

Contractor Details			
Name of Contractor:			
Contact Person:			
Position:			
Contact Details:	PH:	E:	
Type of Work to be Performed:			
Expected Length of Contract (<i>Please circle</i>)	< 1 Week	< 1 Month	> 1 Month
<p>The information contained in this document is true and an accurate representation of the systems and processes in place (at the time of completing), by _____, to ensure the health and safety of its employees and the employees of sub-contractors working under the direction of the company. If no SMP or an insufficient SMP exists _____ will have the opportunity to make changes and resubmit for review. Alternatively if changes are not accepted _____ must adopt and adhere to the SMP of Schlager Construction Group.</p>			
Name:	Signed	Date:	/ /

OHS Assessment (<i>Please attach relevant documents/policies/procedures</i>)	Y	N	If No Please Explain
Does the company have a written Health and Safety Policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a company Safety Management Plan (SMP)? (<i>Please attach</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the SMP provide detail of your activities, associated hazards, risks and hazard control measures?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company have a safety committee/Safety Representatives?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company hold regular safety meetings? How often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company hold regular Site "Toolbox" Safety Meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you conduct site safety inspections? How often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company have a system of inspecting plant, tools and equipment prior to entry to site and while they are on site?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an induction programme for new employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company conduct a training needs analysis for employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all employees have a Construction White Card?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company have a Disciplinary policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company have a Fitness for Work policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company have a Rehabilitation/ Return to Work Policy or Program?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a formal system for reporting, recording and investigation of injuries and illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	
Briefly describe the process for investigating:			
1. Minor Incidents:			
2. MRIs:			
3. LTIs:			
Describe how you ensure the competency of employees and contractors to undertake work in a safe and efficient manner?			
Describe how you manage risk and how risks and required control measures are communicated to persons doing the job?			
What Personal Protective Equipment (PPE) is provided for employees?			

Record of Incidents

2 Years Previous	Total Number Recorded Injuries =	TRIFR =	Total Recordable Injury Frequency Rate $\frac{\text{Total Number of Occurrences in the Period}}{\text{Total Number of Hours Worked in the Period}} \times 1,000,000$
Previous Year	Total Number Recorded Injuries =	TRIFR =	
Current Year to Date	Total Number Recorded Injuries =	TRIFR =	

Site Activities

Who will be your company representative on site for monitoring the effective implementation of your SMP?

Name: _____ Contact Details: _____

Does the company have a system for conducting Risk Assessments, Job Hazard Analysis and Safe Work Method Statements? *(Please explain and attach templates)*

1. Risk Assessment:
2. JHA:
3. Safe Work Method Statement:

If no templates exist will utilise the documentation of Schlager Construction Group.

Who will be responsible for completing the above documents?	
Who will be responsible for submitting the above documents to Schlager Construction Group?	
Who will be responsible for reviewing the above documents?	

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Contractor approved for work onsite from / /	Y <input type="checkbox"/>	N <input type="checkbox"/>
Contractor Safety Management System is approved?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Contractor to utilise any part of Schlager Construction Group's Safety Management System? <i>(If yes please specify)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Contractor added to preferred contractor list	Y <input type="checkbox"/>	N <input type="checkbox"/>

SCG Representative Sign Off

Name _____ Sign _____ Date / /