

# **Contractor Safety Plan**

### Scope

This form is to be completed by the contractor that has been identified as a major contract.

This Plan expires at the completion of the contract work or 12 months after the Agreement is signed – whichever is the lesser amount of time. If the contract work is to continue after 12 months, a new plan with updated information must be completed.

### **Duty of care**

The contractor shall agree to abide by the Work Health and Safety Act 2011 and Regulations and guidelines within the Codes of Practice and any other relevant legislation, codes of practice, standards and administrative regulations, procedures and guidelines adopted by The Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane, Brisbane Catholic Education (BCE).

BCE reserves the right to exclude contractors that do not have adequate insurance coverage.

### Suspension of contract works

BCE reserves the right to direct the contractor to suspend work where it is believed that workplace health and safety legislation is being breached by the contractor, or where the Contractor Liaison Person or authorised delegate believes the broader community may be exposed to an unacceptable level of risk, until any such breach or condition is considered to be satisfactorily rectified by the person who issued the suspension of works.

The Contractor Liaison Person or authorised delegate reserves the right to view the contractor's work method statement/s as required under the Work Health and Safety Regulation 2011.

#### Need assistance?

Contact the Brisbane Catholic Education Occupational Health and Safety section on telephone: 07 3033 7574.

Project Details					
Project Name:					
BCE site (school, college or office name):					
Address:					
Contractor					
Business phone number	r				
Email					
Licence Number (e.g. electrical, BSA, plumbing. Leave blank if not applicable)					
Location of works					
Timing of works (approximate):		Star	t date:	End da	ate::
Contractor Health and Safety Resp		ons	ibilities		
Name	Position		Health and Sa Responsibilit		Contact number
Emergency Contact Details					
Contact	Name		Position		Contact number (direct)
First contact					
Second contact					
Third contact					
Fourth contact					
Scope and Activity Details					
Outline the activities to be undertaken as part of the project work.					

Safe Work Method Statements						
You are required to provide safe work method statements for your scope of work to the Brisbane Catholic Education site you are ccontracted to. Please ensure you attach them to this document.						
☐ Attached						
List the safe work method statements associated with the project work that will be implemented to minimise the risk of injury.						
Emergency Procedures						
In the event of an emergency, such as a fire or lockdown situation, contractors are deemed to be visitors to the BCE site. Thus the site has outlined its procedures that contractors are required to adhere to in its site specific requirements.						
Additional emergency procedures for this project include:						
First Aid and Injury Management						
Do you have a documented procedure for first aid and injury management? ☐ Yes ☐ No						
If <b>NO</b> , outline below how first aid and injury management will be managed for the duration of this project.						

## **Incident Reporting and Investigation**

Any incident which incurs medical treatment will be investigated to determine root causes and appropriate corrective actions. The BCE site shall be informed of the outcomes of such investigations.

Where a regulator issues the contractor with a compliance notice such as an improvement or prohibition notice, the BCE site office/reception will be advised of the details of the compliance notice.

#### Insurance

All contractors undertaking work on BCE sites do so at their own risk. As such valid certificates of insurance must be in place before commencing work and throughout the duration of the contract.

WorkCover Details (covering all contractor staff on school grounds or in BCE offices):					
Policy number:		Expiry date:			
Insurance company:					
Public Liabili	ty Details:				
Policy number:		Expiry date:			
Insurance company:		Limit of indemnity	\$		
Vehicle and F	Powered Mobile Plant Details (for mobile plant use	ed on BCE s	ites):		
Policy number:		Expiry date:			
Insurance company:					
Professional	Indemnity Details#:				
Policy number:		Expiry date:			
Insurance company:		Limit of indemnity	\$		
# Note: BCE site office to determine whether such coverage is necessary taking into consideration the nature of the work.					
Specialised Work or Licensing					
List any special licences required for the contract.					

Training and Inductions						
Do you have a documented induction and training procedure the safety requirements of the project?	at covers	□ Yes	□ No			
If NO, outline below how staff and sub-contractors will be inducted and trained with regards to the project (for example specific training programs, weekly toolbox meetings).						
Safety Monitoring						
List any ongoing inspections or other measures that will be use performance of contractor staff and subcontractors during the p			nd safety			
Plant and Equipment Register						
Will plant and equipment be brought on site for the project works? ☐ Yes ☐ No						
If YES, complete the attached Plant and Equipment Register and list all items of plant and equipment likely to be used (do not list non-powered hand tools such as hammer, screwdriver, shovel, etc.).						
Chemical Management						
Will any chemicals be brought on site for the project works?	☐ Yes	□ No				
If YES, complete the attached Chemical Register and list all hazardous chemicals likely to be used.						
Subcontractor Management						
Will subcontractors be used for the project works?			□ No			
If YES, complete the attached Subcontractor Register and list all subcontractors likely to be used.						
Contractor Acknowledgement						
I acknowledge that the details outlined in this Health and Safety Management Plan are accurate and that this plan will be implemented in the delivery of the contract works.						
Name	Position					
Signature	Date	/ /	,			

# **Subcontractor Register**

Activity/Work to be subcontracted	Name and contact number of subcontracting company	Method and frequency of monitoring the subcontractor	Contractor representative responsible for monitoring the subcontractor

# **Contractor Chemical Register**

Product name	Hazard	Control	Location Stored	Quantity

Safety data sheets (SDSs) must be readily available for inspection by the contractor for all chemicals listed.

If chemical(s) are to be stored on site, the contractor must provide a chemical register and copies of the SDSs for retention on site.

# **Contractor Plant Register**

Item of plant or equipment	Registration or plant Identification	Plant owner	Plant, Risk assessment available (Yes/No)	Plant maintenance records available (Yes/No)