

Form 03.1 — Service Provider Pre-Qualification Checklist

Form ID	Owner	Evidence location	Complete when
03.1	Project Manager	Breadcrumb / project file	Before service provider engagement

Use: Confirm insurances, competency evidence and minimum WHS readiness before work.

Suggested completion frequency: prior to service provider commencement.

Company Executive Responsible for Health and Safety	
Name:	
Position:	
Phone number:	

Current Workers Compensation (certificate of currency to be provided to RPD)	
Insurer:	
Policy number:	
Period of cover:	

Current Public Liability (certificate of currency to be provided to RPD)	
Insurer:	
Policy number:	
Period of cover:	

Service Provider	RPD Review
Company name:	Revision #:
	Date:

Question	SP Yes	SP No	RPD Yes	RPD No
Do you have a written WHS policy? (If yes, please provide copy)				
Do you have a WHS Management System				

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Question	SP Yes	SP No	RPD Yes	RPD No
Manual? (If yes, provide a copy of the contents page)				
Are the WHS responsibilities clearly specified for all workers? (If yes, provide details)				
Do you have a documented incident management procedure?				
Do you have procedures for management of hazards?				
Do you have procedures for the storage and handling of hazardous chemicals?				
Do you have procedures for Hazardous Manual Tasks?				
Do you provide specific WHS training to your workers?				
Do you keep a record of WHS training?				
Do you have a procedure for workers to report hazards in the workplace?				
Do you have a workplace WHS consultation process? (If yes, provide details)				
Do you have a Risk Assessment process for all work tasks? (If yes, provide a copy of your Risk Assessment or SWMS)				

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Question	SP Yes	SP No	RPD Yes	RPD No
Has your organisation/company ever been convicted of a WHS offence?				

Where the Service Provider is found unacceptable or does not have the required documentation outlined in this checklist, the Service Provider will work under RPD's WHS Management System.

This Service Provider has been reviewed and was ACCEPTED / REJECTED	
Reviewed by:	
Signature:	
Date:	