



SUBCONTRACTOR EVALUATION & REGISTRATION

1. Subcontractor / Supplier Details

Date: _____
Company/Business Name: _____
ACN: _____ ABN : _____
Address: _____
Contact Person: _____ Phone: _____
Mobile: _____ Fax: _____
Product and service to be provided: _____

Will you be providing labour? Yes [] No []
(answer all fields)

2. Referee Checks

(a) Company Name: _____ Phone Number: _____
Contact Name: _____ Details of reference check: _____
Workmanship: _____ Timeliness: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Customer Service: _____ Invoicing: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Other Comments: Positive [](2Pts) Negative []

(b) Company Name: _____ Phone Number: _____
Contact Name: _____ Details of reference check: _____
Workmanship: _____ Timeliness: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Customer Service: _____ Invoicing: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Other Comments: Positive [](2Pts) Negative []

(c) Company Name: _____ Phone Number: _____
Contact Name: _____ Details of reference check: _____
Workmanship: _____ Timeliness: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Customer Service: _____ Invoicing: _____
Positive [](2Pts) Negative [] Positive [](2Pts) Negative []
Other Comments: Positive [](2Pts) Negative []

3. Insurance Requirements

Do you have the following insurances?

Workers Compensation (Not applicable if a sole trader)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Public Liability(Mandatory)	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Declined)	
Sum Insured	\$5mil <input type="checkbox"/> (5pts)	\$10mil <input type="checkbox"/> (10Pts)	\$20mil <input type="checkbox"/> (15Pts)
Professional Indemnity	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If you have indicated yes to the above, copies of the above documentation must be supplied to the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

4. OH & S Management Systems

Do you have OH & S accreditation (i.e. AS/NZ 4801)?	Yes <input type="checkbox"/> (20Pts)(Go to 5)	No <input type="checkbox"/>
Do you have an Occupational Health and Safety policy?	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>
Do you have Job Safety Analysis/Work Method Statements to ensure safety and quality?	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>
Do you agree to adhere to the items designated your responsibility in the OHS risk matrix?(Mandatory)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

5. Training

Have you and your employees completed a General OHS training course provided by an RTO?	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	
	<small>Mandatory if carrying out construction type work</small>		
Do you have an induction program?	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	
Are your employees qualified to carry out their work tasks? (Plumbing, Building & Electrical licenses)	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	
Do employees hold appropriate high risk works licence?(Asbestos removal, Elevating work platforms, etc)	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is your organisation industry accredited? (AIP, AGGA etc)	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

6. Quality Management

Do you have Quality System accreditation i.e. ISO 9001?	Yes <input type="checkbox"/> (20Pts)(go to 7)	No <input type="checkbox"/>
Do you have a documented quality management system?	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>
If you do not have a quality management system	Yes <input type="checkbox"/> (5Pts)	No <input type="checkbox"/>

Do you agree to adhere to the UMS Quality Management System?

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

7. Environmental Management

Do you have Environmental accreditation i.e. ISO 14001? Yes (20Pts)(go to 8) No

Do you have a documented environmental management system? Yes (5Pts) No

If you do not have a Environmental Management System Do you agree to adhere to the UMS Environmental Management System? Yes (5Pts) No

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

8. Hazardous Substances

Do you use any chemicals in association with work tasks? Yes No (10Pts)(go to 9)

Do you have documented procedures for hazardous substances? Yes (5Pts) No

Do you hold copies of Material Safety Data Sheets? Yes (5Pts) No

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

9. Working at Heights

Do you work at heights above 2 meters (1.8m for NSW)? Yes No (10pts)(go to 10)

Do you have documented procedures for working at heights above 2 meters (1.8m for NSW)? Yes (5Pts) No

Have your employees completed working at heights training? Yes (5Pts) No

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

10. Traffic Management

Do you work in public areas? Yes No (10Pts)(go to 11)

Do you have documented traffic management procedures?(Including pedestrian traffic) Yes (5Pts) No

Have your employees completed Traffic Management training? Yes (5Pts) No

If you have indicated yes to the above, copies evidence must be sighted by the UMS Representative.

Verified by: UMS Representative Signature _____ Date: _____

Score:

11. Other

Have you been prosecuted under any Safety or related legislation? Yes No (10Pts)

List details of any prosecutions:

Has the client specified this Subcontractor? (Office use only) Yes (10Pts) No

Score:

12. Statement

Have your services been engaged under a Short Form Contract? Yes No

I on behalf of hereby state all information provided within and attached to this document are true and correct at the time of completing this form.

I agree unless otherwise stated in a Works Order or signed Short Form Agreement, all works undertaken shall be in accordance with the UMS – Terms of Engagement and acknowledge Payment terms are 45days from end of month.

Signature: _____ Date: _____

13. Recommendation (Office use only)

Total Score:

Subcontractor 60+ Approved 59>Declined

Contract Manager Name: _____ Client Name: _____

Signature: _____ Date: _____

14. Critical Operation Approval (Office use only)

I General Manager for acknowledge the contractor has not met the engagement requirements as stated in UMS Standard Operating Procedure 2040, however their services are critical to meeting the contracts service requirements for which they are engaged. I authorise their registration onto the finance system.

Signature: _____ Date: _____