

New Subcontractor Prequalification

A. Company Details	
Company Name	
ABN	
ACN	
Postal Address	
Street Address	
Contact Name	
Company Position	
Telephone Number	
Email	

If this work will be completed via a subcontract based on a head contract between Westside' and its respective client; the company listed in this document agrees in principle to be bound to the obligations under head contract.

I confirm that I am authorised to enter into contracts and agreements on behalf of the above named business.

B. Authorised Person Undertaking	
Signature	
Name (Please print)	
Company Position	
Date	

C. Payment Details	
Bank	
Account Number	
Branch Address	
BSB Number	
Account Name	

D. Type of Business									
Sole Trader	<input type="checkbox"/>	Public Company	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust	<input type="checkbox"/>

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E. Description of Goods and or Services Provided

Nature of Business	
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F. Licence Details

Builders Licence Number	
Supervisor Licence Number	
Trade Licence Number	
Other (Please Specify)	

G. Employee Qualifications / Tickets

IN ORDER TO CONFORM WITH WORK HEALTH AND SAFETY LEGISLATION, WESTSIDE REQUIRES COPIES OF SUBCONTRACTOR'S EMPLOYEES QUALIFICATIONS/TICKETS TO BE KEPT ON FILE (WHITE CARD, HIGH RISK LICENCES, ETC.) PLEASE ATTACH COPIES OF LICENCES WHEN RETURNING THIS FORM

H. Insurance Details	Policy Number	Insurance Company	Insurance Value	Renewal Date
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Public Liability				
Products Liability				
Workcover Number				

I. Company Employer Details

BIRST Number	
Long Service / CILSLB Number	
Superannuation Company & Scheme Number	
Other (Please Specify)	

NOTE: COPIES OF CERTIFICATES OF CURRENCY FOR INSURANCE AND LICENCES MUST BE ATTACHED

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J. Business Systems		
Is the company third party certified to ISO9001:2008 or ISO9001:2015 Quality Management Systems? <i>(If "yes" please enclose a copy of your current certificate)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
If the company is not certified, do you have a system that defines the following activities:		
- Management of customer orders	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Purchasing/Sub-contracting activities	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Product/Service control activities	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Product/Service Delivery Activities	<input type="checkbox"/> Y	<input type="checkbox"/> N
- Customer Feedback	<input type="checkbox"/> Y	<input type="checkbox"/> N
Note: Westside may conduct unscheduled audits to review vendor systems and adherence to these systems on a periodic basis.		

K. HSE Management																						
This questionnaire forms part of our sub-contractor evaluation to ensure registration on our Prequalified Subcontractor Database. - Please be aware that if you answer YES to any of the questions, you may be required to provide documentary evidence. - Answering NO will not necessarily compromise your ability to perform work for our Company. - - The gathering of this information is a requirement of our own certifications and also meets the requirements under the new Harmonisation of WHS laws.																						
Do you have a documented Health, Safety and Environment or Quality Management System? <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Documented</td> <td style="width: 20%; text-align: center;">3rd Party Certified</td> <td style="width: 20%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td><i>Quality (ISO9001)</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Expires.....</td> <td style="text-align: center;"><input type="checkbox"/> Y</td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> <tr> <td><i>Safety (AS/NZS 4801; ISO 18001)</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Expires.....</td> <td></td> <td></td> </tr> <tr> <td><i>Environmental (ISO14001)</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Expires.....</td> <td></td> <td></td> </tr> </table> <i>If certified, please include a copy of your current certification.</i>		Documented	3 rd Party Certified			<i>Quality (ISO9001)</i>	<input type="checkbox"/>	<input type="checkbox"/> Expires.....	<input type="checkbox"/> Y	<input type="checkbox"/> N	<i>Safety (AS/NZS 4801; ISO 18001)</i>	<input type="checkbox"/>	<input type="checkbox"/> Expires.....			<i>Environmental (ISO14001)</i>	<input type="checkbox"/>	<input type="checkbox"/> Expires.....				
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<i>Environmental (ISO14001)</i>	<input type="checkbox"/>	<input type="checkbox"/> Expires.....																				
Health and Safety																						
Do you have a Health and Safety Policy? <i>If yes, please provide a copy of your policy</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Has the Policy been reviewed within the last 12 months?	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Do you have procedure for:																						
Hazard Identification and Risk Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Fitness for Work	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Hazardous Substance Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Emergency Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Change Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Plant and Equipment Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				
Critical Risk Management	<input type="checkbox"/> Y	<input type="checkbox"/> N																				

