

Company Registration & Pre-Qualification Checklist

THIS IS TO BE COMPLETED AND SIGNED OFF BY THE COMPANY'S SENIOR MANAGER

1.0 Company Details			
Full Company Name:			
Trading Name: <i>(if different to above)</i>			
ABN:		ACN:	
Is your Company Registered for GST?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Postal Address:			
Street Address: <i>(if different to above)</i>			
Website:			
Primary Contact Name:			
Contact Phone:		Contact Mobile:	
Email Address:			
Accounts Contact Name:			
Accounts Contact Phone:			
Accounts Email Address:			

2.0 General Questions		
2.1	How many DIRECT employees do you employ?	
2.2	Has your Company worked for Alpine Projects Australia (APA) previously?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.3	Is your Company a supplier or Subcontractor?	<input type="checkbox"/> SUPPLIER <input type="checkbox"/> SUBCONTRACTOR
2.4	What year was the Company incorporated?	
2.5	Is your Company willing to provide the latest financial statements (Profit & Loss) if requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO

3.0 Insurances		
3.1	Subcontractor able to provide Workers' Compensation Insurance <i>(employee number and \$ value must be declared by APA as fair and reasonable)</i>	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO
3.2	Subcontractor able to provide Product and Public Liability Certificate - minimum cover \$20 Million	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO
3.3	Subcontractor able to provide Professional Indemnity Insurance - minimum cover \$10 Million <i>(where applicable – Design/Consultants/Architects, Engineers)</i>	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO

4.0 Workplace Health & Safety, Quality & Environmental	
4.1	Safe Work Method Statements
4.1.1	Does your Company agree to provide site-specific SWMS for APA to review no later than 3 weeks before commencement on site? <input type="checkbox"/> YES <input type="checkbox"/> NO
4.2	Hazardous Chemicals
4.2.1	Does your Company agree to provide APA copies of Safety Data Sheets (SDS) for all hazardous chemicals brought to site prior to commencement of any work? <ul style="list-style-type: none"> • Must be no older than 5 years old • With Australian contact details <input type="checkbox"/> YES <input type="checkbox"/> NO
4.3	Mobile Plant
4.3.1	If using Mobile Plant on site, your Company agrees the following must be provided to APA prior to commencement on site: <ul style="list-style-type: none"> • Mobile Plant Risk Assessment • Service/Maintenance Records • Operating Manual • (Daily inspections records are to be completed daily) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4.4	Electrical Safety, Equipment & Calibration
4.4.1	Does your Company agree to have all electrical equipment tested and tagged? (Not exceeding 3 months) <input type="checkbox"/> YES <input type="checkbox"/> NO
4.4.2	Does your Company agree to have all lifting & fall protection equipment inspected at the required intervals? (Not exceeding 6 months) <input type="checkbox"/> YES <input type="checkbox"/> NO
4.4.3	Does your Company agree to have all monitoring and measuring equipment calibrated (with records) at the required intervals? (Not exceeding 6 months) <input type="checkbox"/> YES <input type="checkbox"/> NO
4.5	Fines & Penalties
4.5.1	Has your company received any Penalty, Improvement Notices or Prosecutions in the past 3 years? E.g. SafeWork NSW, EPA, Council or other authority <input type="checkbox"/> YES (provide details) <input type="checkbox"/> NO If YES, please provide details:
4.6	Subcontractors
4.6.1	Do you intend to engage Subcontractors or supplementary workers to complete any part of your Subcontracted works? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, continue to section 4.7)
4.6.2	If subcontractors are engaged, will they be signing onto your Company SWMS or will they be required to provide their own SWMS? <input type="checkbox"/> Your Company SWMS <input type="checkbox"/> Their own
4.6.3	If subcontractors are engaged, will they be covered by your insurance policies or will they be required to provide their own insurances? <input type="checkbox"/> Your Company Insurances <input type="checkbox"/> Their own
4.7	Inspection & Test Plans (ITPs)
4.7.1	Does your Company agree to provide ITPs for APA to review no later than 3 weeks before commencement on site? <input type="checkbox"/> YES <input type="checkbox"/> NO

5.0 Contract Specifics

5.1	Subcontract Agreements	
5.1.1	Does your Company agree to sign a Subcontract Agreement (AS 4901-1998 – Lump Sum Contract) for the performance of the Works in accordance with the requirements of the Head Contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO

6.0 Enterprise Bargaining Agreements (EBAs)

6.1	Enterprise Bargaining Agreements	
6.1.1	Does your Company have in place an EBA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If yes, please specify the type of EBA:</i>	

7.0 Payment Terms

7.1	Does your Company agree to the following payment terms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> 45 days from end of month 	

8.0 Company Capability & Status

8.1	List 3 referees who you have recently worked with <i>(current or completed)</i>	1	Company:	
			Project:	
			Value:	
			Manpower:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	
		2	Company:	
			Project:	
			Value:	
			Manpower:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	
		3	Company:	
			Project:	
			Value:	
			Manpower:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	

9.0 Declaration

By signing below, I declare that all information provided is true and correct to the best of my knowledge.

Completed By:	
Position:	
Signature:	
Date:	