

CONTRACT COMPANY PRE-QUALIFICATION ASSESSMENT

Section 1: Company Details

Registered Business Name: _____
 Trading Name: _____
 Registered Business Address: _____
 Nature of Business: _____
 Contract Company Representative: _____
 Representative Position Title: _____
 Representative Contact Number: _____
 Representative Email Address: _____
 Peabody Master Supply Agreement in Place: _____

Section 2: Work capacity & Experience

Total number of employees: _____
 No. of subcontractors (All subcontractors will need to register their business in the Pegasus portal): _____
 Please provide a copy of your organisation chart: _____
 Major projects undertaken in past 5 years:

	Project Client & Description	Project Cost	Project Period
1.			
2.			
3.			

Section 3: Safety, Health, Environment & Community

	Lost Time Injury Frequency Rate	Restricted Work Injury Frequency Rate	Medical Treatment Injury Frequency Rate	Injury Severity Rate	Injury Duration Rate
Last Financial Year					
Previous Financial Year					

Number of fatalities in the company's history: _____
 Brief Details (if applicable): _____

Number of serious disabling injuries in the Company's history: _____
 Brief Details (if applicable): _____

Number of serious environmental incidents in the company's history: _____
 Brief Details (if applicable): _____

Number of regulatory prosecutions (health, safety and environment) in the Company's history: _____
 Brief Details (if applicable): _____

Number of regulatory enforcement notices (health, safety and environment) issued to the company in the past 24 months: _____
 Brief Details (if applicable): _____

General Comments: _____

**Section 4: Safety, Health, Environment & Community Management (SHEC)
(Section not required if working under Metropolitan SMS)**

Requirements	Yes	No	N/A
Does the Company have a document SHEC policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is SHEC policy signed by the most senior company executive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented process for:			
Monitoring & managing legal and other requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing, monitoring and managing SHEC objectives & targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing plans to achieve SHEC objectives & targets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification & provision of SHEC resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing SHEC responsibilities & accountabilities to workers throughout the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing SHEC training & competencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing SHEC consultation, communication and reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing SHEC document and data control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing SHEC hazard identification, hazard/risk assessment & control of hazards/risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing emergency preparedness & response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing fitness for duty including drug & alcohol testing, criminal record checks, fatigue management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring, measurement & management of key SHEC processes & equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing incident investigation & corrective & preventative action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing records of SHEC activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a SHEC audit program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active management review of the SHECMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Pre-Qualification Assessment Sign-Off

Assessment Team Members	Position Title
1.	
2.	
3.	
4.	
Pre-qualification assessment findings:	

Contract company accepted

Contract company not accepted

Contract company to provide further evidence

Circle the above finding selected by the assessment team

Comments:

Contract Owner	Signature	Date
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