**Contractor Health Safety & Environment Approval Application**

# Introduction

The contractor health safety and environment (HSE) approval process applies to companies who intend to enter into contracts with Tasmanian Ports Corporation (TasPorts) which involve construction work. Construction work is any work carried out in connection with the construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, and refurbishment, demolition, decommissioning or dismantling of a structure.

Contractor HSE approval is for 24 months. TasPorts reserves the right to remove a contractor from the approved list or to request an approved contractor to resubmit an application for review at any time.

Obtaining TasPorts Contractor HSE approval does not guarantee that a contractor will be invited to undertake work for TasPorts.

# Lodgement of Application

Applications consist of this completed document and any requested or provided documentation in support of evidence for the application.

Completed applications and supporting documentation can be submitted to your TasPorts contact or included in a tender/proposal reply documentation.

# Your Contact Details

|  |  |
| --- | --- |
| Application contact: | Name of person to communicate with about this applicationEmail - Click or tap here to enter text.Mobile/phone - Click or tap here to enter text. |
| Work health and safety (WHS) Contact:  | Your company’s most senior safety managerEmail - Click or tap here to enter text.Mobile/phone - Click or tap here to enter text. |
| CEO: | Your company’s Chief Executive Officer, Managing Director or equivalentEmail - Click or tap here to enter text.Mobile/phone -Click or tap here to enter text. |

# Company Information

## Company Details

|  |  |
| --- | --- |
| Company Name: | Click or tap here to enter text. |
| Trading name: | Click or tap here to enter text. |
| Type of entity: | Click or tap here to enter text. |
| ABN/ACN: | Click or tap here to enter text. |
| Description of services: | Click or tap here to enter text. |
| Location of Services:*(Statewide, region town)* | Click or tap here to enter text. |
| Physical address:Click or tap here to enter text. | Postal address:Click or tap here to enter text. |
| Company website: | Click or tap here to enter text. |
| Number of years under current ownership: | Click or tap here to enter text. |
| Number of employees:*(do not include subcontractors)* | Click or tap here to enter text. |
| Membership of industry associations:*(Please list memberships)* | Click or tap here to enter text. |
| Does the company currently have a third party work health and safety (WHS) management system certification?*(there is no mandatory requirement for your company to hold any third party certification)* | [ ]  Yes[ ]  No |
| List names of certifying bodies (**provide a copy of certificate with application**): | Date of expiry |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Does the company currently have an Environmental management system certification?*(there is no mandatory requirement for your company to hold any third party certification)* | [ ]  Yes[ ]  No |
| List names of certifying bodies (**provide a copy of certificate with application**): | Date of expiry |
| Click or tap here to enter text. | Click or tap here to enter text. |

## Company Experience

Provide details of relevant projects as an example of your company’s experience (maximum of 3).

|  |  |
| --- | --- |
| Project 1 name: | Click or tap here to enter text. |
| Project description: | Click or tap here to enter text. |
| Your company’s role: | Click or tap here to enter text. |
| Special features of the project:*(i.e. complex project management, complex construction methods)* | Click or tap here to enter text. |
| Length of involvement: | Click or tap here to enter text. |
| Name of subcontractors engaged: | Click or tap here to enter text. |
| Project referee details: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Project 2 name: | Click or tap here to enter text. |
| Project description: | Click or tap here to enter text. |
| Your company’s role: | Click or tap here to enter text. |
| Special features of the project:*(i.e. complex project management, complex construction methods)* | Click or tap here to enter text. |
| Length of involvement: | Click or tap here to enter text. |
| Name of subcontractors engaged: | Click or tap here to enter text. |
| Project referee details: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Project 3 name: | Click or tap here to enter text. |
| Project description: | Click or tap here to enter text. |
| Your company’s role: | Click or tap here to enter text. |
| Special features of the project:*(i.e. complex project management, complex construction methods)* | Click or tap here to enter text. |
| Length of involvement: | Click or tap here to enter text. |
| Name of subcontractors engaged: | Click or tap here to enter text. |
| Project referee details: | Click or tap here to enter text. |

# Previous HSE Performance

## Proactive Performance Indicators

|  |  |
| --- | --- |
| Does the company track proactive performance indicators?*Proactive performance indicators may include toolbox talks, Lesson Learned sessions, internal safety and environmental audits, safety initiatives implemented.* | [ ]  Yes[ ]  No |
| If yes, please provide details: Click or tap here to enter text. |
| Has the company been awarded any significant WHS or Environmental Awards?Click or tap here to enter text. | [ ]  Yes[ ]  No |
| If yes, please provide details: Click or tap here to enter text. |

## Outcome Performance Indicators

The following information should be provided for construction work undertaken by your company for last three years.

| **Indicator** | **Yr: 20..** | **Yr: 20..** | **Yr: 20...** |
| --- | --- | --- | --- |
| Total Recordable Injuries *[[1]](#footnote-1)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total Recordable Injury Frequency Rate (TRIFR[[2]](#footnote-2)) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Lost Workdays as a result of workplace injury | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number workers compensation claims | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of notifiable incidents to regulator | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Notices and Infringements

The following information should be provided for construction work undertaken by your company for last three years (These are notices issued by a Regulator i.e. Worksafe Tasmania, Australian Maritime Safety Authority, Environmental Protection Agency).

