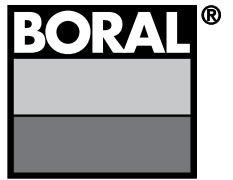


Build something great™



Contractor Work Details

Form 010-F04

Version 2.0 Released March 2012

Standard Operating Procedure: GRP-OHS-010 Contractor Safety

CONTRACTOR WORK DETAILS 010-F04



All contractors must complete and sign this form before they start work.
Copies of certificates of competency/licences must be attached to this form and filed on site.

CONTRACTOR DETAILS

Site Name:

Company Name:

ABN:

ACN:

Address:

Contact Name:

Phone No.:

Fax No.:

Mobile No.:

Select one:

Sole Trader

Partnership

Pty Ltd

Scope of Work:

COMPULSORY CONTRACTOR COMPLIANCE (copies of relevant documents to be attached to this sheet)

	Yes/No	Date of Expiry
1. Is this a Boral approved contractor? (if yes go to item 6)		
2. Public Liability Certificate of Currency		
3. Workers' Compensation Insurance Certificate of Currency		
4. Professional Indemnity Insurance		
5. Motor Vehicle (Third Party) Liability Cover (if applicable)		
6. Photocopy of qualifications for all employees (i.e. scaffold ticket, drivers' licences, training competencies etc.)		
7. Photocopy of Construction Industry General Induction*		
8. Contractor Site HSE/HR Management Plan**		
9. Safe Work Method Statement (SWMS)		
10. Site induction documentation *		
11. Is there any high risk work being performed? (if yes, tick and attach relevant permits)		
a. Confined Space Entry		
b. Hot Work		
c. Electrical Work		
c. Working at Heights		
d. High Risk Crane Work		
e. Work with Hot Materials and Gasses		
f. Excavation, Digging and Penetration		
g. Transportation of High/Wide Loads		
h. Work with Guards Off		
i. Interacting High Risk Tasks (ATW Permit)		
j. Other		

* Required only where contractor is required to work at a construction site.

** Long-term or high-risk contractors only (i.e. contracts 12 months and over and/or where working on construction sites).

CONTRACTOR WORK DETAILS 010-F04

All contractors must complete and sign this form before they start work.
Copies of certificates of competency/licences must be attached to this form and filed on site.



CONTRACTOR DUTY OF CARE AND INDUCTION SIGN OFF

As a contractor to Boral, I acknowledge having been inducted in Boral's induction for the site that I am working at. I accept my duty of care as a contractor to Boral to work safely at all times and to ensure the continued safety of my employees/other personnel working on site. I will do this by working to specified work instructions, policies and procedures, complying with applicable health, safety and environmental legislative requirements and reporting all known incidents and hazards.

Inducted Person Name	Signature	Date

Person Conduction Induction			
Name:	Position:	Signature:	Date: