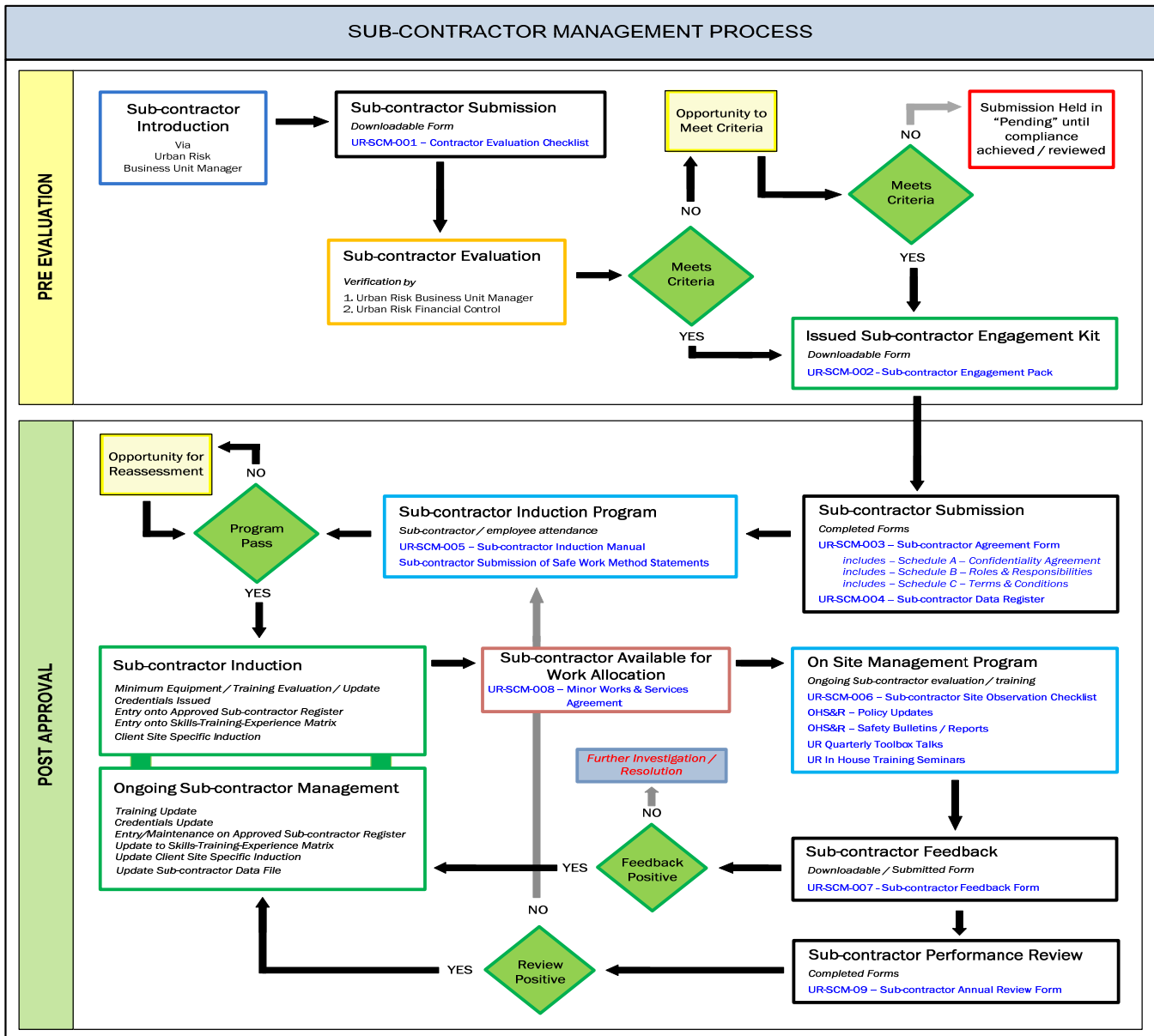


UR-SCM-001
SUB-CONTRACTOR EVALUATION CHECKLIST



SUB CONTRACTOR DETAILS – please click in the fields next to each title and enter information

