



SUBCONTRACTOR SAFETY CHECKLIST

SUBCONTRACTOR DETAILS

Subcontractor's Name: _____ Telephone: _____

Contract Manager: _____ Telephone: _____

Period of Work: _____

Workers Compensation Insurer:
(Please provide Certificate of Currency – Check date)
_____ Policy Number: _____

Professional Indemnity Insurer
(Please provide certificate of Currency – Check date)
_____ Policy Number: _____

Public & Products Liability Insurer:
(Please provide certificate of Currency – Check date)
_____ Policy Number: _____

License Number: _____

Qualification(s)/Certificate(s) _____

Person responsible for ensuring the subcontractor complies with WHS policy, WHS Procedures, Induction and Training

Name: _____ Telephone: _____

RISK ASSESSMENT

What are the health and safety issues that may arise out of the performance of the subcontractor that are in addition to site risks already identified?

Subcontractor to provide risk assessment and/or Work Method Statements for work to be carried out.

SAFETY MANAGEMENT FOR SUBCONTRACTOR

How will the work be carried out to address the WHS issues identified above?



SUBCONTRACTOR SAFETY PLAN CHECKLIST *(Subcontractor to address the following)*

Issues	Yes	No	N/A
A Signed WHS policy			
Clearly defined roles and responsibilities			
Training requirements are specified			
Qualifications of those completing the tasks provided (WHS Construction Induction Card, etc.)			
Company induction process (including how staff are to be inducted into SWMS's)			
Risk assessment process to determine level of risk rating for SWMS's			
States details of legislative requirements (Codes Of Practice, etc.)			
Plant and equipment register or maintenance log provided			
Plant and equipment for proposed work are in good working condition			
Electrical tool, leads etc. are tested and tagged and tagging records sighted			
Electrical register or details of how this will be managed			
Hazardous substances/SDS register and details on how these will be managed on site			
Consultation process – How are workers to be consulted on issues i.e. toolbox meetings			
SWMS's for low risk generic tasks not impacted by other works on site (these must be made specific to the site, signed and dated by those involved in the task)			
Non conformance process			

REPRESENTATIVES

Name of Managing Organisations Representative: _____

Signature: _____ Date: _____

Name of Contracting Organisations Representative: _____

Signature: _____ Date: _____