|  |  |  |  |
| --- | --- | --- | --- |
| **Worksafe notices** | **Yr: 20..** | **Yr: 20..** | **Yr: 20...** |
| Number of Improvement Notices | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of Prohibition Notices | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number Enforceable Undertakings | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## HSE Prosecution

|  |  |
| --- | --- |
| Has your company been prosecuted, or is there a pending prosecution, for any breach of HSE law in the last three years? | [ ]  Yes[ ]  No |
| If yes, please provide details: Click or tap here to enter text. |

## Fatal Incidents

|  |  |
| --- | --- |
| Has your company had any work related fatalities and/or any fatalities occur on any site in which your company was the Principal Contractor in the last three years? | [ ]  Yes[ ]  No |
| If yes, please provide details: Click or tap here to enter text. |

# HSE Management System

Contractors must have an appropriate and active systems of work in place to satisfy work health safety (WHS) and environmental legislation and TasPorts requirements. Please supply the following with the application if available:

1. **Company WHS Policy**
2. **Company Environmental Policy**
3. **Example of Project WHS Management Plan**
4. **Example of Safe Work Method Statement**

|  |  |
| --- | --- |
| Does your company have a Company WHS Management Manual?*(there is no mandatory requirement for your company have a WHS Management Manual)* | [ ]  Yes[ ]  No |
| If yes, **include a copy of the index of the manual.** |

## Communication and Consultation

|  |  |
| --- | --- |
| Does your company have formal WHS communication and consultation processes in place?If yes **Include an example of a project WHS communication**. | [ ]  Yes[ ]  No |
| List the types of WHS communication processes you have in place: |
| Type of meeting /communication | Personnel involved | Frequency |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Does your company have a safety / environment awareness or organisational culture program in place?If yes, **include summary of program:** Click or tap here to enter text. | [ ]  Yes[ ]  No |

## Safe Systems of Work Assurance

|  |  |
| --- | --- |
| Does your company undertake the review of your safety systems and critical risks? | [ ]  Yes[ ]  No |
| If yes, please provide a summary of the safe work verification and assurance activities undertaken (i.e. internal audits, critical risk reviews, learning team activities):Click or tap here to enter text. |

## Subcontractor Management

|  |  |
| --- | --- |
| Does your company engage subcontractors? | [ ]  Yes[ ]  No |
| If yes, please provide details on the approach to selecting and managing subcontractors. **Include an example subcontractor agreement:** |

# Contractor Heath Safety Security and Environment Acknowledgement

|  |
| --- |
| 1. CONTRACTOR DETAILS
 |
| Company Name: | Click or tap here to enter text. |
| ABN/ACN: | Click or tap here to enter text. |
| 1. INSURANCE POLICY DETAILS (Please attach copy of Certificates of Currency)
 |
|  | Workers’ Compensation OR Personal Accident/Disability | Public Liability | Professional Indemnity |
| Insurer (name): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Policy Number: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Expiry Date: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. DECLARATION BY CONTRACTOR
 | **YES** | **NO** |
| 1. **I / We hereby certify that:**
* All persons, employees and sub-contractors used by us have the necessary training, qualification and competency to carry out all work in a safe and satisfactory manner, without placing themselves, Tasmanian Ports Corporation (TasPorts) staff, visitors or any other person on TasPorts’ premises at risk of injury.
 |[ ] [ ]
| * All of our employees, agents or other people under our control are not employees of TasPorts.
 |[ ] [ ]
| * All work will be carried out in a safe competent manner in compliance with; and all processes, plant, equipment and materials used or supplied will comply with; all applicable Federal and / or State legislation and associated regulations and all relevant Australian Standards and National / State Codes of Practice.
 |[ ] [ ]
| 1. **I / We agree to:**
* Pay for or make good all damage caused by us or any employees or subcontractors engaged by us whilst carrying out work for, or on the premises of TasPorts.
 |[ ] [ ]
| * Accept responsibility under the Workers Rehabilitation and Compensation Act 1988 (the Act) for any accident, injury or illness that may be caused to any of our employees and ensure that other persons under our control who are not employees are either covered by the Act or have personal accident/disability insurance cover as appropriate, whilst carrying out work for, or on the premises of TasPorts.
 |[ ] [ ]
| * Abide by any induction, security procedures, notifications and safety rules including drug and alcohol testing (received in verbal or written form, now or in the future) pertaining to all work we carry out for TasPorts.
 |[ ] [ ]
| * Immediately advise TasPorts’ management of any incident, injury, near-miss, security incident, equipment failure, property or environmental damage, including contamination of any land or water in and around the port.
 |[ ] [ ]
| * Ensure that all our employees, sub-contractors or other people under our control are qualified and competent to undertake the scheduled work and have been advised of the abovementioned TasPorts safety, environment and security requirements and will comply with them.
 |[ ] [ ]
| * Renew the abovementioned insurances by the due date(s) as appropriate and provide updated copies of certificates of currency to TasPorts.
 |[ ] [ ]

TasPorts requires you ensure all your employees and all other persons under your control are made aware of all the requirements noted above **before** entering our premises or commencing any work for TasPorts. Please acknowledge your acceptance of TasPorts’ requirements by signing below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** | Click or tap to enter a date. |
| **Name:** | Click or tap here to enter text. | **Position:** | Click or tap here to enter text. |

1. TRI = Fatalities + Lost Time Injuries + Medical Treated Injuries + Restricted Work Injuries (Fatalities + Class 1 & 2 injuries) [↑](#footnote-ref-1)
2. TRIFR = (TRI x 1,000,000) ÷total hours worked [↑](#footnote-ref-2)