**Form 29 Contractor Evaluation Questionnaire**

Note: This form is to be completed by new Sub-Contractors, Designers, Architects, Engineers & Suppliers to Rork Projects who will be carrying out actual work on site or their designs are implemented on site.

Suppliers, please only fill out the ‘Company Details’ section at the beginning of this form unless you are also installing/placing your products within the site.

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| **Company Details (ALL TO COMPLETE)** |
| Managing Director |       |
| Company Name |  |
| GST Registered | Yes / No | ABN |       |
| Street Address |       |
| Phone |       | Fax |       |
| Email |       |
| Accounts Department Contact |       | Accounts Email |       |
| Bank Details – Name of A/C |       |
| A/C Number |       | BSB |       |
| Do any of your employees identify as being Aboriginal or Torres Strait Islander? | [ ]  Yes | [ ]  No |
| If yes, how many? |       |  |
| **Capability (ALL SUBCONTRACTORS, DESIGNERS & ENGINEERS TO COMPLETE)** |
| Brief Description of work your company is engaged in |
|       |
| Year company established |       |
| No. of employees |       |
| Does your company use subcontractors or labour hire workers | [ ]  Yes | [ ]  No |
| **Industrial Relations Management (ALL SUBCONTRACTORS, DESIGNERS & ENGINEERS TO COMPLETE)** |
| Do you have Public liability insurance? (Minimum 20 million required)  | [ ]  Yes [ ]  NoAmount: $      millionPlease provide Certificate of Currency to accounts@rorkprojects.com.au |
| Do you have Workers Compensation insurance?  | [ ]  Yes [ ]  NoPlease provide Certificate of Currency to accounts@rorkprojects.com.au |
| Do you have Professional Indemnity insurance? (if applicable) | [ ]  Yes [ ]  NoAmount: $      millionPlease provide Certificate of Currency to accounts@rorkprojects.com.au |
| Are the industrial instruments you operate under compliant with the National Code of Practice for the Construction Industry, the current Implementation Guidelines thereto (The Code and Guidelines) and the Building Code 2013? | [ ]  Yes [ ]  NoPlease provide verification |
| **WHSE & QA** (SUBCONTRACTORS TO COMPLETE) |
| Name of Systems Manager or Site Supervisor |       |
| Contact Details (direct phone and email) |       |
| *Note: This person is responsible to supervise workers on site daily and participate in established consultative forums such as site safety walks.* |
| Provide number and details of any Statutory improvement or prohibition notices received in the last 2 years: |       |
| Provide details of any WHSE prosecutions in the last 2 years: |       |
| Provide details of any recent WHSE programs/initiatives implemented to reduce risk of injury to your employees or harm to the environment: |       |
| **WHS** (SUBCONTRACTORS TO COMPLETE) |
| Do you undertake risk assessments and have Safe Work Method Statements for your work activities? | [ ]  Yes | [ ]  No |
| Does your company carry out High Risk Work Activities as defined in the WHS Regulation? | [ ]  Yes | [ ]  No |
| Do you keep and maintain a register of hazardous substances containing Safety Data Sheets (SDS) for chemicals you use on site? | [ ]  Yes | [ ]  No |
| Does your company have a plant and equipment register detailing registrations, insurances and plant maintenance and inspection requirements? | [ ]  Yes | [ ]  No |
| Does your company conduct plant risk assessments and daily inspections specific to the item of plant and in accordance with manufacturers recommendations? | [ ]  Yes | [ ]  No |
| Do you conduct regular inspections/audits of your work activities? | [ ]  Yes | [ ]  No |
| Do you have records of consultation and training for work activities, WHS induction and licence/competency requirements? | [ ]  Yes | [ ]  No |
| Does your company have a process for consulting with its workers before changed to work methods, equipment materials etc.? | [ ]  Yes | [ ]  No |
| ARE YOU WILLING TO COMPLY WITH RORK PROJECTS REQUIREMENTS FOR WHS MANAGEMENT? | [ ]  Yes | [ ]  No |
| **Environmental Management** (SUBCONTRACTORS TO COMPLETE) |
| Do you have documented environmental procedures for your work? | [ ]  Yes | [ ]  No |
| ARE YOU WILLING TO COMPLY WITH RORK PROJECTS ENVIRONMENTAL MANAGEMENT REQUIREMENTS? | [ ]  Yes | [ ]  No |
| **Quality Management** (SUBCONTRACTORS TO COMPLETE) |
| Do you have a system of ITP’s and/or checklists to manage the work undertaken? | [ ]  Yes | [ ]  No |
| ARE YOU WILLING TO COMPLY WITH RORK PROJECTS REQUIREMENTS FOR QUALITY MANAGEMENT? | [ ]  Yes | [ ]  No |

**Declaration**

I have read and agree to abide by Rork Projects requirements, which have been clearly communicated to me via the Requirements of Subcontractors Guide.

I understand my responsibility to:

* Provide Rork Projects with your company’s certificates of currency for your Public Liability (minimum of 20M) & Workers Compensation. Email to accounts@rorkprojects.com.au
* Submit a Site Specific SWMS relative to the scope of work for review within 48 hours of receiving a contract. I agree to attend to any modifications necessary within the prescribed time frame.
* Submit a Site Specific SWMS for all High-Risk Work Activities intended to be carried out in accordance with the requirements of the WHS Regulation.
* Provide Rork Projects with Copies of Induction Cards, Licences, plant and equipment register, electrical test and tag register, hazardous substance register and SDS, plant risk assessments etc. prior to commencement on site.
* Abide by the requirements of the Requirements for Subcontractors Guide (Annexure G – available for download from our website <http://rorkprojects.com.au/subcontractors/> ) including conducting regular inspections, SWMS review and Tool Box Talks.
* Advise Rork Projects of any incidents, hazards or near misses as soon as they occur.
* Communicate with Rork Projects about any issues related to health, safety, environmental management or quality as required.

I confirm that I have read & understood Rork Projects’ Policies and Site Rules (available at <http://rorkprojects.com.au/subcontractors/> ), and will take into account, when creating site specific SWMS, the project specific risks outlined in the Principle Risk Assessment the Project Risk Registers issued with each contract.

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| Name |       |  | **Office Use** |
| Signature |       |  | Date of Approval: |

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|       |

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| Date |       |  | Review Date: |

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|       |

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**Note: This declaration MUST be signed by the company Director and returned to Rork Projects in order to be considered for project work.**