



Contractor's Agreement

Date

Dear _____

RE: CONTRACT FOR

To comply with the Health and Safety at Work Act we require all contractors who wish to tender for contracts or maintain a service agreement/remain a preferred contractor/supplier to provide the following information:

1. Health and Safety Management Plan that includes:
 - Safety policy;
 - Hazards and the hazard controls; and
 - Accident reporting procedures

2. Contractors are reminded that all work is subject to the provisions of the Health and Safety at Work Act 2015 In particular:
 - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) applying to the trade or profession within which they operate;
 - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
 - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
 - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being preserved, recorded and notified as required under Sections 55-57 of the Health and Safety at Work Act 2015 , are to be reported to Us, as the Principal.
 - All safety clothing/equipment required to minimise the risk of injury is to be provided for, accessible to and used by any person engaged in the workplace.



3. Before commencing work on our premises, all contractors must ensure that any employees of the contractor, subcontractors on our premises, or if an individual, they are conversant with:
- Emergency procedures (to be followed in the event of an emergency);
 - Safety rules and procedures;
 - Hazards which have been identified, and the hazard controls.
4. We as the Principal to the contract, retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow such rules and procedures may result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name:

Contractor's Signature:

Date:

Contact Phone / Fax Number(s):

Sign the attached copy and return with your Health and Safety Management Plan / Manual.