

FORM 44

<http://www.raklogistics.com.au>

Subcontractor Prequalification Questionnaire

Complete this checklist as part of your review to be engaged by the operator. All details are to be filled out accurately and supporting documentation is to accompany your submission where requested.

Section 1 – Operator's details

Trading Name:			
Business Address:			Postal Address:
ABN:		Contact person:	
ACN:		Position:	
Phone:		Mobile #:	
Fax:		Email:	

Section 2 – Work Health & Safety

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Do you have a WHS Policy and current Safe Work Method Statements for work carried out?				
Do you have a documented WHS Management System?				
Do you record accidents, incidents and near misses and are they investigated through a procedure?				
Does the company carry copies of the driver's licences? (e.g. register)				
Does the company ensure that drivers only operate vehicles that they are licenced to operate?				
Does the subcontractor have a system to monitor and periodically check licences?				
Does the subcontractor carry out any induction training for the employees?				
Does the subcontractor carry out regular WHS training for all the employees?				
Does the subcontractor keep records (e.g. training registers) for all WHS training completed?				

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Section 3 – Fatigue Management and Drug & Alcohol

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Is the subcontractor accredited in Fatigue Management under NHVAS or WAHVA?				
Do you have a Fatigue Policy and an Alcohol & Other Drugs Policy?				
Do drivers have current medicals that include testing for drug and alcohol?				
Do drivers sign off each day that they are fit for duty and free of drug and alcohol?				
Is there a procedure in place for managing drivers fatigue?				
Are Safe Driving Plans used in the operation?				
Are Work Diary sheets collected and monitored as per current legislation?				

Section 4 – Vehicle Maintenance

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Are you accredited in Maintenance Management under NHVAS or WAHVA?				
Are pre-trip inspections carried out and recorded by drivers at the start or during of each shift?				
Do you have a fault reporting system for drivers to use if they find a fault with their vehicle?				
Do vehicles have regular service intervals and are the service intervals adhered to?				
Do you have a functional service matrix for the fleet and is it adhered to?				
During servicing is suspension checked and serviced as per manufacturer's guidelines?				

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Section 5 – Mass & Dimension

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Are you accredited in Mass Management under NHVAS or WAHVA?				
Are your drivers trained in the mass and dimension limits of the vehicles that they are driving?				
Do drivers understand axle mass limits along with weight measurement adjustments (where applicable)?				
Are company trucks fitted with mass measuring devices (scales, gauges etc)?				
Are the fitted weight gauges checked for calibration or accuracy and is this recorded ?				
If 'Yes' are drivers trained in their use and in the process for verification and recording?				
Are drivers aware of responsibilities and requirements if over dimensional loads are transported?				
Are drivers trained in load restraint and competent in the load restraint guideline and the vehicle options?				
Are drivers trained to inspect their load restraint devices and report if they are faulty, damaged or missing?				

Section 6 – Chain of Responsibility

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Do you have a Chain of Responsibility Policy?				
Have all staff been trained in Chain of Responsibility requirements along with the Legislation?				
Is there a training register that is used to ensure that all staff has received training?				

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Section 7 – Personal Protective Equipment (PPE)

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Do you supply your employees with PPE?				
Do you monitor the expiry dates on PPE?				
Do you ensure that PPE is worn by your employees?				

Section 8 – Training

PROCESS	COPY RECEIVED		CONTRACTORS COMMENTS	ACTION REQUIRED (ECC Use only)
	Yes	No		
Does the company have in place a training register?				
Does the register capture all information on employees? (e.g. expiry dates of certificates)				
Are all employees trained in the activities that are set out for them?				
Do you assess the competency of your workers?				

NOTE: All subcontractors shall have their own WHS Management System or process that can be verified by subcontractor staff on request. If there are no systems or procedures in place, the subcontractor shall need to agree to work within the scope of the WHS system that is in place, site and client rules and participate in any training or inductions required. The production of information will required to be provided on request to whomever is assessing the information provided. This is a condition that must be agreed to and failure to agree will result in non-approval for any entity as an approved subcontractor with the company.

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Section 9 – Subcontractor Declaration

I hereby declare that the information above, supplied by the subcontractor and as per the person signed off as the authorised person with capacity, is true and correct to the best of my knowledge. As a result of this information I indemnify against any claim and/or any action against the company or any related entity. Any changes to the above information will be relayed to the company to ensure that full compliance is achieved at all times. As a subcontractor providing services to the company, we agree to regular requests for updated information and records relating to compliance.

Name:		Signature:	
Date:		Position:	

Section 10 – Register of documents provided with this questionnaire

Title	Page or Form No.	Policy No.	Document Description	Expiry Date	Evidence Provided
Workers Compensation			Certificate of Currency		
Public Liability Insurance (not less than \$10m)			Certificate of Currency		
Carriers Liability/Marine Transit Insurance			Certificate of Currency		
Vehicle Third Party Property Damage (including non-owned Trailer Liability Insurance)			Certificate of Currency		

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Internal Approval Sign Off			
Assessor:	Name:	Signature:	Date:
Manager/Director:	Name:	Signature:	Date:
Recommendation: <input type="checkbox"/> Prequalified – Conditional (WHS system deficient to be inducted to Company Operations Manual) <input type="checkbox"/> Prequalified – Compliant (WHS system compliant but remain conditional until audited) <input type="checkbox"/> Rejected		Prequalification approval:	Date:
		Next review date:	Fleet No. issued: