



### Contractor Prequalification Questionnaire

This questionnaire forms part of the mandatory evaluation process for Contractors. Contractors may be required to verify their responses noted in their questionnaire by providing additional evidence upon request by Council.

#### Contact Details

|  |  |             |  |                |  |
|--|--|-------------|--|----------------|--|
| <b>Contractor Business Name:</b>   |  |             |  |                |  |
| <b>Address:</b>  |  |             |  |                |  |
| <b>Phone:</b>  |  | <b>Fax:</b> |  | <b>Mobile:</b> |  |
| Please provide details of the nominated person within your company who can be contacted regarding WHS issues |  |             |  | <b>Name:</b>   |  |
|  |  |             |  | <b>Phone:</b>  |  |
|  |  |             |  | <b>Mobile:</b> |  |

#### Insurance Certificates – Please attach a copy of each Policy / Certificate of Currency

| Type                             | Expiry Date | Insurer | Amount |
|----------------------------------|-------------|---------|--------|
| Workers Compensation             |             |         |        |
| Public Liability                 |             |         |        |
| Professional Indemnity Insurance |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |

#### Licence / permit details – please attach copies of relevant licences / permits

| Name | Type | Expiry Date | Issued by |
|------|------|-------------|-----------|
|      |      |             |           |
|      |      |             |           |
|      |      |             |           |

| No. | Item (please attach copies of relevant documents)   |
|-----|---|
| 1.1 | Please provide a copy of your SWMS for the work to be performed   |
| 1.2 | WHS Management Plan (or an outline of safe work practices i.e., Safety Manual, WHS Policies, Procedures relevant to the work to be performed) |



| Contractor Sign-off  |  |                        |  |
|--|--|------------------------|--|
| <p><i>Name of Contractor</i> confirms we have systems in place to manage WHS risks in accordance with the hierarchy of controls, WHS legislation, Australian Standards, and Codes of Practice. All work will be performed in accordance with <i>Name of Contractor</i> SWMS, procedures or plans, and any necessary additional controls identified during the work will be implemented. All workers performing the work will be trained, competent and licenced (if required) to do the work. All sub-contractors engaged by the company will be held to these same standards.</p> |  |                        |  |
| <b>Name of authorised Contractor Representative:</b>   |  | <b>Position:</b>       |  |
| <b>Signature:</b>  |  | <b>Date Submitted:</b> |  |

The section below to be completed by Richmond Shire Council:

|  |  |                  |  |
|--|--|------------------|--|
| <b>Outstanding / Additional Documentation Required:</b>                |  |                  |  |
|  |  |                  |  |
| <b>Council's Reviewer of Contractor Prequalification Questionnaire</b> |  |                  |  |
| Comments:  |  |                  |  |
|  |  |                  |  |
| <b>Manager Name:</b>   |  | <b>Position:</b> |  |
| <b>Signature:</b>  |  | <b>Date:</b>     |  |
| <b>WHS Reviewer Name:</b>  |  | <b>Position:</b> |  |
| <b>Signature:</b>  |  | <b>Date:</b>     |  |