

04IMS-F-22 New Subcontractor Registration Form

BUSINESS DETAILS

Full Business Name:		
Trading Name:		
Business Address:		
Contact Person:		
Phone No.:	Office:	Home:
Phone No.:	Mobile:	
Contact email address:		
ABN:		
Is Business Registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name:		
Emergency Phone No.:		
BANKING DETAILS:	Bank Name:	
Account Name:	Branch No.:	
	Account No.:	

INSURANCE & SUPERANNUATION DETAILS

	Insurer/Provider	Policy No	Expiry Date:	Other Relevant Information
Workcover:				Industry Class'n:
Any WorkCover Breaches in past 5yrs?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No If YES see below ***			
Public Liab Insur.				Value \$ million
Plant/Equip. Ins:				
Superannuation:			N/A	

*Copies of current **certificates of currency** of these insurances are to be attached.*

*** If you answered "YES" to "Any WorkCover Breaches in past 5years" – Please explain -

LONG SERVICE LEAVE AND SUPERANNUATION

	Registration No	Other Relevant Info
Construction Industry Long Service Leave Board <i>If different arrangements give details</i>		
Employee Superannuation Scheme		

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OPERATORS' LICENCE and CERTIFIED COMPETENCY DETAILS

	Principal / Staff 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name Staff Member					
<u>Drivers Licence No:</u>					
Endorsements:					
Expiry Date:					
Red Card or White Card No.:					
Competency Ticket No:					
<u>Plant:</u>					
Backhoe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skid Steer/Posi Track::	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large					
Bulldozer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grader:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavator: - Size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tandem -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Body type	Aluminium	Steel			
Tick body type	<input type="checkbox"/>	<input type="checkbox"/>			
Tarp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Medical Condition:	Detail any medical condition (or prescribed medication) of any staff member, that if uncontrolled could affect their well-being and performance.				

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DETAILS OF MOBILE PLANT

Type of Equipment	Unit 1		Unit 2		Unit 3		Unit 4	
Make & Model:								
Year:								
Registration No:								
Rego Expiry Date:								
Water Carts:								
Water Permits Nos.:								
Air Gap Test Certificate Nos.:								
Truck Capacity – m3								
Fire Ext. carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First aid kit carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 Way Radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PPE carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plant Risk Assessment: <i>Evidence of an external risk assessment for each item of plant is required and copy to be provided</i>								
External (by trained assessor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessor's name:								
Date of latest assessment:								
Smudger:								
Bucket sizes:	Size/s:		Size/s:		Size/s:		Size/s:	
Hammer								
Ripper Tyne:								
L/Lugs:								
Forks:								
Grab:								
Winch:								
ROPS Canopy:								
4 W.D.:								
4 in 1 Bucket:								
Rippers:								
Scarifiers:								
Auger:	Size/s:		Size/s:		Size/s:		Size/s:	
Compactor Plate:								
Extender Hoe								
Rubber Tracks								
Off-Set Boom								
Other Attachments								

Please return this completed form to the Plant Hire Manager, State Plant Hire.

04IMS-F-23 New Subcontractor Acknowledgement Form

This form to be completed by the Subcontractor and returned with the completed 04IMS-F-24 New Subcontractor Assessment Checklist together with relevant insurance certificates, licences and competency records.

Item	Yes	No	Comment
1. Form 04IMS-F-24 New Subcontractor Assessment Checklist has been received, completed and returned to SPH.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Copies of the following have been provided to SPH:			
Current insurance details {Workcover, Public Liability and Equipment/Truck}	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	
Long Service Leave (Construction Industry)	<input type="checkbox"/>	<input type="checkbox"/>	
Plant Risk Assessments for plant listed	<input type="checkbox"/>	<input type="checkbox"/>	
Red card or White card	<input type="checkbox"/>	<input type="checkbox"/>	
Drivers Licence for all staff listed	<input type="checkbox"/>	<input type="checkbox"/>	
Competency Records for all staff listed.	<input type="checkbox"/>	<input type="checkbox"/>	
3. A copy of the Subcontractors OH&S and Procedures Handbook has been received, read and understood.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Any questions regarding the contents should be discussed with the Manager SPH.</i>
4. I acknowledge that State Plant Hire's Commission rate is 15%	<input type="checkbox"/>	<input type="checkbox"/>	

I,, do hereby understand and accept the conditions

Subcontractor's Name

and procedures as set out in the **State Plant Hire Pty Ltd and Statewide River & Stream Management Pty Ltd Subcontractors O. H & S and Procedures Handbook**.

