

Cleanlift Marine Contractor Pre- Qualification Checklist

Contractor Name			
Services provided			
Date to commence			
As part of the contractor approval process all Contractors are required to answer the following questions and provide copies of relevant documents where applicable.			
	YES	NO	
OHS Policy and Management			
1. OHS Policy (may be required)	<input type="checkbox"/>	<input type="checkbox"/>	
2. OHS management systems manual or plan	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Work Practices and Procedures			
3. OHS procedures or specific safety instructions relevant to its operations and this contract.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Safe operating procedures for plant and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Procedure for electrical testing and tagging system [evidence/ statement of]	<input type="checkbox"/>	<input type="checkbox"/>	
6. Procedure for tagging or lock out of faulty equipment	<input type="checkbox"/>	<input type="checkbox"/>	
7. Working at Heights procedure	<input type="checkbox"/>	<input type="checkbox"/>	
8. Safe use of ladders procedure	<input type="checkbox"/>	<input type="checkbox"/>	
9. Competencies as required e.g. forklift, confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard Identification and Incident Investigation			
10. Procedure for workplace and equipment inspection	<input type="checkbox"/>	<input type="checkbox"/>	
11. Procedure for hazard and incident reporting including reporting of near misses	<input type="checkbox"/>	<input type="checkbox"/>	
12. Procedure for incident investigation	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation and Records			
13. Current workers compensation policy (copy of current certificate may be required)	<input type="checkbox"/>	<input type="checkbox"/>	
14. Public liability insurance (copy of certificate may be required)	<input type="checkbox"/>	<input type="checkbox"/>	
<i>The information provided is true and accurate at the time of submission.</i>			
Completed by: [name]			Position:
Signature			Date:

[Company name] use only:

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Review Date
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Approved by [Name]:	Position:
Signature:	
For an approved Contractor, that had a NO answer, provide details on exemption/s:	
If not approved, explain:	
Further requirements to be re-considered as an Approved Contractor:	