



C O N T R A C T O R I N F O R M A T I O N

Policy Name **CONTRACTOR INFORMATION**
 File Reference **WO.100.6.5**
 Review Details **26 September 2014**

Contractor Details		
Business Name		
ABN		
Business Location		
Postal Address (if different to above)		
Phone		
Mobile		
Email		
Website		
Contact Person (s)		
Service Description		
Compliance Details - Please complete below & provide Certificates of Currency and copy of Work Cover SA Registration document.		
Public Liability Insurance	Insurer: Policy No:	Expiry Date:
Product Liability Insurance	Insurer: Policy No:	Expiry Date:
Commercial Vehicle or Industrial Plant	Insurer: Policy No:	Expiry Date:
Work Cover SA Registration (if not applicable state why)	Employer No:	
Other		

List Licences / Qualifications Held - Include name, licence number, expiry date & scope of works. Copies of licences must be provided for all persons that will be working for Council.

Licence Type	Name: Licence No: Expiry Date: Scope of works:
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Important Documentation: Copies of policies are required.

Work Health & Safety	<ol style="list-style-type: none"> 1. WHS Policy - signed and dated 2. Job Safety Analysis / Safe Work Method Statement / Risk Assessment 3. White Card - OHS General Induction for Construction 4. Other
Quality Assurance	Policy or statement, ISO Accreditation or equivalent.
Environmental Policy	Policy or statement, ISO Accreditation or equivalent.
Other Information	

Office Use Only:

Recorded into Synergy:

Registered on database

Entered

Date:

Vendor Panel Invitation

Emailed

Date: