			
Work activity:	[Job description]	Workplace location:	
High risk construction work:	<input type="checkbox"/> Risk of a person falling more than 2 metres	<input type="checkbox"/> Work on a telecommunication tower	<input type="checkbox"/> Demolition of load-bearing structure
	<input type="checkbox"/> Likely to involve disturbing asbestos	<input type="checkbox"/> Temporary load-bearing support for structural alterations or repairs	<input type="checkbox"/> Work in or near a confined space
	<input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5 m or a tunnel	<input type="checkbox"/> Use of explosives	<input type="checkbox"/> Work on or near pressurised gas mains or piping
	<input type="checkbox"/> Work on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Work on or near energised electrical installations or services	<input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere
	<input type="checkbox"/> Tilt-up or precast concrete elements	<input type="checkbox"/> Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians	<input type="checkbox"/> Work in an area with movement of powered mobile plant
	<input type="checkbox"/> Work in areas with artificial extremes of temperature	<input type="checkbox"/> Work in or near water or other liquid that involves a risk of drowning	<input type="checkbox"/> Diving work
Person responsible for ensuring compliance with SWMS:		Date SWMS received:	
What measures are in place to ensure compliance with the SWMS?			
Person responsible for reviewing SWMS control measures:		Date SWMS received by reviewer:	
How will the SWMS control measures be reviewed?			
Review date:		Reviewer's signature:	



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Appendix 8: Site Induction Checklist

Contractor: _____ **Date of Induction:** _____

Contractor contact person: _____ **Contact No.:** _____

Contract Manager /Superintendent: _____ **Contact No.:** _____

Location of Induction: _____

Location of Contract Work: _____

ITEM	DETAILS / COMMENTS	✓
How to access contact person:		
Daily start and finish times:		
Access to building/s including safe entry and exit:		
Access to work area/s:		
Impact on public: (How should this be minimised?)		
Emergency plan:		
First aid:		
Reporting of incidents / accidents:		
Environmental requirements:		
Clean up of work site area: (During and at completion)		
Use of hazardous chemicals: (Safety Data Sheets)		
Noise: (Noise level readings)		
Waste disposal:		
Location of asbestos (if applicable)		
Other:		



WHS AND INJURY MANAGEMENT DISTRICT COUNCIL OF LOXTON WAIKERIE

WHS Contractor Management Procedure – No. 6.1

Appendix 9: Contractor Monitoring (Undertaken within Skytrust)

Contractor Monitoring of Hazards & Controls						
Description of Works:						
Location:				Contract/ Purchase No.		
Date of Inspection:				Inspection No.		
Identified non-conformances (N/C) or new hazards at monitoring visit should be ticked in column 2 & corrective action recorded overleaf						
Hazard	ID No	Controls / Precautions	Compliant Yes No NA			Comments
Asbestos	1	Asbestos register accessed prior to work commencing?				
Chemical Exposure	2	Are hazardous chemicals / substances on site stored & labelled appropriately, with SDS available?				
Confined Space	3	Confined Space Permit issued?				
	4	Are observers in place?				
Electrical	5	Are Electrical hazards and risks controlled (RCD usage, equipment tested and tagged)?				
Excavation	6	Are measures in place to prevent collapse?				
Falling Objects	7	Controls in place (e.g. barriers, tools secured)				
	8	Safety helmets worn if required?				
Fire / Explosion	9	Appropriate Fire Extinguishers Available and inspected?				
	10	Ignition sources removed to safe distance?				
	11	Flammables substances stored and labelled appropriately?				
First Aid / Emergency Plan	12	Is there a First Aid kit on site appropriate to needs?				
	13	Is someone trained to give first aid where required?				
	14	Emergency Response Plan in place and accessible where relevant?				
Gas / Fumes	15	Appropriate ventilation in place and respiratory protection worn?				
Hazardous Manual Tasks	16	Mechanical, team lifts & other measures (e.g. job rotation) utilised where practical?				
Housekeeping	17	Is housekeeping acceptable? (storage, safe access, slips & trips, trailing electrical cables etc.)				
Mobile Plant	18	Are plant and equipment operated according to instructions, SWIs?				
	19	Plant in good order with safety features (e.g. rotating lights, guards) operational?				
PPE	20	Appropriate PPE being utilised? Head wear / eye wear / hearing protection / respirator-mask / wet weather gear /				
Remote or Isolated	21	Communication systems with remote and isolated workers are in place and tested?				
Site Security	22	Worksite secure from unauthorised access?				



