



Supplier Contractor Prequalification

PLI-IMS-QAL-FRM-015

AUTHORISATION

AUTHORISING OFFICER'S SIGNATURE	Electronic Authorisation
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AUTHORISING OFFICER'S POSITION	Managing Director
AUTHOR(S)' NAME	Lee Tattam
AUTHOR(S)' POSITION	HSEQ Consultant

AMENDMENTS

ISSUE	PAGE	DATE	DETAILS
1	All	28/09/2020	Original

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Supplier Contractor Prequalification

BUSINESS NAME:	
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In order for your business to be listed as a Powerlift Industries approved contractor / supplier, please arrange for completion of this form. A copy of this form is to be completed together with supporting documentation and send all information to the person in Powerlift Industries who sent you the form.

We reserve the right and will conduct a follow up audit to verify all information provided by your organisation prior to acceptance and or any time during the contract arrangements time frame.

BUSINESS DETAILS:			
Company/Business Name:	Trading As:		
	ACN No.:	ABN No.:	
Registered Trading Address:			
Postal Address:			
Telephone:	How long has the organisation been in business?		

PREVIOUS PROJECTS WITH PLI	

BUSINESS DIRECTORS / PARTNERSHIP:

SERVICES OFFERED:
Please write in the services you offer and details of the person in your business that is responsible for the service. Please attach a statement of the business's qualifications for each service. Also include a list of capabilities.

EXPERIENCE:			
Please give details of at least 4 examples of projects on which your business was responsible for the above service/s.			
PROJECT	VALUE \$	REFEREE	TELEPHONE

STAFFING:
Which of your services are done by your directly employed staff and which are done by sub-contractors?

INSURANCE DETAILS:
<p>(*Important* - Please indicate current Insurance Coverage, overseas suppliers may have alternative coverage such as General – which can cover Public Liability)</p> <p> <input type="checkbox"/> Public Liability Insurance or equivalent (Minimum \$10m) <input type="checkbox"/> Product Insurance <input type="checkbox"/> Workers' Compensation Insurance </p> <p> <input type="checkbox"/> Professional Indemnity <input type="checkbox"/> Other (Please name): </p>

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BUSINESS NAME:	
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Key Assessment (PLI use only): 1. Applicable 2. Not Applicable 3. Accepted 4. Rejected							PLI use only			
Item	Question	Response			Assessment see code above					
		Yes	No	Ref	1	2	3	4		

PREQUALIFICATION or AUDIT REVIEW (Conducted by an Auditor) – Tick One

1 SYSTEM ACCREDITATION (Please provide the following information in relation to your system/s)									
Are you currently Quality endorsed? (ISO9001 or similar)									
Are you currently Environmentally endorsed? (ISO14001 or similar)									
Are you currently Safety endorsed? (ISO45001 or similar)									
If yes – by whom?	Standard:	Certificate No.:							
If NO – Do you have a Quality Management Manual/Plan?									
If NO – Do you have an Environmental Management Manual/Plan?									
If NO – Do you have a Safety Management Manual/Plan?									
Are you prepared to submit a copy of these manuals/plans?									
<p>If you have an ISO endorsed system for all 3 components detailed above then there is no need to complete the rest of this form. (proceed straight to the Sign off section at the back) PLEASE PROVIDE COPIES OF CERTIFICATES.</p> <p>If you only have 1 or 2 components covered then complete the rest of this form for the relevant standards you do not hold</p>									
2 OSH&E & QUALITY MANAGEMENT / PLANNING									
2.1 Occupational safety, health and environmental & quality policies	Does your business have OSH&E Policy statements?								
	Does your business have a Quality policy statement?								
	If YES -Do the policies include defined OSH&E Responsibilities for all employees?								
	If YES how are the policies communicated to employees?								
2.2 Responsibility/ accountability	Are OSH&E Objectives & targets set for each management level including senior management?								
	Is OSH&E performance linked to each management/supervisory level?								
	Are any quality objectives or targets established for the business?								
2.3 Subcontractors	Does management assess the OSH&E competence of subcontractors?								
	Does management assess the quality aspects of subcontractors?								
	Is there a system/procedure that defines responsibility for the OSH&E performance of subcontractors?								
	Is there a system/procedure that defines responsibility for the quality performance of subcontractors?								

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3 DOCUMENTS AND RECORDS

3.1 Control of Documentation and Records	Is there a process/procedure that identifies how the Business manages the control of documents within the organisation?							
	Is there a Hierarchy of Documents?							
	Does the Business maintain records of any processes?							
	Is there a process that identifies any changes to documents?							
	Does Senior Management approve the documents?							
	Is there a process on how documents are distributed?							

4 RESOURCES / TRAINING / COMPETENCY
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4.1 Induction	Is there a formal induction program?							
	<ul style="list-style-type: none"> into the business into the site operations 							
	Are inductions for new employees assessed?							
	Do you have systems in place to ensure new or inexperienced employees are adequately supervised on site?							
4.2 Training and certification	Do you have formal employment procedures?							
	Is there a system for recording the training each employee has received?							
	Does your system include copies of relevant certificates and licences?							
	Do you have workforce safety representatives and are they trained?							
	Do your employees hold the relevant licences or certificates for their roles? (ie – Riggers, Crane Operators etc)							

5 COMMUNICATIONS & CONSULTATION
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5.1 Communications	Does the Business communicate information to its employees?							
5.2 Consultation	Does the Organisation maintain any type of committees?							
	If so, what type?							
	<ul style="list-style-type: none"> Quality Safety Environmental 							
	Are employees and Senior Management represented on these committees?							

