

SUPPLIER & CONTRACTOR EVALUATION AND RE-EVALUATION

Supplier / Contractor Details		Supplier	Contractor
Trading Name:		ABN:	
Address:			
Contact Name:		Position/Title:	
Email:		Contact Number:	
1. Brief overview of products/services to be provided:			
2. Are relevant insurances in place (Contractors)? <small>(Provide certificates of currency. Workers compensation, public liability and professional indemnity)</small>			Yes
3. Does the supplier / contractor have management systems certification to:			No
If NO, how does the supplier / contractor manage and control: <ul style="list-style-type: none"> • Service/product provision to customers? • Work health and safety arrangements and in particular their duty of care arrangements under legislation? • Environmental impacts? 	ISO 9001?	Yes	No
	OHSAS 18001 or 4801?	Yes	No
	ISO 14001?	Yes	No
Comments:			
4. Has the organisation been issued with any Worksafe prohibition and or improvement notices within the last 3 years? If so, state the number and reasons for issue?			
Has the organisation ever been prosecuted for a breach of any environmental or work health and safety legislation? If so, state the reasons?			
	Number	Reasons	
Prohibition notices?			
Improvement notices?			
Legislative breach?			
5. Safety Statistics – Provide the following statistics for the last 2 years?			
Statistic	This year	Previous year	
Number of lost time injuries?			
Number of medical treatment injuries?			
Number of hours worked?			
6. Does the organisation undertake safety training for its employees? If so, briefly describe what the training arrangements consist of?			

SUPPLIER & CONTRACTOR EVALUATION AND RE-EVALUATION

Comments:		
7. Does the supplier / contractor require any licences or certifications to provide the products or services?	Yes	No
If YES, please provide details and copies of required licences or certifications:		
Signed by:	Name:	Date:

Evaluation		
Allocate a rating between 1 (Poor) & 5 (Excellent) to the supplier / contractor to the following: <ul style="list-style-type: none"> Are prices competitive? Quality, reliability and consistency of service? Past performance/reputation? Strength of technical support? Market reputation and financial stability? Terms and conditions of contract? 	Rating:	
For existing supplier / contractor; have there been any performance issues in the past?	Yes	No
If YES, please provide details:		
Is a site visit or audit required? Results?	Yes	No
Form Completed by:	Date:	
Supplier / Contractor Approved Not Approved	Date:	
Signed by Manager:	Date:	