Company Name:		
ABN:	Contact Numbers	
Business Address:	Office:	Fax:
	Home/After Hours:	
	Emp Mobile 1:	
Postal Address:	Emp Mobile 2:	
	Emp Mobile 3:	
	Company Email: (click field below for more space)	
Web Address:		

Name of **Owner / Licensee / Sole Trader / Corporation:**

Employee 1:

Employee 2:

Employee 3:

(If more space is required for additional employees, please copy this page and add as required)

Insurance Requirements (Click in each box to indicate selection)	Have	Don't Have	Expiry Date	Policy Number	Policy Coverage Value	UR Use (Sighted)
Workers Compensation	Mandatory	<input type="checkbox"/>				<input type="checkbox"/>
Public Liability	Mandatory	<input type="checkbox"/>				<input type="checkbox"/>
Professional Indemnity	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Licensing Requirements	Not Required	Required	Expiry Date	Licence Number	Endorsement Codes	UR Use (Sighted)
Electrical Contractor	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Licensed Cabler	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Industry Red Card (Induction)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Welder/Boilermaker	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Elevated Work Platform (EWP)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Heavy Vehicle	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>				
Skills/Accreditations Level	Basic	Intermediate	Advanced	System Brand Names/Comments/Notes (If multiple employees - Must complete skills matrix)		
Licensed Cabling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alarm System Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alarm System Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alarm System Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alarm System Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alarm System Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Access Control System Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Access Control System Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Access Control System Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Access Control System Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Access Control System Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCTV System Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCTV System Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCTV System Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCTV System Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCTV System Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electric Fencing System Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electric Fencing System Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electric Fencing System Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electric Fencing System Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Other Systems Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Systems Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Systems Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Systems Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Systems Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Criteria			Tick whichever applicable	UR Use only (Sighted)
Licensing, Training & Competency	Have	Don't Have		
<ul style="list-style-type: none"> Procedure evident for ensuring sub-contractor and sub-contractor employees license/accredited as required by legislation? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Licensing credentials evident for each category required? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Training credentials evident for each product/system/category required? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Levels of competency established in each product/system/category required? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Levels of competency established in each product/system/category required? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
Occupational Health & Safety Policy (OH&S)				
<ul style="list-style-type: none"> Contractor has an OH&S Policy? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Responsibilities for OH&S are evident? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Procedure evident for specific OH&S training needs? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Procedure evident for sub contractor induction systems? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Procedure evident for Induction (applicable to the Sub-contractors employees)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
Incident/Hazard Management (IM)				
<ul style="list-style-type: none"> Procedure evident for Hazard Identification and Risk Assessment? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Procedure evident for Site Safety Management Planning? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
<ul style="list-style-type: none"> Procedure evident for Safe Work Procedures? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>
Current Client Referees – supply name & contact details				
Company Name:	Telephone:	Mobile:	Email:	
1.	1.	1.	1.	
Notes:				
2.	2.	2.	2.	
Notes:				
3.	3.	3.	3.	
Notes:				
Current Supplier Referees – supply name & contact details				
Company Name:	Telephone:	Mobile:	Email:	
1.	1.	1.	1.	
Notes:				
2.	2.	2.	2.	
Notes:				
3.	3.	3.	3.	
Notes:				

Supporting Statements: Please include any statements further detailing your experience, training and/or qualifications for completing the type of work/capabilities below.

Declaration: I hereby state that the information contained in this form is true and correct:

Signed:Date:/...../.....

Evaluation – To be completed by Urban Risk Business Unit Manager

Sub-Contractor Client Referees Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sub-Contractor Client Referees Positive:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor meets criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor advised of additional information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would Referees re-engage Sub-contractor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	required to meet criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

Evaluation completed by: _____ Date: / /
Name & Signature

Sub-contractor / employee recommended for approval Yes No Conditions

Notes: _____

Urban Risk Representative _____ Date: / /
Name & Signature