**Workplace Health and Safety Requirements for Contractors (QLD example)**

It is important as the Contractor that you read and agree to the terms listed below.

* The Contractor will provide a Workplace Health and Safety Plan, where necessary, in compliance with Part 8 of the Workplace Health and Safety Regulation 1997.
* The Contractor shall comply with all relevant Federal and State legislation, and The Company rules. Without limiting the generality of the foregoing, the contractor shall apply for and pay any fees for any permits required and shall only engage qualified staff in any prescribed occupation.
* Contractors, their agents and employees shall ensure that all work under this contract is performed in such a manner that no hazard or risk of injury or damage exists to the company’s employees, visitors or assets.
* Where the Contractor supplies equipment, machinery, vehicles or tools in the course of performing the work, it is the responsibility of the contractor to ensure that all such equipment complies with relevant Standards and is maintained according to manufactures requirements for the duration of the contract period.
* Wherever practical, the Contractor shall safely and securely barricade the works area and limit access to that area to relevant the company’s employees.
* Contractor employees entering any operations area shall obey all the company’s rules for that area and any direction given by the company’s.
* The Contractor shall fully comply with statutory obligations to insure themselves against all sums for which they may become legally liable (in respect to any injury or illness to a worker employed by them).

Prior to commencing any work at the company’s we require you to provide evidence of the following insurances from your Insurers:

* **Legal Liability Insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company: | | | | |
| Policy No: | Expire Date: | | Excess: | |
| Insured’s Name: | | | | |
| Limit of Indemnity | | $ | | Any one occurrence. |

* **Workers Compensation Insurance**

|  |  |
| --- | --- |
| Insurer | |
| Policy No: | Expire Date: |
| Insured’s Name: | |

We require you to adhere to the above requirements at all times for the duration of the contract. Please sign and date this agreement and return it together with your insurance details.

On behalf of (*company name*), I have read and agree to follow the requirements specified above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Names (print):** |  |  |  |