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| --- | --- |
| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetyengage a service provider/contractor checklist |

# University’s contact details

|  |  |
| --- | --- |
| Authorising officer:      | Contact details:       |
| Contract manager:       | Contact details:       |
| Other:       | Contact details:       |

# Service provider/contractor

|  |  |
| --- | --- |
| Name of contractor:       | Company name:       |
| Mailing address:       |
| Phone:       | Email:       |

# Description of works

|  |  |
| --- | --- |
| Location (Bld number/room number etc):       | Commencement date:       |
| Other:       |

|  |
| --- |
| **Describe work or attach relevant document (eg quote for works):** |

### **Duration of contract**

[ ]  Once-off / task specific [ ]  Preferred supplier [ ]  Fixed Term (details)

**What is the Risk Rating?**

[ ]  Low [ ]  Medium [ ]  High [ ]  Very high

**Has a risk assessment been undertaken?**

[ ]  Yes [ ]  No (complete if risk rating is medium or above) [ ]  N/A

**What Risk Control Measures will be implemented by the University to minimise the risk?**

|  |
| --- |
| **Describe:** |

**Health and safety requirements**

**Low risk work**

|  |
| --- |
| **Requirements** |
| [ ]  | Service provider/contractor to be supervised at all times by an authorised representative of the University.  |
| [ ]  | Local induction provided, if not supervised at all times. |
| [ ]  | Service provider/contractor has provided a copy of qualifications or licences required to undertake the work.[ ]  Qualifications/licences sighted (list): [ ]  N/A |

**Medium risk work**

|  |
| --- |
| **Requirements** |
| [ ]  | Service provider/contractor to be supervised at all times by an authorised representative of the University.  |
| [ ]  | Local induction provided, if not supervised at all times.  |
| [ ]  | Service provider/contractor has provided a copy of qualifications or licences required to undertake the work.[ ]  Qualifications/licences sighted (list): [ ]  N/A |
| [ ]  | Service provider/contractor has provided suitable safe work procedures (eg SOP, JSA, SWMS) for the work. The procedure(s) takes into consideration:[ ]  health and safety legal requirements[ ]  risks to service provider’s/contractor’s personnel from the University’s operations[ ]  risks to service provider’s/contractor’s personnel from the service provider’s/contractor’s own activities[ ]  risks to University of Melbourne employees, students or visitors from service provider’s/contractor’s activities |

**High or very high risk work**

|  |
| --- |
| **Requirements** |
| [ ]  | Local induction provided, if not supervised at all times.  |
| [ ]  | Service provider/contractor has provided a copy of qualifications or licences required to undertake the work.[ ]  Qualifications/licences sighted (list): [ ]  N/A |
| [ ]  | Service provider/contractor has provided suitable safe work procedures (eg SOP, JSA, SWMS) for the work. The procedure(s) takes into consideration:[ ]  health and safety legal requirements[ ]  risks to service provider’s/contractor’s personnel from the University’s operations[ ]  risks to service provider’s/contractor’s personnel from the service provider’s/contractor’s own activities[ ]  risks to University of Melbourne employees, students or visitors from service provider’s/contractor’s activities**Very high risk work only**Where reasonably practicable, the service provider/contractor has a suitable Health & Safety Management Plan.[ ]  Yes [ ]  No (delivery of services is of such duration as to make the provision of a plan not reasonably practicable) |

# Verification of suitability

This declaration is completed by the authorising officer.

The service provider/contractor has been assessed in accordance with the Health & Safety: Service provider/contractor requirements.

[ ]  Suitable to undertake the work [ ]  Not suitable to undertake the work

# Monitor service provider/contractor

|  |
| --- |
| [ ]  Conformance [ ]  Non conformance [ ]  N/A**Describe (where applicable):**      |

# Review service provider/contractor

|  |
| --- |
| [ ]  Extend/renew contract [ ]  Do not extend/renew contract [ ]  N/A**Describe (where applicable):**      |