



CONTRACTOR PERFORMANCE AND ACCREDITATION REVIEW

Health & Safety/Contractor Management

Contractor Details: (to be completed by GBC Relationship Manager)

Contractor Company Name: _____

Contact Person (for this review): _____

Email: _____ Contact Phone Number: _____

Location(s) of work: _____

Service Agreement/HSE Agreement Date: _____ Accreditation Assessment Date: _____

Service Provided: _____

Date of Last Review: _____ Date of Current Review: _____

Review Period: Annual End of Fixed Term

Contractor Type A B C D

Work Performance: (to be completed by GBC Relationship Manager)

Work Performance	Satisfactory			Comments/Evidence
1. Quality of Work	Yes	No	N/A	
2. Meeting time deadlines	Yes	No	N/A	
3. Housekeeping	Yes	No	N/A	

Contractors Representatives and Contractor's Employees: (to be completed by GBC Relationship Manager)

Contractor's Representative	Satisfactory			Comments/Evidence
1. Responsiveness	Yes	No	N/A	
2. Availability	Yes	No	N/A	
Contractor's Employees	Satisfactory			Comments/Evidence
1. Responsiveness	Yes	No	N/A	
2. Qualifications supplied	Yes	No	N/A	

Health and Safety: (to be completed by GBC Relationship Manager)

Health and Safety	Satisfactory			Comments/Evidence
1. Health and safety attitude	Yes	No	N/A	
2. Incident reporting/recording	Yes	No	N/A	
3. PPE compliance	Yes	No	N/A	
4. Hazard ID and controls e.g. JHA	Yes	No	N/A	
5. Following procedures e.g. CSE, WAH	Yes	No	N/A	
6. Attendance at meetings	Yes	No	N/A	



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Environment: (to be completed by GBC Relationship Manager)

Environment	Satisfactory			Comments/Evidence
1. Attitude and compliance	Yes	No	N/A	
2. Incident Reporting/Recording	Yes	No	N/A	
3. Following procedures	Yes	No	N/A	
4. Environmental impacts e.g. spills	Yes	No	N/A	

Contractor Feedback: (to be completed by Contractor Representative)

Required Information	Current			Comments/Evidence
1. Has the company changed ownership or management since the last review?	Yes	No	N/A	
If yes to (1) a new accreditation will be required. Your GBC Representative will send the list of documentation required. Note: If Yes, new Owner/Management needs to attend GBC contractor training and induction.				
2. Your company is licensed to provide the services you offer.	Yes	No	N/A	
3. All employees are trained, certified, licensed, and qualified for the tasks they are performing.	Yes	No	N/A	
4. Plant and Equipment is certified and compliant with AS/NZS Standards	Yes	No	N/A	
5. All employees are inducted to the site(s) they visit	Yes	No	N/A	
6. Attendance at GBC provided training e.g. JHA, Take 5, Jigger, Coal Mill etc. (Portland only)	Yes	No	N/A	
7. Have you had any Serious Harm Injuries, LTI's or MTI's in the past 12 months	Yes	No	N/A	
	Please supply details if yes.			

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

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

3. Did any other hazards arise during the course of the contract? _____

If Yes, how were these hazards monitored and managed? _____



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

If Yes, how often and when? _____

5. What could we do better? _____

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 Contractor during this Review of Performance and Accreditation review.

All review documentation should be stored with the contractor 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: (to be completed by GBC Relationship Manager)

Does the Contracting 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 GBC Relationship Manager: _____

Signature: _____ Date: _____



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Contractor Health and Safety Improvement Plan

Issues to be Addressed	Improvement Required	Action By Date	Completion Date