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| **Date** |  |
| **Contractor Company Name** |  |
| **Contractor Site Supervisor Name** |  |
| **Contractor Site Supervisor Phone** |  |
| **Number on People in Contractor’s work Crew** |  |
| **Sunshine Sugar Site Contact & Phone No.** |  |
| **Project / Work to be Completed** |  |
| **Expected Job Duration** |  |

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| **Item** | **Aspect** | **Key Point** | **YES** | **NO** | **Action** |
| **1** | **Insurances** |  |  |  |  |
| 1a | Contractor Registration | Is your company in the Sunshine Sugar contractor register with all insurances current and up to date? – i.e. “Contractor Application Form” completed.  ***Note:*** *Contractor Register can be checked for you by the receptionist or by your site contact.* |  |  | If NO, work cannot commence unless your Sunshine Sugar (SS) site supervisor has sighted this documentation.  **Note:** Workers Comp insurance needs to be valid for NSW. |
| **2** | **People** |  |  |  |  |
| 2a | Induction | Have you and all your site team completed an induction in the last 2 years?  ***Note:*** *If unsure can be checked for you by the receptionist or by your site contact* |  |  | If NO, site induction needs to be completed before work can commence, see your SS site supervisor |
| 2b | Work Hours | Are you planning to work outside normal site hours (i.e. 7am to 3:30pm Mon to Fri) |  |  | If YES, please advise your SS site supervisor |
| 2c | Licences | Will you or your team be performing any work that requires a high-risk work (HRW) licence? (e.g. Asbestos related work, confined space, work at heights, dogging/rigging/scaffolding, electrical, forklift driving, EWP etc) |  |  | If YES, a copy of the relevant licences/certificates need to be visually verified as appropriate and current by your SS site supervisor. |
| 2d | Subcontractors | Will you be using any sub-contractors for the work onsite? |  |  | If YES, this must be approved by the SS site supervisor, and contractor check list completed with all relevant documentation. This is the main contractor’s responsibility |

| **Item** | **Aspect** | **Key Point** | **YES** | **NO** | **Action** |
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| **3** | **Equipment** |  |  |  |  |
| 3a | Registered plant | Will you be using or supplying registered plant onsite? (e.g mobile crane >10T, EWP, forklift, work box, pressure vessel, etc) |  |  | If YES, need to complete “Registered & high-risk plant checklist”. Proof of maintenance needed (i.e current service/maintenance records) |
| 3b | Lifting Equipment | Will you be providing and using any lifting equipment while completing work onsite? (i.e slings, chain blocks, etc) |  |  | If YES, lifting equipment needs to be safe condition and have been inspected and tagged as per the relevant Australian Standards. |
| 3c | Electrical Equipment | Will you be providing and using any electrical equipment? (e.g. leads, RCDs, other electrical power tools or equipment)  ***Note:*** *Electrical items must be test and tagged every 6months on SS sites* |  |  | If YES, electrical equipment needs to be safe condition and have been inspected and tagged as per the relevant Australian Standards. |
| 3d | Hazardous substances | Will you be bringing/removing hazardous substances to site?  (i.e. Asbestos, Chemicals, etc) – If unsure please discuss with SS representative |  |  | SDS to be available and approved for use by SS representative |
| **4** | **Safety Systems** |  |  |  |  |
| 4a | Risk Assessment | Do you have a written hazard identification and risk management system that you and your team will complete onsite before work commences? (i.e. Risk assessment, JSEA, SWMS, safety procedures, etc)  **Note:** Blank Sunshine Sugar Risk Assessments are available for use if needed |  |  | If YES, please be prepared to show a SS at any time on request.  If NO, do not start work, and see your SS site supervisor and a Risk Assessment template will be provided for you to complete. |
| **Comments/Notes/Other** | | | | | |

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| **APPROVAL / SIGN OFF** | | | | | | |
| The contractor or contractor’s supervisor must insert their name and sign here each day on arrival to confirm they have read the completed checklist and confirm to the best of their knowledge the information provided is current and accurate. | | | | | | |
| **DAY** | **Contractor Supervisor *(print full name)*** | **Contractor Signature** | **Date** | **SS Representative *(print full name)*** | **SS Representative Signature** | **Date** |
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