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6 WORK / ACTIVITY MANAGEMENT									
6.1	Standards compliance	Do you have a system to ensure that all designs and methods of construction meet the appropriate industry standards and specifications? Who is responsible/accountable for this check?							
6.2	Quality/integrity	Do you inspect all equipment prior to mobilisation to site? Are the specific checklists?							
		Do you have systems in place to ensure that all equipment conforms to the appropriate standards?							
		Do you have maintenance schedules for equipment? Are maintenance records kept for all pieces of equipment?							
		Are there any Special Processes that you conduct?							
		Do you have systems in place for commissioning plant or equipment?							
		Do you ensure that everything is tested?							
6.3	Certification/ registration	Do you have systems in place to monitor the certification status of plant?							
6.4	Procurement & Materials Management	Do you have a procedure that assists you in regard to procurement?							
		Do you have a procedure that assists you Handling, storage, packing and delivery of materials/goods?							
		Do you identify or trace your plant and equipment?							
		Do you have a procedure that identifies products or services that do not meet the required specifications?							
		Do you have any items that require calibration?							
		If so, do you have a procedure to control the calibration process?							
6.5	Customer/ Client needs	Do you have systems in place to monitor how you deal with Clients / customers?							
		Do you have a system to monitor any Client/ Customer Complaints?							
		Do you provide feedback to your Clients / Customers?							
		Do you conduct any surveys of your Clients / Customers?							

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7 HAZARD IDENTIFICATION AND RISK ASSESSMENT/CONTROL
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7.1 Hazard Identification	Do you have a system in place for identifying hazards?								
	Do you have a system in place for identifying and analysing jobs for hazards?								
	What are the criteria for applying this system (every new job, all jobs each time, etc)?								
	Are responsibilities assigned and included in job descriptions for carrying out hazard analysis?								
	Do you maintain a safety & environmental hazard register?								
	Do you have a Risk Matrix?								
7.2 Systems	Do you have an isolation procedure?								
	Do you have a permit to work system (such as confined space entry or hot work)?								
7.3 Hazardous Substances	Do you have procedures in place for the purchasing, handling and storage of hazardous substances?								
7.4 Risk Assessment	Do you have a system for analysing designs, construction and commissioning methods for safety and environmental hazards?								

8 OCCUPATIONAL HEALTH / INJURY MANAGEMENT
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8.1 Injury Management	Does a rehabilitation / injury management policy exist?								
	Are injury management responsibilities assigned?								
	Is there a Return to Work Plan for injured employees?								
	Are alternative duties available for injured employees?								
8.2 Health Monitoring	Do you have a health monitoring program? Does it include: <ul style="list-style-type: none"> • Regular hearing checks/records • Periodic medical check-ups etc 								
8.3 Ergonomics	Do you have a system in place for assessment or ergonomic and manual handling hazards?								

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9 INCIDENT INVESTIGATION AND REPORTING

9.1 Reporting & Investigation	Is there a formalised process for the reporting and investigation of incidents and injuries?								
	Does your incident/injury reporting system involve senior management?								
	Does the procedure include statutory reporting of prescribed incidents or injuries?								

10 EMERGENCY RESPONSE

10.1 First Aid	Are there trained first aid persons available?								
	Do you provide First Aid facilities?								
10.2 Emergency Response	Is there an emergency response procedure for your office / workshop locations?								
	Is there a schedule of emergency drills?								
	Is there an environmental emergency response procedure (e.g. oil spillage)?								
	Do you have an Emergency Muster Point?								
	Do you have a nominated Emergency Response Coordinator?								

11 MEASURING & MONITORING

11.1 Audits & Inspections	Is there a formalised process for conducting Audits?								
	Is there a formalised process for conducting inspections?								
	If no to either, do you identify if your processes are working effectively or if staff are following them correctly?								
	Have you had any other Client conduct and Audit or Inspection on any part of your business or business activity?								
11.2 Statistics	Do you keep any statistical data in regard to your business operations?								

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12 REVIEW AND IMPLEMENTATION									
12.1 Review & Change Management	Is there a process that identifies areas as not conforming to your systems or processes?								
	Is there a process of closing out those items identified?								
	Is there a process on dealing with outstanding items by Management?								
	Is feedback given to employees in regard to how Management have dealt with outstanding items?								
	Do you have systems in place to ensure that any remedial action from a job analysis, accident investigation, safety meeting or a workplace inspection is followed up within a reasonable timeframe?								

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Please answer the following

Provide any additional information you feel appropriate that would help to clarify your situation:

Person completing this form:

(Name) (Signature)

Position in the Business..... (Date)

INTERNAL USE

Evaluator's comments:

Approved Proceed with process <input type="checkbox"/>	Approved subject to corrective actions being completed (without requiring a visit) <input type="checkbox"/>	(If this box is ticked then a visit is required prior to using this organisation) Rejected <input type="checkbox"/>
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NOTE: If the rejected box is ticked a more detailed Internal Quality Environment Safety Review by visiting the Organisation is required.

Evaluator's Name (print):	Date:
Evaluator's Signature:	

FINAL PAGE IS TO BE USED ONLY IF AN AUDIT REVIEW IS TO BE CONDUCTED.



EVALUATOR'S SYSTEM REVIEW SUMMARY	DATE TO BE COMPLETED	OBSERVATION/RECORDING/IMPROVEMENT
Auditor name (print):	Date:	
Auditor Signature:		