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Are WHS roles and responsibilities clearly identified and been clearly communicated for all levels of staff?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have a health and safety process for identifying hazards, assessing and controlling risks including monitoring and reviewing them as work progresses?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you perform any of the following works?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Crane and hoist operation	<input type="checkbox"/> Y	<input type="checkbox"/> N
Dogging & rigging work	<input type="checkbox"/> Y	<input type="checkbox"/> N
Forklift operation	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pressure equipment operation	<input type="checkbox"/> Y	<input type="checkbox"/> N
Scaffolding	<input type="checkbox"/> Y	<input type="checkbox"/> N
Asbestos removal	<input type="checkbox"/> Y	<input type="checkbox"/> N
Demolition, Class 1, 2 or 3	<input type="checkbox"/> Y	<input type="checkbox"/> N
Electrical contractor	<input type="checkbox"/> Y	<input type="checkbox"/> N
Gasfitting	<input type="checkbox"/> Y	<input type="checkbox"/> N
Plumbing contractor	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving the risk of a person falling two metres or more	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving demolition	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving removing or disturbing asbestos	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving alteration to a structure that requires it to be temporarily supported to prevent its collapse	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving a confined space	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving excavation to a depth of more than 1.5 metres	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving the use of explosives	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities involving tilt up or precast concrete	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities on or near pressurised gas pipes (including distribution mains)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities on or near chemical, fuel or refrigerant lines	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities on or near energized electrical installations and lines (whether overhead or underground)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities on or adjacent to roads or railways that are in use	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities in contaminated or flammable atmospheres	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities in an area where there are artificial extremes of temperature	<input type="checkbox"/> Y	<input type="checkbox"/> N
Activities work on a construction site where there is movement of powered mobile plant	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>If yes, please provide copies of relevant documents for managing the associated risks</i>		
Have you prepared Risk Assessments relevant to these operations? <i>If yes, please provide a copy of your Risk Assessments for our review</i>	<input type="checkbox"/> Y	N
Please provide the name and contact details of the person who has overall responsibility for HSE in your company:		
Has your company been subject to either enforceable undertaking or penalties made by any Safety regulator within the last 5 years (in any state or territory within Australia and New Zealand)?	<input type="checkbox"/> Y	<input type="checkbox"/> N

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Quality		
Do you have a Quality Policy? <i>If yes, please provide a copy of your policy</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedure for:		
Design Control	<input type="checkbox"/> Y	<input type="checkbox"/> N
Document Control	<input type="checkbox"/> Y	<input type="checkbox"/> N
Inspection and Testing	<input type="checkbox"/> Y	<input type="checkbox"/> N
Corrective and Preventive Actions	<input type="checkbox"/> Y	<input type="checkbox"/> N
Internal Auditing	<input type="checkbox"/> Y	<input type="checkbox"/> N
Customer Feedback	<input type="checkbox"/> Y	<input type="checkbox"/> N
Training	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are Quality roles and responsibilities clearly identified and been clearly communicated for all levels of staff?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Please provide the name of the person who has overall responsibility for Quality in your company:		

Environmental		
Do you have an Environmental Policy? <i>If yes, please provide a copy of your policy</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedure for:		
Environmental Planning	<input type="checkbox"/> Y	<input type="checkbox"/> N
Waste Management	<input type="checkbox"/> Y	<input type="checkbox"/> N
Noise Management	<input type="checkbox"/> Y	<input type="checkbox"/> N
Spill Control	<input type="checkbox"/> Y	<input type="checkbox"/> N
Environmental Aspect and Impact Analysis	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are Environmental roles and responsibilities clearly identified and been clearly communicated for all levels of staff?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you prepared Environmental Risk Assessments relevant to your operations? <i>If yes, please provide a copy of your Environmental Risk Assessments for our review</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Please provide the name of the person who has overall responsibility for Environmental in your company:		
Has your company been subject to either enforceable undertaking or penalties made by any Environmental Protection Authority within the last 5 years (in any state or territory within Australia and New Zealand)?	<input type="checkbox"/> Y	<input type="checkbox"/> N

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General HSE		
Do you/your workers hold an Industry Induction card?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are records of toolbox talks held?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are regular WHS&E inspections at worksites undertaken and records held?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your company have any permit to work systems?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are incidents & injuries recorded, investigated and records held?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedures for maintaining, inspecting & assessing the hazards of plant operated / owned by you?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedures for identifying, assessing & controlling risks associated with manual handling?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedures for identifying, assessing & controlling risks associated with working at heights?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedures for identifying, assessing & controlling risks associated with confined space?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have processes ensuring the risks associated with managing traffic (including pedestrian) are appropriately controlled?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are all portable electric tools & equipment inspected/tagged and records available?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Electrical Safety - do you have provision for ensuring isolation procedures (to ensure that no work is performed on 'live' equipment)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have a process for exposure monitoring/health surveillance where required?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you provide your workers relevant PPE?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have a procedure for identifying & controlling non-conformances?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you maintain a record of all training & induction programs undertaken?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you assess the competency of your workers?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are workers involved in decision making over HSE matters?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have a system for recording & analysing HSE performance statistics?	<input type="checkbox"/> Y	<input type="checkbox"/> N

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Statistics (past 3 financial years)	FY__	FY__	FY__
Number of Lost Time Injuries (LTI)			
Number of Medical Treated Injuries (MTI)			
Number of First Aid Injuries (FTI)			
Number of Near Misses			
Number of plant related incidents			
Number of environmental incidents			
Number of incidents reported to authorities			
HSE must make a determination giving consideration to <i>LCM-HS-PRO-0301 Hazard Identification and Risk Assessment</i> as to whether the Subcontractor is suitably qualified to be engaged.			

L. Training and Supervision

Do personnel hold the units of competency required to perform their work safely	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are trainees under appropriate supervision?	<input type="checkbox"/> Y	<input type="checkbox"/> N
How you train and how you ensure training is kept up to date:		
Please provide a copy of your training records / matrix.		

M. Contractor Management

How do you assess your contractor's compliance with relevant legislation?
How do you ensure your sub-contractors maintain compliance on your projects?

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N. Procedures		
Do you have operating procedures for your work? (attach list of those appropriate for this project, if applicable)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have procedures for dealing with emergencies? (Attach)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are your staff trained to use these procedures?	<input type="checkbox"/> Y	<input type="checkbox"/> N
How often do you test your emergency response?		
How do you ensure your tools and equipment are correctly used, registered, controlled, and maintained safely?		
How do you monitor the continued compliance to company procedures/systems by your staff and contractors?		

O. Acknowledgement	
I certify that all information provided above is correct:	
Signed (Contractor):	
Date:	
Signed (Principal):	
Date:	