**I, the Service Provider, am appropriately qualified to carry out the works  Yes  No**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Trade:***

**** Electrical **** Mechanical **** Plumbing **** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Other:***

**** Member of professional body or association (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**** Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have provided a copy of relevant qualifications, licences or registrations?  N/A  Yes  No**

**OHS REQUIREMENTS ASSESSMENT**

**SERVICE PROVIDER (Contractor)**

**1. What is the Risk Rating for the works to be undertaken?**

** Low** *Go to Question No. 3 if “Low”* ** Medium  High  Very High**

**2. Documentation which the Service Provider has submitted to safely undertake the works required:**

**** Risk Assessment **** Safe Work Procedure **** Job Safety Analysis **** Safe Work Method Statement

**** Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are these documents relevant?**  ** Yes  No**

**Are there risks between works to be undertaken and University’s operations?  Yes  No**

Details of risks and corresponding controls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3.** **Will the Service Provider’s Personnel be accompanied at all times by an authorised representative of the University, or has a local induction been provided?** *Note that it is mandatory for Service Provider’s Personnel to receive a local induction when undertaking works having a HIGH or VERY HIGH Risk Rating*

**** Accompanied at all times  **** Local inductionprovided (record date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**** Visitor information card issued

**Details of University’s Authorised Representative for these works:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe works to be undertaken:**

Bld: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AUTHORISATION**

**OHS PERFORMANCE MONITORING AND REVIEW**

*Go to Question No. 5 if have a “Low” Risk Rating for the works to be undertaken (refer to Question No. 1)*

**4. University’s Authorised Representative, or their nominee, has checked whether OHS documentation (e.g. Safe Work Procedure) has been followed?**

 Yes  No

Name of person conducting check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of findings along with measures taken to address any concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5. Equipment is safe for being returned to service after repair or alteration?**

**** Yes **** No **** N/ADate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**6. The area has been left clean and made safe on completion?**

**** Yes **** No **** N/ADate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7. Service Provider has given a written report for work performed and completed?**

**** Yes **** No **** N/ADate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**8. Comments (including details of any incidents, injuries, safety hazards, quality of work issues, recommendations):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Details of Person Completing Form:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUIDANCE FOR COMPLETING CHECKLIST**

The ***Faculty of Science – Service Provider (Contractor) Management Checklist*** shown above is based on the requirements of the University of Melbourne’s [Contractor (Service Provider) Management - OHS Requirements Procedure](http://www.safety.unimelb.edu.au/publications/procedure/contractor/) which can be downloaded at: <http://www.safety.unimelb.edu.au/publications/procedure/contractor/>. The information below has been provided as a guide for completing the *Faculty of Science – Service Provider (Contractor) Management Checklist*.

**AUTHORISATION**

The University’s Authorised Representative for the works completes their details (name, job title, phone number and faculty/department) and provides a description of works to be undertaken, including details of building and room.

**SERVICE PROVIDER (Contractor)**

The Service Provider (Contractor) completes their details (name, company and phone number), records the date and sign off that they are appropriately qualified to carry out the works. The Service Provider (Contractor) lists the qualifications, licences or registrations which are relevant for the works to be undertaken and indicates whether a copy of relevant qualifications, licences or registrations has been provided.

**OHS REQUIREMENTS ASSESSMENT**

**Q1.** The University’s Authorised Representative prior to engaging a Service Provider determines the risk rating for the works to be undertaken. The following *Risk Rating Guidance* table can be used as a guide.

|  |  |
| --- | --- |
| **Risk Rating Guidance** | |
| **Risk Rating** | **Work Characteristics** |
| **Low** | Work which has the following characteristics:   * Service Provider personnel will not attend University workplaces; or * Service Provider personnel will attend University workplaces and perform low risk work. Low risk work may include: (a) inspection services; (b) delivery of materials; (c) advisory, consultancy or audit services; (d) repairs or service to low risk items of equipment; or * Authorising Officer has assessed work as Low Risk via risk assessment |
| **Medium** | Work which has the following characteristics:   * Service Provider personnel will attend University workplaces and perform medium risk work. This may include: (a) repairs or service to plant or equipment; (b) repairs or service to fixtures or fittings; (c) work in restricted access areas of the University; or * Authorising Officer has assessed work as Medium Risk via risk assessment. |
| **High** | Work which has the following characteristics:   * Service Provider Personnel will attend University workplaces and perform high risk work. This may include: (a) work on gas, electrical or other installations with energy sources ; (b) work requiring the issuing of permits e.g. Hot Work, Confined Space Entry; (c) work requiring specific licenses; (d) hazardous materials removal; (e) work at heights above 2m; (f) construction work, including refurbishment and demolition projects; or * Authorising Officer has assessed work as High Risk via risk assessment. |
| **Very High** | Work which has the following characteristics:   * Service Provider Personnel will attend University workplaces and perform very high risk work. This may include large scale or long duration High Risk Work; or * Authorising Officer has assessed work as Very High Risk via risk assessment. |

