

# SCIENCE CONTRACTOR MANAGEMENT FORM

## SECTION 1 - UNIVERSITY AUTHORISED REPRESENTATIVE FOR WORK

<b>NAME:</b>		<b>PHONE No:</b>	
<b>AREA:</b>		<b>JOB TITLE:</b>	
<b>BUILDING:</b>		<b>WORK START DATE:</b>	
<b>ROOM No:</b>		<b>FINISH DATE:</b>	

## SECTION 2 - CONTRACTOR DETAILS

<b>COMPANY NAME</b>	<b>PHONE No:</b>	
<b>STREET ADDRESS</b>		
<b>CITY / SUBURB</b>	<b>STATE</b>	<b>P / CODE</b>

**DETAILS OF WORK TO BE PERFORMED:**

## SECTION 3 - OHS REQUIREMENTS ASSESSMENT

*Determine the risk rating of work to be conducted using table below. If LOW, is marked, go to Section 4*

Risk Rating	Work Characteristics	OHS Document Requirements
LOW	May include inspection services, delivery of materials, advisory, consultancy or audit services, repairs to low risk items of equipment.	None - <b>Go to Section 4 Induction</b>
MEDIUM	May include work in restricted areas, repairs or service to plant, equipment, fixtures or fittings.	Relevant Safe Work Procedures, Job Safety Analysis, Risk Assessment or Safe Work Method Statements.
HIGH	May include: work on gas, electrical or other installations with energy sources, work requiring the issuing of permits (e.g. Hot Work, Confined Space Entry, work requiring specific licenses, hazardous materials removal, work at heights above 2m and construction work (including refurbishment and demolition projects).	Relevant Safe Work Procedures, Job Safety Analysis, Risk Assessment or Safe Work Method Statements.
VERY HIGH	May include large scale or long duration High Risk Work	A suitable OHS Management Plan unless the provision of services is of such duration as to make the provision of an OHS Management Plan not reasonably practicable.

**Q1. Has the Contractor provided any OHS Documentation listed in the table above?**

	NO (Complete Contractor Risk Control Form) YES (Go to question 2)
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**Q2. What types of relevant OHS Documentation have been provided by the contractor?**

Risk Assessment	Safe Work Method Statement	Job Safety Analysis
Safe Work Procedure	OHS Policy Statement	Safety Manual

**Other:**

**Q3. Are there risks of work being undertaken affecting University operations?**

	YES	NO
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**Details of risk and controls to be implemented:**

## SECTION 4 - INDUCTION DETAILS

Risk Rating	Local Induction Requirements		
LOW - MEDIUM	Accompanied at all times	OR	Local Induction Date:
HIGH - VERY HIGH	Local Induction Date:		

## SECTION 5 - CONTRACTOR SIGN OFF

**Qualifications, licences or registrations of Service Provider which are relevant for the works to be undertaken:**

<b>Electrical</b>	<b>Mechanical</b>	<b>Plumbing</b>	<b>Other (in-house training):</b>
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<b>I have provided a copy of relevant qualifications, licences or registrations?</b>	YES	NO	N/A
<b>I, the Service Provider, am appropriately qualified to carry out the works</b>	YES	NO	

<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
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## SECTION 6A – OHS PERFORMANCE – MONITORING AND REVIEW OF WORK

*Go to Question 5 if a risk rating of “LOW” has been determined for the work being conducted.*

<b>Q4. University’s Authorised Representative, or their nominee, has checked whether OHS documentation (e.g. Safe Work Procedure) has been followed?</b>	YES	NO
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<b>PERSON CONDUCTING CHECK:</b>	<b>DATE:</b>
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**Detail of findings and any measures taken to address concerns:**

<b>Q5. Equipment is safe for being returned to service.</b>	YES	NO	N/A	<b>DATE:</b>
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**COMMENTS:**

<b>Q6. Area has been left in a clean and safe condition.</b>	YES	NO	N/A	<b>DATE:</b>
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**COMMENTS:**

<b>Q7. Has the Service Provider supplied a report?</b>	YES	NO	N/A	<b>DATE:</b>
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**COMMENTS:**

**Q8. Additional Comments (including details of any incidents, injuries, hazards, quality of work or recommendations).**

## SECTION 6B - DETAILS OF UNIVERSITY AUTHORISED REPRESENTATIVE COMPLETING 6A

<b>NAME:</b>	<b>PHONE No:</b>
<b>FACULTY / DEPT:</b>	<b>JOB TITLE:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>