

**WHS 26.1 FORM – Contractor WHS Questionnaire**

Contractors, please complete this questionnaire and return direct to your Scouts Australia NSW contact below. The objective of the questionnaire is to provide Scouts NSW with an overview of the status of the contractor's safety management system.

Successful completion of this questionnaire with the requested documents is a requirement of your company being selected for the job. Similarly, the making of a false declaration may result in the work being disqualified.

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| **SCOUTS AUSTRALIA NSW CONTACT DETAILS** |
| **Name** |  | **Phone Number** |  |
| **Site or Department** |  |
| **Address** |  |
| **Email** |  |
| **CONTRACTOR COMPANY DETAILS****These details will be used to ensure that Scouts Australia NSW has the correct information on file.** |
| **Full Trading Name** |  |
| **ABN** |  |
| **Postal Address** |  |
|  |
| **Contact Details** | **Phone No** |  | **Email** |  |
| **Physical Address** |  |
|  |
| **INSURANCES** |
| 1. Please attach a copy of your certificate of currency for **Public Liability Insurance.** If not provided, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Please attach a copy of your certificate of currency for **Workers Compensation** InsuranceIf not provided, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. If applicable, please attach a copy of your certificate of currency for **Professional Indemnity Insurance.**Tick if N/A |
| **Qualifications or Licence Details – Builder’s Licence, Electrical Licence, White Card etc**Alternatively, attach copies.  |
| **Name**  | **Qualification** | **Expiry date if applicable** |

ALL INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

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| **Contractor’s Safety Questionnaire (page 2 of 2)***If the answer is no for any questions except quetsion3, please provide a brief explanation.* | **Yes** | **No** |
| 1. Does your company have a documented WH&S Management System in place?
 |  |  |
| 1. Does your company have a procedure that outlines WH&S responsibilities*?*
 |  |  |
| 1. Has your company been convicted of a work health safety offence in the last five years? *If yes, please provide details.*
 |  |  |
| 1. Does your company have safe operating procedures or specific safety instructions relevant to its operation? If you are performing ‘high risk construction work’ please attach an example of a relevant SWMS.
 |  |  |
| 1. Are your workers appropriately qualified, licenced and competent to carry out the required work safely and to operate any relevant plant and equipment?
 |  |  |
| 1. Does your organisation have in place a WHS contractor management procedure to assure your contractors have a suitable standard of WHS?

*Tick here if NA ie your organisation does not engage sub-contractors:* |  |  |
| 1. Does your company have a system for reporting and recording accidents, incidents or injuries?
 |  |  |
| 1. If your company operates plant and equipment, are there procedures and inspection checklists in place to ensure that plant and equipment is safe to operate?
 |  |  |
| 1. Does your company have appropriate procedures in place to handle any emergency situation that may affect Scouts Australia NSW?
 |  |  |
| 1. Does your company provide/require your workers to wear any Personal Protective Equipment relevant to its operation?
 |  |  |
| 1. FOR companies who intend to DESIGN structures or parts of structures…

Are there procedures in place to mitigate foreseeable risks associated with the design throughout its expected lifespan as per *Code of Practice for Safe Design of Structures*?*Tick here if NA ie your organisation does not design structures:* |  |  |

With regard to all the information provided as part of this questionnaire:

* I agree to inform Scouts Australia NSW of any changed circumstances in regard to the information provided
* I agree to provide further details about any of the questions on request.

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| **Name of person completing questionnaire** | **Signature** |
|  |  |
| **Position** |  | **Date** |  |
| **Phone No** |  |
| **Email** |  |

**Acceptance of document: This document is to be signed off by a Scouts Australia NSW representative upon receipt.**

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| **Name of Scouts Australia NSW representative** | **Signature** |
|  |  |
| **Position** |  | **Date** |  |