

CHECKLIST

SAFETY Everyone. Everywhere. Every day

CONTRACTOR WHS DOCUMENTATION CHECKLIST

DOC ID Che452 VERSION 1

DOC OWNER Nick Maidment ACTIVE DATE 17/09/2016

Contractor Name: -----	QUU Verification of Documentation and approval to commence work satisfies all requirements Circle Y/N	Verifier Name: -----
ABN: -----		Signature: -----
		Date: -----

CONTRACTOR'S are to cross check their WHS documentation against the QUU's document checklist below. All information is then required to be submitted to designated QUU personnel at least 48hrs prior to commencement of work activities. Submitted documentation will be reviewed to ensure all information aligns to specific tasks to be undertaken. All relevant material should be prepared so that it can be easily interpreted by all workers and relevant stakeholders involved in the working activities and must be made available upon request by QUU employees.

Question	QUU required WHS Plan and SWMS element	Page number and document that the item appears on e.g. P62 of Doc x
1.	Contractor details (company name, phone, fax no., address) of those undertaking work activities.	
2.	Relevant details have been provided for the legitimacy and protection of the business (insurance details i.e. public liability etc, business registration i.e. ABN No. etc).	
3.	All documentation supplied must be reviewed every twelve months, and provide evidence.	
4.	Details regarding scope of work (what is involved in working activities).	
5.	Clear information stating the persons working for the contractor who are in control of the working activity have been named or nominated, including signature and acceptance.	
6.	Details of any high risk working activities.	
7.	The WHS Documentation provided covers all of the proposed activities as listed in question 6 with prescribed controls to safely manage the working activities.	
8.	The WHS Documentation clearly identify the person and process for the monitoring of the effectiveness of the control measures.	
9.	Details of persons consulted during the development of the WHS Documentation and acknowledgement.	
10.	Details of person trained in all aspects of the WHS Documentation.	
11.	The documentation has identified any plant required to undertake the work activity.	
12.	The WHS documentation includes relevant information that demonstrates personnel's training and competency.	
13.	The WHS documentation includes registers for electrical equipment/ plant/ PPE/ hazardous substances.	
14.	Safety Data Sheets and risks assessments are provided for the use of hazardous substances.	
15.	The WHS Documentation includes detailed information regarding the use of hazardous substances and training undertaken.	
16.	The WHS Documentation includes an effective traffic management plan for working activities (pedestrian/ plant/ equipment).	
17.	The WHS Documentation includes details regarding injury management and rehabilitation of workers.	
18.	Have you provided QUU with evidence of all WHS industry licences, qualifications, training & records of competency to carry out the work activities safely? (QUU employees refer to: WHS Licence Requirement Guidance Document)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Table 1: The contractor is to indicate with a tick, any activity from table 1 below that they will undertake as part of the work (Please tick all the appropriate boxes) any Designated High Risk Activity as Defined by the WHS Regulations:

<ul style="list-style-type: none"> <input type="checkbox"/> Involves working at height? <input type="checkbox"/> The activity consists of work on a telecommunications <input type="checkbox"/> Involves the demolition of an element of a structure that is load bearing or otherwise related to the physical integrity of the structure? <input type="checkbox"/> Involves or is likely to involve, the disturbance of Asbestos? <input type="checkbox"/> Involves Structural alterations that require temporary support to prevent collapse? <input type="checkbox"/> Is carried out in or near a confined space? <input type="checkbox"/> Is carried out in or near a shaft or trench with an excavated depth greater than 1.5 metres or a tunnel? <input type="checkbox"/> Using explosives? <input type="checkbox"/> Is carried out on or near a pressurised gas distribution mains or piping? <input type="checkbox"/> Is carried out in an area that may have a contaminated or flammable atmosphere? 	<ul style="list-style-type: none"> <input type="checkbox"/> Involves Tilt-up or precast concrete? <input type="checkbox"/> Is carried out on, in or adjacent to a road, railway, shipping lane, or other traffic corridor that is in use by traffic other than pedestrians? <input type="checkbox"/> Is carried out in an area at a workplace in which there is any movement of powered mobile plant? <input type="checkbox"/> Is carried out in an area in which there are artificial extremes of temperature? <input type="checkbox"/> Is carried out in, or near water or other liquid that involves the risk of drowning? <input type="checkbox"/> Involves diving work? <input type="checkbox"/> Is carried out on or near a chemical, fuel or refrigerant line? <input type="checkbox"/> Is carried out on or near an energised electrical installations or services? <input type="checkbox"/> Involves work in a 'Hazardous Area' or involves work as defined under the Petroleum & Gas, Production & Safety Act 2004?
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Contractors that select any items listed in Table 1 must provide sufficient information to QUU that demonstrates consideration for hazard identification, risk assessment & controls relevant the activities to be performed.

WHS Documentation Activity/ Page No's/ Reference:

Review Assessment			Assessment Requirements
1st	2nd	3rd	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified as satisfactory against required criteria – Contractor may start work on site [Retain the Contractors' WHS Docs & sign and date the top right corner of page 1 of this form. QUU staff to SIGN and DATE the WHS Docs as received. Attach this form to the WHS Docs and file in QUU's Document Management System. Ensure that all Contractor's workers preparing to start work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified as satisfactory against required criteria subject to comments below – Contractor is to resubmit a revised document for review – Contractor may start work activity subject to the comments below. [Retain this Contractor's WHS Docs & do not sign the top right corner of this form return a copy of this form to the Contractor to assist in their revision of required sections. QUU staff to SIGN and DATE the SWMS as received. Attach this form to the WHS Doc and file with the QUU's WHSMP. Ensure that all Contractor workers preparing to start work have signed into the SWMS. Replace the 'subject to change' document or parts thereof, when the final accepted SWMS is received from the Contractor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not accepted - refer to comments below, and then resubmit for further review – Contractor is not to start work on site. [Return the Contractor WHS Documentation to the Contractor with an original copy of this form – the QUU contractor management representative is to retain a copy of this form on file.

Additional Comments:

Name of person completing this document on behalf of Contractor:	Signature:	Contact No:
Name of QUU representative reviewing documentation:	Signature:	Contact No: