



**Note:** For any WHS High Risk Service Provider\* the Service Provider High Risk Work Tender HSE assessment must be completed prior to award and completing this form.

\*means any Service Provider which meets any of the following requirements: a) they have not previously performed works for Mirvac; b) they are proposing to use 'novel' technology or systems for the first time on a Mirvac project; c) they have been prosecuted or been involved in any workplace fatality in the last 2 years; d) any other matters determined by the project team in consultation with the Regional HSE Manager).

|  |                          |                          |                                |
|--|--------------------------|--------------------------|--------------------------------|
| Workplace Name:  |                          |                          |                                |
| Service Provider Name: [contractor or supplier]  |                          |                          |                                |
| Date of Review:  |                          | Scope of work:           |                                |
| Reviewed by [name]:  |                          | Signature:               |                                |
| <b>PART A: HSE Management Plan Review</b>  |                          |                          |                                |
| <b>Does the HSE Management Plan list the following:</b>  | <b>Y</b>                 | <b>N</b>                 | <b>NA</b>                      |
|  |                          |                          | <b>Further Action/Comments</b> |
| <b>Company details:</b>  |                          |                          |                                |
| a) ABN number  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| b) Address and contact details   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| c) <b>Scope of work</b> description is outlined  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| d) <b>Work Health &amp; Safety/Environment</b> Policy signed/dated   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| e) <b>Responsibility/accountabilities</b> statements are available for key personnel with HSE management /supervisor duties  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| f) <b>An organisational flow chart</b> shows the management reporting structure for HSE  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| g) <b>Nominated HSR</b> appointed/trained where elected  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| h) <b>JSEA or equivalent</b> detailing hazards/risks, aspects/ impacts & control measures to be implemented  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| i) <b>A Person is nominated to monitor</b> effectiveness of control measures in HSE Management Plan & JSEA   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| j) <b>Schedule of workplace inspections &amp; audits</b> of HSE Management Plan and JSEA - how, by who & frequency   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| k) <b>Plant &amp; equipment</b> register (incl. electrical & lifting gear) & records of maintenance, inspection and where relevant registration by the Regulatory Authority  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| l) <b>PPE register</b> of supply to workers engaged by the Service Provider, including mandatory use of Safety Eyewear, appropriate to the task at all times   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| m) <b>Training register</b> of workers including: <ul style="list-style-type: none"> <li>▪ OHS General Industry Induction/safety awareness</li> <li>▪ JSEA/equivalent &amp; HSE Management Plan</li> <li>▪ WHS training consistent with the role of supervisor (cl.39)</li> <li>▪ Precautions for use and protective requirements of hazardous substances or dangerous goods to be used</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| n) <b>Certificates/Licences</b> Register for those tasks that require a certificate/licence or competency  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |







| Initial Review by                      |  |           |  |      |  |
|--|--|-----------|--|------|--|
| Name                                   |  | Signature |  | Date |  |
| Final Review by                        |  |           |  |      |  |
| Name                                   |  | Signature |  | Date |  |
| Workplace Manager                      |  |           |  |      |  |
| Name                                   |  | Signature |  | Date |  |
| <b>Copy to service provider - Date</b> |  |           |  |      |  |

