



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 WHS & Risk Coordinator via email council@lwdc.sa.gov.au.

Below is a list of documents we require prior to commencement of any works for the District Council of Loxton Waikerie.

1. Preferred Contractor Registration Form (*attached*)
2. Contractor WHS Online Induction (*takes approx. 30 minutes*)
<https://skylearn.com.au/dclw/>
3. Public Liability Insurance Cover (*minimum limit \$20 million*)
4. Professional Liability Insurance Cover
5. Evidence of Return to Work SA Registration (*sole traders are exempt – please supply personal income protection insurance policy*)
6. Copies of Employee licences (*eg electrical*), competencies (*eg bobcat*) and certifications (*eg white card, professional certification*) relevant to the works to be undertaken
7. Copies of WHS Policies or Procedures/Safe Work Instructions relevant to work to be undertaken
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 pack, please contact the WHS & Risk Coordinator on 8584 8000.



Preferred Contractor Pack

Appendix 1: Preferred/Approved Contractor Registration

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:	

Industry/Trade					
Air-conditioning/Refrig		Gas		Pest Control	
Asbestos ID/Removal		General Building		Plant Hire	
Automotive Air Cond		General Electrician		Plumbing	
Bitumen Works		Kerbing		Professional Services	
Building Maintenance		Landscaping		Road Construction	
Concreting		Line Marking		Tree Trimming	
Confined Space		Major Electrical		Waste Management	
EWP		Minor Civil Works		Weed Control	
Excavation/Trenching		Mowing/Slashing		Welding	
Fencing		Painting		Other:	
Footpath					



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Contractor 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.

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 worker 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 work activities are identified, assessed and controlled (e.g. hazard identification list or other documentation: risk assessments, JSAs and, where relevant, SWMS and WHS Management Plan)

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

- Work Health Safety Policy and summary of WHS procedures and instructions or processes relevant to the works to be provided (e.g. WHS management system)
- Sample copies of Safe Operating Procedures/Safe Work Instructions for the works to be provided
- 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 to perform the work (and an explanation of how this is maintained)
- Emergency response procedures and/or management plan

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: _____



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Appendix 2: Contract Overview

Contractor Details					
Company/business name:					
Australian business number (ABN):					
Street address:					
Postal address:					
Contact person:		Phone:			
Mobile:		Email:			
Insurance/ indemnity, etc	Public Liability				
	Professional Indemnity				
	Return to Work SA				
	Other:				
Contract Overview					
Brief description of work:					
Location of work:					
Period of contract:	Date	From:	To:		
	Time	From:	To:		
Nature of work:  LGAWCS Model WHS Construction Activities	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, risk assessment & SWMS received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Construction project		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, risk assessment & SWMS & WHS Management Plan received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other				
Council Contact					
Contact person:		Phone:			
Mobile:		Email:			
Or, in the absence of the above:					
Contact person:		Phone:			
Mobile:		Email:			



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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

Type of work: _____

Location of work: _____

Hazard Identification

- | | |
|--|--|
| <input type="checkbox"/> Asbestos / Lead | <input type="checkbox"/> Powered mobile plant |
| <input type="checkbox"/> Chemical exposure | <input type="checkbox"/> Remote / isolated work |
| <input type="checkbox"/> Compressed air / pressure / vacuum | <input type="checkbox"/> Restricted access |
| <input type="checkbox"/> Confined space / hazardous atmosphere | <input type="checkbox"/> Site access / security |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Soil contamination |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Traffic / pedestrians |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Trenching / excavation |
| <input type="checkbox"/> Excavation / trenching | <input type="checkbox"/> Underground / overhead services |
| <input type="checkbox"/> Falling objects / falls from one level to another | <input type="checkbox"/> Uneven / slippery surfaces |
| <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"/> High risk construction work | <input type="checkbox"/> Working on or near live electricity |
| <input type="checkbox"/> Inclement weather | <input type="checkbox"/> Working over a pit hole |
| <input type="checkbox"/> Lack of first aid / emergency plan | Other (add to monitoring checklist): |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> _____ |
| <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"/> _____ |



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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 Manger/Superintendent] 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 Manager/Superintendent]

