



CONTRACTOR PERFORMANCE AND ACCREDITATION REVIEW

Health & Safety/Contractor Management

Please complete the relevant sections of this document.

1. Contractor Details

Contractor Company Name: _____

Contact Person (for this review): _____

Email address: _____

Contact Phone Number: _____ Date: _____

Location(s) of work: _____

Type of Work: _____

2. Contractor Feedback

Required Information	Current	Comments/Evidence
1. Did the company change ownership in the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If yes to (1) , a new accreditation will be required, so please reply to the email you have received, requesting the correct documentation.		
2. Your company is licensed to provide the services you offer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. All employees are trained, certified, licensed for the tasks they are performing, and copies provided to us.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4. Plant and equipment are certified and compliant with relevant AS/NZS Standards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. Does your fleet contain Nissan vehicles CK300, CW330, CW380, CW400, CM180, CW400 and CG400 manufactured between 1993 and 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. If yes to the above, has the park brake valve been overhauled in the last 12 months as per OEM recommendations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7. All employees are inducted to site(s) they visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8. Have you had any fatalities, serious injuries, LTI's or MTI's in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Please supply details if yes.	
9. Current Public/General/Broad form Liability, and Commercial Vehicle Insurance copies attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Any other comments.		



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What did Winstone Aggregates do on this site to make it a safe work experience for you/your employees?

Were all site hazards and associated controls, correctly identified and pointed out to you prior to commencing work?
If yes, how was this done?

Did any other hazards arise during the contract / while you were on site? If yes, how were these managed?

Have you been invited to attend Health and Safety Meetings or Toolbox Meetings?

What could we do better to make this a safer workplace for your employees?



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3. Winstone Aggregates (Office use only from this point)

Contractor Type: _____

(Type A, B, C, D)

Contractor's workers have been inducted including relevant SOP training.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
PPE requirements met and adhered to.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Contractors monitored and supervised where applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
There is a process to identify hazards/risks applicable to their tasks prior to work commencing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Any improvement areas needed to be commented here	

It is important to note improvements down and this must be discussed with the company as well as individuals on site, as well as logged into RADAR.

Continued Accreditation:

Does the Contracting Company re-qualify as an Accredited Winstone Aggregates Contractor?

Yes

Yes* but subject to compliance with the Health and Safety Improvement plan as detailed in Section 8 and signed by the Contractors Relationship Manager as acknowledgement and acceptance.

No Contractor can be disqualified in the contractor database.

Comments: _____

Review Completed by:

Manager Name: _____

Signature: _____ Date: _____