



CONTRACTOR PERFORMANCE AND ACCREDITATION REVIEW

Health & Safety/Contractor Management

Contractor Details: (to be completed by Golden Bay Relationship Manager).

Contractor Company Name: _____

Contact Person (for this review): _____

Email: _____ Contact Phone Number: _____

Location(s) of Work: _____

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

Service Provided: _____

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

Review Period: Annual Review ☐ End of Fixed Term: ☐

Contractor Type: Category 1 (Low Risk) ☐ Category 2 (Medium Risk) ☐ Category 3 (High Risk) ☐

Contractor Type (Supply Chain): Owner Driver A ☐ Owner Driver B ☐

Work Performance: (to be completed by Golden Bay Relationship Manager)

Work Performance	Satisfactory	Comments/Evidence
1. Quality of work	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Meeting time deadlines	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Housekeeping	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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

Contractor's Representative	Satisfactory	Comments/Evidence
1. Responsiveness	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Availability	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Contractor's Employees	Satisfactory	Comments/Evidence
1. Responsiveness	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Qualifications supplied	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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

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



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Environment: (to be completed by Golden Bay Relationship Manager)

Environment	Satisfactory	Comments/Evidence
1. Attitude and compliance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Incident Reporting/Recording	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Following procedures	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Environmental impacts e.g. spills	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes to (1), a new accreditation will be required. Your Golden Bay Representative will send the list of documentation required. Note: If yes, new Owner/Management needs to attend Golden Bay contractor training and induction.		
2. Your company is licensed to provide the services you offer.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. All employees are trained, certified, licensed and qualified for the tasks they are performing.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Plant and equipment is certified and compliant with AS/NZS Standards.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. All employees are inducted to the site(s) they visit.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Attendance at GB provided training e.g. JHA, Take 5, Jigger, Coal Mill etc. (Portland only).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7. Have you had any Serious Harm Injuries, LTI's or MTI's in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

1. What did Golden Bay 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?



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

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? _____

Golden Bay (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. Golden Bay 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 Golden Bay 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 database must be updated by the Golden Bay 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 Golden Bay Relationship Manager)

Does the Contracting Company re-qualify as an Accredited Golden Bay Contractor?

☐ Yes

☐ Yes, but subject to compliance with the Health and Safety Improvement plan as detailed in Section 10 and signed by the Contractor's Relationship Manager as acknowledgement and acceptance.

☐ No Contractor can be disqualified in the SharePoint Contractor Database.

Comments:

Review Completed by GB Relationship Manager:

Full Name of GB 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