**Q2.** The University’s Authorised Representative determines whether the Service Provider is required to submit OHS documentation to safely undertake the works required, as per the requirements in the *OHS Documentation Requirements* table shown below.

|  |  |
| --- | --- |
| **OHS Documentation Requirements** | |
| **Risk Rating** | **OHS Documentation Requirements** |
| **Low** | None. |
| **Medium** | Safe Work Procedures, Job Safety Analysis, Risk Assessment or Safe Work Method Statements to safely undertake the works required |
| **High – Very High** | Safe Work Procedures, Job Safety Analysis, Risk Assessment or Safe Work Method Statements to safely undertake the works required.  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. |

The University’s Authorised Representative indicates the type of OHS documentation the Service Provider has submitted (e.g. risk assessment, safe work procedure, job safety analysis safe work method statement).

The University’s Authorised Representative checks the OHS documentation to determine whether it is suitable and relevant for the works to be undertaken e.g. that it meets the relevant OHS requirements of the works to be performed and takes into consideration any relevant OHS legal requirements, Australian Standards, Industry Standards and Manufacturer’s/Designer’s Recommendations.

The University’s Authorised Representative, preferably in consultation with the Service Provider, determines whether there are any risks to:

* Service Provider from the University’s operations; or
* University of Melbourne employees, students or visitors from Service Provider’s activities.

The University’s Authorised Representative records the details of any risks and corresponding controls.

**Q3.** The University’s Authorised Representative determines whether the Service Provider will be provided a local induction or accompanied at all times, according to the following *Local* *Induction* *Requirements* table.

|  |  |
| --- | --- |
| **Local Induction Requirements** | |
| **Risk Rating** | **Local Induction Requirements** |
| **Low - Medium** | Local induction or accompanied at all times by an authorised representative of the University. |
| **High – Very High** | Local induction. |

The University’s Authorised Representative will record whether a visitor information card was issued to the Service Provider. It is recommended to issue a visitor information card to Service Providers, especially if they will not be accompanied at all times.

**OHS PERFORMANCE MONITORING AND REVIEW**

**Q4.** The University’s Authorised Representative, or their nominee, monitors whether the Service Provider has adhered to relevant OHS requirements of the OHS documentation submitted e.g. by conducting a random check as to whether steps in Safe Work Procedure have been followed. The University’s Authorised Representative, or their nominee, records their name, date when check occurred and details of findings along with measures taken to address any concerns.

Where the Service Provider fails to meet the OHS requirements of the OHS documentation or specifications of the contract, the University’s Authorised Representative may take these actions:

* Directing the Service Provider to cease work at a University of Melbourne controlled workplace, that is a serious and immediate risk to health and safety or significant impact on the environment;
* Directing a Service Provider to address, make safe or restore an area, plant, equipment building or structure, where there is a serious and immediate risk to health and safety or significant impact on the environment; or
* Issue a non-conformance in relation to the performance of the OHS requirements or specifications in the contract, detailing the alleged breach and providing sufficient time for the Service Provider to respond or rectify the alleged breach.

**Q5.** The University’s Authorised Representative, or their nominee, checkswhetherequipment is safe for being returned to service after repair or alteration, records date check was carried out and, if applicable, provides any comments.

**Q6.** The University’s Authorised Representative, or their nominee, checkswhetherarea has been left clean and made safe on completion of works, records date check was carried out and, if applicable, provides any comments.

**Q7.** The University’s Authorised Representative or their nominee, indicates whetherService Provider has given a written report for work performed and completed, records the date and, if applicable, provides any comments.

**Q8.** The University’s Authorised Representative or their nominee provides any comments including details of any incidents, injuries, safety hazards, quality of work issues, recommendations. Person completing the form provides the requested details (name, job title, phone number, date and faculty/department) and signs off.