

CONTRACTOR'S COMPLIANCE FILE ASSESSMENT CHECKLIST

| Project Manager: | |
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| | |
| Project name: | |
| | |
| Client: | |
| | |
| Contractor Details: | |
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| | Contractor Details: | | | |
|-----|---------------------------------------|--|----------|--------------|
| No. | | items | Approved | Not Approved |
| 1 | Principal Contractors | Organogram | | |
| 2 | Letter Of Good Stand | ng With Compensation Fund | | |
| 3 | General Liability Insur | rance(Summary of Policy) | | |
| 3 | Notification Letter Of Applicable) | Construction Work ~ Department Of Labour (If | | |
| 4 | Appointments | | | |
| 5 | Induction: Employees | And Visitors | | |
| 6 | Principal Contractor's | SHEQ Policy | | |
| 7 | Health & Safety Plan | | | |
| 8 | Client Specification. | | | |
| 9 | Fall Protection Plan (I | f Applicable) | | |
| 10 | Risk Assessments | | | |
| 11 | Method Statements | | | |
| 12 | Safe Operating Proceed | dures | | |
| 13 | Incidents / Accidents | Register And Investigation Reports | | |
| 14 | Emergency Contact T | elephone Numbers | | |
| 15 | Emergency Plan | | | |
| 16 | Documented Proof Of | Daily Toolbox Safety Talks/ DSTI | | |
| 17 | Inspections Checklist | | | |
| 18 | All Registers | | | |
| 19 | Welfare Facilities | | | |
| 20 | Electrical Compliance | | | |
| 21 | Mandatary Agreemen | İ. | | |



| 22 | Communication Plan | * |
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| 23 | Training Records and Competency Certificates | |
| 24 | Staff Medical Certificates | |
| | COVID 19 REQUIREMENTS | |
| 1. | Covid 19 Risk assessment | |
| 2. | Covid 19 Risk assessment management plan | |
| 3. | TNPA Covid 19 induction | |
| 4. | Covid 19 Communication plan (Attendance registers DOL Directive 479, Risk assessment, etc.) | |
| 5. | Appointment of Covid 19 Manager/Representative | |
| 6. | Covid 19 Operational Plan(include Return to work questionnaire, Covid 19 Reporting and investigation procedure, social distancing, Symptom screening procedure, sanitising and disinfecting procedures, Cloth masks and other PPE, Measures in respect of workplaces to which public have access, Ventilation, Hygiene and cleaning measures and Waste Management, and not limited to the above specifications). | |
| 7. | Covid 19 Registers and Checklists | |

| | CONTRACTOR'S COM | IPLIANCE FILE REVIEW | |
|------------|------------------|----------------------|-----------|
| Date | Print Full Name | Designation | Signature |
| 02/10/2018 | Anesh Harisinker | Risk Specialist | |
| | | | |
| | St | atus | |
| | Approved | | |
| | Not Approved | | |
| | Reasons for | not approving | |
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