Name: _____

[Contract Manager/Superintendent]

Signature: _____

Date: _____

Office Use only

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



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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:

- (f) Confined Space work
- (g) Demolition
- (h) Diving work
- (i) Electrical work
- (j) Excavation
- (k) Fall risks e.g. working in the vicinity of an edge, in or on an elevated workplace etc
- (l) Falling objects
- (m) Hazardous manual tasks
- (n) Hot work
- (o) Noise
- (p) Remote or isolated work
- (q) Working adjacent to moving traffic or pedestrians/public
- (r) Working on or near live electricity
- (s) Working over a pit/hole
- (t) Working with hazardous chemicals, including asbestos or lead, or
- (u) 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 to be 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 <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>
Who is responsible	Write the name of the person responsible (supervisor or above) to implement the control measure(s) identified



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Appendix 5: Job Safety Analysis Template

Company name: **Date:** **JSA No.:**

Site Name: **Permit to work requirement:** **Yes** **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.



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Appendix 6: Safe Work Method Statement (SWMS) overview

Contractors must complete a SWMS prior to commencing the contract work if it 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 but it is not 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:

- (v) Supervisor of the high risk construction work;
- (w) Worker(s) carrying out the high risk construction work; and
- (x) 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 '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 tasks involved?' column, list the work tasks in a logical order.
- A6.1.4 In the 'What are the hazards and risks?' column, identify the hazards and risks that may cause harm to workers or the public.
- A6.1.5 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.
- A6.1.6 In the 'What are the control measures?' 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.



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A6.2. Selecting control measures

- A6.2.1 Eliminate the risks so far as is reasonable practicable
- A6.2.2 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:
 - iii. substituting the hazard;
 - iv. isolating the hazard; and/or
 - v. 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).

A6.3. SWMS compliance (information, monitoring and review)

- A6.3.1 Brief each worker on the SWMS before commencing work. Ensure each worker knows work is to stop if the SWMS is not followed.
- A6.3.2 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 followedIn all of the above situations, stop the work, review the SWMS, adjust as required and re-brief workers.
- A6.3.3 Keep the SWMS in a readily available location for the duration of the high risk construction work.



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Appendix 7: Safe Work Method Statement template

(Source: SafeWork Australia: SafeWork Method Statement for High Risk Construction Work Information Sheet)

<p>NOTE: Work must be performed in accordance with this SWMS.</p> <p>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.</p> <p>If a notifiable incident occurs in relation to the high risk construction work in this SWMS, the SWMS must be kept for at least 2 years from the date of the notifiable incident.</p>			
[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 3 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:	



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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:		



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Appendix 9: Contractor Monitoring

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				
	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				
Remote or Isolated	21	Communication systems with remote and isolated workers are in place and tested?				
Site Security	22	Worksite secure from unauthorised access?				



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Appendix 9: Contractor Monitoring (continued)

Hazard	ID No	Controls / Precautions	Compliant Yes No NA			Comments
Traffic / Pedestrians	23	Traffic Control Signage and Work Zone Traffic Management Plan in place?				
	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	Vermin, 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					



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Appendix 9: Contractor Monitoring (continued)

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 these 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 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)	



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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 licenses and training for workers			



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Appendix 11: Preferred/Approved Contractor Register template

(Please note that the following example has been provided to assist with the identification of fields that may be tracked via a preferred/approved contractors register. It is assumed that the majority of Councils/Prescribed Bodies would choose to do this via an electronic database of their own choosing, hence the width of the columns in this example may not be appropriate for use as they are currently represented here.)

#	Contract Manager Name	Core Business description	Business Name (legal)	Date of last system update	Induction completed by (name)	Induction completed on (date)	Expiry of Induction (date)	Email address	JSAs/Risk Assessment/ SWMS/ Received (date)	JSAs/Risk Assessment Checked by (name)	JSAs/Risk Assessment Checked by (date)	Type of Insurance Received (eg vehicle, PI, public liability, etc)	Amount of insurance coverage	Insurance expiry (date)	RTW SA Registration number	Licences or qualifications received (type)	Received for (name, location, etc)	Notes or restrictions applying to licences or qualifications	Contractor Performance Rating	