I understand that if accepted as a subcontractor, the Plant Hire Manager, will make a site visit to my first job, if possible, explain the Docket Book and answer any questions I have regarding any of the above.

If the client does not have an on-site safety system in place, I acknowledge that I (or my employees) shall therefore work under your companies IMS System, as the minimum safety requirement.

I also acknowledge that it is my responsibility to advise the Manager of both companies of any changes in my personnel, plant, insurances, licences etc that occurs.

Subcontractor's Signature: Date:

SPH Representative Signature: Date:

04IMS-F-24 New Subcontractor Assessment Checklist

This form to be completed by the Plant Hire Manager to ensure that all details have been provided before the subcontractor is added to the register.

Item	Yes	No	Comment
1. SPH has received the completed Subcontractor Registration form (03-SF-24)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Copies of the following have been provided:			
Current insurance details {Workcover, Public liability and Plant}	<input type="checkbox"/>	<input type="checkbox"/>	
ABN checked online?	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	
Long Service Leave (Construction Industry)	<input type="checkbox"/>	<input type="checkbox"/>	
Plant risk assessments for all plant listed	<input type="checkbox"/>	<input type="checkbox"/>	
Drivers Licence for all staff listed.	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Induction or Red card (all staff)	<input type="checkbox"/>	<input type="checkbox"/>	
Competency records for all staff listed.	<input type="checkbox"/>	<input type="checkbox"/>	
3. All Registration details required have been appropriately provided to the satisfaction of the Plant Hire Manager	<input type="checkbox"/>	<input type="checkbox"/>	
4. The Company's insurance details and ABN have been entered onto the SPH computer by the Data Clerk	<input type="checkbox"/>	<input type="checkbox"/>	
5. The subcontractor has been sent/given a copy of the company's Subcontractor Procedure Manual.	<input type="checkbox"/>	<input type="checkbox"/>	
6. A written acknowledgement has been received from the subcontractor confirming that they have been given a copy of the company's Subcontractor Procedures Manual.	<input type="checkbox"/>	<input type="checkbox"/>	
7. At the subcontractor's first job for SPH a site visit has been made and a copy of the Docket Book was provided and its use explained.	<input type="checkbox"/>	<input type="checkbox"/>	

Plant Hire Manager's Signature: Date:

03IMS-WI-24 Workplace Instruction

Subcontractor Safety Instructions

1 Purpose

State Plant Hire (SPH) and Statewide River and Stream Management (SRS) recognises and accepts its obligation to take all practicable action to ensure the Health and Safety of its employees. All company employees have a legal obligation to support and assist in the company initiatives to improve health & safety conditions. The Purpose of this Workplace Instruction is to provide guidance on the safety requirements subcontractors must follow.

2 Scope

This Worksite Instruction applies to all subcontractors conducting any works on behalf of SPH and SRS

3 Instruction – Subcontractors please retain for your reference

Subcontractor Safety Instructions:

1. Client Safe Work Method Statements (SWMS) are to be viewed and signed prior to the commencement of any works.
2. The Pre-start Safety Checklist on the docket book, should be performed prior to moving equipment
3. Safety equipment (PPE) must always be carried and used when required for specific tasks
4. Operators of excavation equipment must inquire with the Site Foreman for location of any underground or overhead services prior to digging – DIAL BEFORE YOU DIG requirements.
5. Tip Truck drivers should remain in their cabin while onsite
6. Tip trucks, and other vehicles, should remain on designated tracks or roads on site
7. Trucks must have a flashing light, UHF Radio and squawker reversing alarm
8. Loading and tipping should be carried out on level ground to avoid roll overs
9. Do not enter trenches in excess of 1.5M depth
10. Do not enter drainage pipes or pits regardless of size
11. Do not stand or move equipment near the edge of any excavations
12. Tailgates should be locked prior to leaving the work site, or returning to loading area
13. All truck wheels should be checked for debris/excessive dirt prior to leaving site
14. Service records must always be kept in vehicle/equipment
15. Notify the work supervisor of any changes in work procedures, and ensure all those affected by changes are made aware of the them
16. Stop work immediately if the workplace becomes unsafe or public safety is compromised
17. Mud, debris or litter should not be left on roads
18. BE AWARE- DO NOT enter restricted areas!
19. Do not handle any substance that is not labelled for your use
20. Do not work in public areas, or any areas, unless adequate signage is displayed
21. Be aware of the dangers when working on hydraulic equipment whilst carrying out repairs, maintenance or cleaning

***Any safety issues must be reported to State Plant Hire Pty Ltd and/or Site Supervisor immediately

For any enquires please contact State Plant Hire - 03 9702 9757