GBC REPRESENTATIVES SHALL ENSURE ALL DETAILS ON THIS FORM ARE COMPLETED.

CONTRACTORS SHALL ENSURE THAT ALL SECTION 6, ARE COMPLETED.

# Contractor Details

Contractor Company Name:

Contact Person (for this review):

Location of work:

Service Agreement/HSE Agreement Date: Accreditation Assessment Date:

Service Provided: \_\_\_\_\_\_\_\_\_\_

Date of Last Review: Date of Current Review:

Category: Review Period: [ ]  Annual [ ]  End of Fixed Term

(Category 2 and 3) (Category 2 and 3)

# Work Performance

|  |  |  |
| --- | --- | --- |
| Work Performance | Satisfactory | Comments/Evidence |
| Quality of Work | [ ]  Yes [ ] No[ ]  NA |  |
| Meeting time deadlines | [ ]  Yes [ ] No[ ]  NA |  |
| Housekeeping | [ ]  Yes [ ] No[ ]  NA |  |

# Contractors Representatives and Contractor's Employees

|  |  |  |
| --- | --- | --- |
| Contractor's Representative | Satisfactory | Comments/Evidence |
| Responsiveness | [ ]  Yes [ ] No[ ]  NA |  |
| Availability | [ ]  Yes [ ] No[ ]  NA |  |
| Contractor's Employees | Satisfactory | Comments/Evidence |
| Responsiveness | [ ]  Yes [ ] No[ ]  NA |  |
| Qualifications Supplied | [ ]  Yes [ ] No[ ]  NA |  |

# Health and Safety

|  |  |  |
| --- | --- | --- |
| Health and Safety | Satisfactory | Comments/Evidence |
| Health and Safety Attitude | [ ]  Yes [ ] No[ ]  NA |  |
| Incident Reporting/Recording | [ ]  Yes [ ] No[ ]  NA |  |
| PPE Compliance | [ ]  Yes [ ] No[ ]  NA |  |
| Hazard ID and Controls e.g. JHA | [ ]  Yes [ ] No[ ]  NA |  |
| Following procedures e.g. CSE, WAH | [ ]  Yes [ ] No[ ]  NA |  |
| Attendance at Meetings | [ ]  Yes [ ] No[ ]  NA |  |

# Environment

|  |  |  |
| --- | --- | --- |
| Environment | Satisfactory | Comments/Evidence |
| Attitude and compliance | [ ]  Yes [ ] No[ ]  NA |  |
| Incident Reporting/Recording | [ ]  Yes [ ] No[ ]  NA |  |
| Following procedures | [ ]  Yes [ ] No[ ]  NA |  |
| Environmental impacts e.g. spills | [ ]  Yes [ ] No[ ]  NA |  |

# Contractor Feedback

|  |  |  |
| --- | --- | --- |
| Compliance | Current | Comments/Evidence |
| Contractor Company Licensed to provide service | [ ]  Yes [ ] No[ ]  NA |  |
| All Employees Trained, Licensed, Certified, Qualified | [ ]  Yes [ ] No[ ]  NA |  |
| Plant/Equipment certified and compliant with AS/NZS Standards | [ ]  Yes [ ] No[ ]  NA |  |
| All Employees Inducted to Site | [ ]  Yes [ ] No[ ]  NA |  |
| Attendance at GBC provided Training e.g. JHA, Take 5, Jigger, Coal Mill etc. (Portland only) | [ ]  Yes [ ] No[ ]  NA |  |
| Have you had any Serious Harm Injuries, LTI's or MTI's in the past 12 months | [ ]  Yes [ ] No[ ]  NA. Please supply details if yes. |  |

What did GBC do on this site to make it a safe work experience for you/your employees?

Were all site hazards and associated controls, correctly identified and pointed out to you prior to commencing work? If yes, how was this done?

Did any other hazards arise during the course of the contract? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, how were these hazards monitored and managed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been invited to attend Health and Safety Meeting or Tool Box Meetings? Yes/No

If Yes, how often and when? \_\_\_\_\_\_\_

What could we do better? \_\_\_\_\_\_\_\_

Has the Contractor Company changed Ownership or Management since the last review?

[ ]  Yes [ ]  No Note: If Yes, new Owner/Management needs to attend GBC Contractor Training and Induction.

# GBC (Office use)

When the performance standard of a Contracting Company is deemed unacceptable a Health and Safety Improvement Plan is required if they are to be retained as an Approved Contractor. GBC Relationship Manager is responsible for ensuring an appropriate Improvement Plan is discussed, developed, communicated, agreed to and implemented with the Contracting Company. The Contractor Health and Safety Improvement Plan is at the end of this document. Specific actions associated with the Improvement Plan must be recorded and monitored.

Accreditation Assessment documentation and any agreed Variance documentation must be reviewed by the GBC Relationship Manager with the Contactor during this Review of Performance and Accreditation review.

All review documentation should be stored with the contactor information on site. The Contractor data base must be updated by the GBC Relationship Manager to record the review date; Health and Safety Improvement Plan; and if any variance is required and indicated if the approved Contractor status remains.

Continued Accreditation:

Does the Contacting Company re-qualify as an Accredited GBC Contractor?

[ ]  Yes

[ ]  Yes\* \*Yes, but subject to compliance with the Health and Safety Improvement plan as detailed in Section 10 and signed by the Contractors Relationship Manager as acknowledgement and acceptance.

[ ]  No Contractor can be disqualified in the SharePoint contractor database.

Comments:

Review Completed by GBC Relationship Manager:

Full Name of Relationship Manager:

Signature: Date:

# Contractor Health and Safety Improvement Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Issues to be Addressed | Improvement Required | Action By Date | Completion Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |