

Form 29 Contractor Evaluation Questionnaire

The completion of this form is requested to enable your company to be considered for future project work.

Return to		Phone	
Fax		Email	
Company Details			
Managing Director			
Company Name		ABN	
Street Address			
Phone		Fax	
Email			
Capability			
Brief Description of work your company is engaged in			
Year company established			
No. of employees			
Does your company use subcontractors or labour hire workers		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company worked for Rork Projects in the last 2 years		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of projects			
Industrial Relations Management			
Do you have Public liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ million Please provide Certificate of Currency		
Do you have Contracts Works insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ million Please provide Certificate of Currency		
Do you have Transit Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ million Please provide Certificate of Currency		
Do you have Motor Vehicle insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ million Please provide Certificate of Currency		
Do you have Workers Compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Certificate of Currency		
Do you have Professional Indemnity insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ million Please provide Certificate of Currency		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide verification		

WHSE & QA	
Name of Systems Manager or Site Supervisor	
Contact Details (direct phone and email)	
<i>Note: This person is responsible to supervise workers on site daily and participate in established consultative forums such as site safety walks.</i>	
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	
Do you undertake risk assessments and have Safe Work Method Statements for your work activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company carry out High Risk Work Activities as defined in the WHS Regulation? <i>Note: SWMS MUST BE IN PLACE FOR ALL HIGH RISK WORK</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep and maintain a register of hazardous substances and MSDS being used in respect of work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a plant and equipment register detailing registrations, insurances and plant maintenance and inspection requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company conduct plant risk assessments and daily inspections specific to the item of plant and in accordance with manufacturers recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct regular inspections/audits of your work activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have records of consultation and training for work activities, WHS induction and licence/competency requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a process for consulting with its workers before changed to work methods, equipment materials etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WILLING TO COMPLY WITH RORK PROJECTS REQUIREMENTS FOR WHS MANAGEMENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Management	
Do you have documented environmental procedures for your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WILLING TO COMPLY WITH RORK PROJECTS ENVIRONMENTAL MANAGEMENT REQUIREMENTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Management	
Do you have a system of ITP's and/or checklists to manage the work undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WILLING TO COMPLY WITH RORK PROJECTS REQUIREMENTS FOR QUALITY MANAGEMENT?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

- Submit a Site Specific SWMS relative to the scope of work at least 2 weeks prior to commencement on site for review. 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 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 received a copy of Rork Projects Policies, the Project Risk Register and Site Rules.

Name _____
Signature _____
Date _____

Office Use	
Date of Approval:	<input type="text"/>
Review Date:	<input type="text"/>

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