**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 |       |
| Legal Entity |  |
| Trading Name  |  |
| GST Registered | Yes / No | ABN |       |
| Street Address |       |
| Phone |       | Fax |       |
| Email |       |
| Accounts Department Contact |       | Accounts Email |       |
| Bank Details - Account Name |       |
| BSB |       | A/C No. |       |
| 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 |       |
| Qualifications and Licenses of your Key personnel. This is mandatory.  |  |  |
| Does your company use subcontractors or labour hire workers | [ ]  Yes | [ ]  No |
| If YES, describe the processes YOU engage to ensure they meet legal and Rork Projects requirements?  |  |  |
| **Industrial Relations Management (ALL SUBCONTRACTORS, DESIGNERS & ENGINEERS TO COMPLETE)** |
| Do you have Public liability insurance? (Minimum 20 million required)  | [ ]  Yes [ ]  NoAmount: $      millionMust be submitted with this form |
| Do you have Workers Compensation insurance?  | [ ]  Yes [ ]  NoMust be submitted with this form |
| Do you have Professional Indemnity insurance? (if applicable) | [ ]  Yes [ ]  NoAmount: $      millionMust be submitted with this form |
| 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 person responsible for your systems of work, including Safety, Environment and Quality.  |       |
| Contact Details of person responsible to ensure your QSE is implemented on our site (direct phone and email) |       |
| Provide number and details of any Statutory improvement or prohibition notices received in the last 4 years: |       |
| Provide details of any WHSE prosecutions in the last 4 years. Provide outcome? |       |
| 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) |
| Have you identified what High Risk Work Activities as defined in Chapter 6 of the WHS Regulations are applicable to your work activities? | [ ]  Yes | [ ]  No |
| Have you prepared task specific SWMS to control all relevant HRCW **including those related to Covid-19**? | [ ]  Yes | [ ]  No |
| Have you assessed your commonly used chemicals for risks and included those risks and control in your SWMS?  | [ ]  Yes | [ ]  No |
| Do you have a Chemical Register and current SDS for all chemicals you will bring onto our site?  | [ ]  Yes | [ ]  No |
| Will your mobile plant and equipment register detail registrations, insurances, currency of plant servicing/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. Must be submitted with this form.
* Submit a Site & Task 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 & Task 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, current plant service records, plant risk assessments, plant registration as applicable, electrical test and tag register, hazardous substance register and SDS, prior to commencement on site.
* Monitor and supervise our employees to ensure they are complying to both our system requirements, their SWMS and Rork Projects system requirements,
* Provide a worker representative to participate in inspections and audits as requested by Rork Project management or Project team members.
* Require all employees to participate in drug and alcohol testing as conducted by Rork Projects according to their Drug & Alcohol policies.
* 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 identified or 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 & task specific SWMS, the project specific risks outlined in the Principal 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.**