



## WHS-FOR-016.1 Contractor Assessment Checklist

This checklist forms part of the Contractor evaluation process and is to be completed by Contractors and submitted along with their quotations.

**Contractors will be required to verify their responses noted in the checklist by providing evidence of their ability and capacity in relevant matters prior to signing a contract.**

<b>Certification</b>	The information provided in this Assessment Checklist is accurate.
Company Name:.....	
Signed:.....	Name:.....
Position:.....	Date:.....
<b>Workers Compensation Details:</b>	
	Policy Number: .....
	Insurer: .....
	Expiry:.....
<b>Public Liability Insurance Cover:</b>	
	Insurer: .....
	Extent (\$): .....
	Expiry:.....
<b>Fire and General Insurance Cover:</b>	
	Insurer: .....
	Extent (\$): .....
	Expiry:.....
<b>Certification/Ticket/Licence/Registration</b>	
	<b>#1</b> Type: .....
	Number: .....
	Expiry: .....
	<b>#2</b> Type: .....
	Number: .....
	Expiry: .....
	<b>#3</b> Type: .....
	Number: .....
	Expiry: .....
	<b>#4</b> Type: .....
	Number: .....
	Expiry: .....



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### Company References

Please provide the following information for the three (3) most recent contracts completed by the company:

Details	Contract 1	Contract 2	Contract 3
Contract Description			
Client			
Contact			
Phone Number			
Number of Lost Time Injuries			
Number of person days on contract			
Total days lost due to injuries			

*Please email completed checklist along with evidence to [safety@harbourtrust.gov.au](mailto:safety@harbourtrust.gov.au) and file for your own records.*