

| Primary Contractor Representative to Complete | |
|---|--|
| ABN | |
| Company Name | |
| Contact Name | |
| Contact Phone Number | |
| Sub-contractor Representative to Complete | |
| ABN | |
| Company Name | |
| Contact Name | |
| Contact Phone Number | |

| Primary Contractors Representative to Complete | |
|--|----------|
| Will sub-contractor workers be working under the direct supervision of the primary contracting company? | Yes / No |
| Will sub-contractor workers be working under the same Safety Management System as Primary Contractor workers (workers must be instructed in the relevant aspects of the system)? | Yes / No |
| Where the subcontractor is using their own vehicles, tools, equipment and materials, will introduction to site procedures will be observed? | Yes / No |

| Authorisations | | |
|--|----------------|--|
| Primary Contracting Company Representative | Name: | |
| | Signed: | |
| Subcontracting Company Representative | Name: | |
| | Signed | |
| Principle Contractor Representative (please circle) <ul style="list-style-type: none"> • MACH Energy • Thiess • Sedgman CHPP | Name: | |
| | Signed: | |
| Secondary Principle Contractor Representative (please circle) <ul style="list-style-type: none"> • MACH Energy • Thiess • Sedgman CHPP | Name: | |
| | Signed: | |