WHS AND INJURY MANAGEMENT DISTRICT COUNCIL OF LOXTON WAIKERIE

WHS Contractor Management Procedure – No. 6.1

Hazard	ID No	Controls / Precautions	Compliant Yes No NA			Comments
Traffic / Pedestrians	23	Traffic Control Signage				
	24	Pedestrian Access given?				
	25	Barrier mesh / bollards / cones installed?				
	26	Speed restriction in place - 25kph 40 kph Otherkph				
	27	Other Signage				
Underground/ Overhead Services	28	Dial before you dig plans accessed?				
	29	Spotters utilised where required				
Welding	30	Welding shield in place and appropriate PPE utilised?				
Work Activity	31	Is there evidence of risk assessment/s, SWMS or the WHS Management plan for the various activities and tasks? (High risk construction work/construction projects)				
	32	Are JSAs or other documented safe methods of work available?				
	33	Have reasonably foreseeable hazards been identified and are they being controlled?				
Work at Heights	34	Workers are appropriately licenced?				
	35	Controls in place to prevent falls (e.g Harness, barrier)				
Workers	36	Are workers licences /certificates of competency current?				
	37	Have site inductions been completed and are records available?				
Environmental	38	Access to and on site				
	39	Varied contaminants				
	40	Waste				
	41	Vermis, Snakes & Spiders				
	42	Native/Significant Vegetation				
	43	Fire load				
	44	Erosion control				
	45	Work areas are free from excessive rubbish				
Other	46	Are incident / accident report forms available on site?				
	47					
	48					
	49					
	50					



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

(Undertaken within Skytrust)

ID No	Corrective Action Required If actions are required following monitoring, Site Supervisor is to be notified immediately following inspection	By Whom	Completion Date
			/ /
			/ /
			/ /
			/ /
			/ /

Comments:

Inspection Undertaken by:

Name	Sign	/ / Date
------	------	-------------

To be signed off when corrective action completed by:

Contractor:

Name	Sign	/ / Date
------	------	-------------

Contract Manager/Superintendent (or delegate) signature:

Name	Sign	/ / Date
------	------	-------------

Overall rating for future contracts			
Is the Contractor meeting their obligations as assessed in this criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have identified Non-conformance(s) observations been discussed with the contractor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Contractor agreed to/or has rectified the non-conformance(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor rating			
<input type="checkbox"/> Acceptable <input type="checkbox"/> Opportunity for improvement <input type="checkbox"/> Unacceptable			
Opportunity provided for Contractor to implement / improve by addressing the WHS Management criteria, enabling the Contractors eligibility for the Preferred Contractor process to be maintained			
Allocated time to rectify:		Follow up date and time:	
Sign off once rectified (Contract Manager/Superintendent)			



**WHS AND INJURY MANAGEMENT
DISTRICT COUNCIL OF LOXTON WAIKERIE**

WHS Contractor Management Procedure – No. 6.1

Appendix 10 – WHS Management Plan Checklist

Principal Contractor:			
Project Description:			
WHS Management Plan Reviewer:		Date of review:	
WHS Management Plan Requirements	✓ / ✗	Corrective action/comments	
The principal contractor is identified correctly (<i>refer WHS Regulation 293</i>)			
Specific to this construction project (<i>i.e. not a generic project management plan or work health and safety manual</i>)			
Contains names, positions and WHS responsibilities of all persons whose positions or roles involve specific WHS responsibilities in connection with the project (<i>e.g. site supervisor, project manager, HSR, first aid officer</i>)			
Arrangements for consultation, cooperation and coordination of activities between the principal contractor and any shared duty holder(s)			
Arrangements for handling any WHS incidents that may occur (<i>e.g. reporting, investigation, non-disturbance of site</i>)			
Site-specific health and safety rules and how people will be informed of the rules (<i>e.g. induction, signage, meetings</i>)			
Arrangements for collection, assessment, monitoring and review of safe work method statements throughout the project			
Arrangements for each person who is to carry out construction work to be made aware of the content of the WHS Management Plan prior to commencement of work and following any revision			
How people will be made aware of their right to inspect the WHS Management Plan			
Arrangements relating to hazardous chemicals to be stored or used at the workplace (<i>e.g. safety data sheets, bunding, security, licencing if required</i>)			
Arrangements for storage, movement and disposal of construction materials and waste at the workplace			
Arrangements for safe storage and use of plant at the workplace			
Arrangements for traffic in, or in the vicinity of, the workplace (<i>e.g. WZTM, traffic management plan</i>)			
Obtaining and providing essential services information			
Arrangements for checking and maintaining currency of licences and training for workers			