

Ref: _____

Privacy Collection Statement

Formula Interiors Pty Ltd ("we" or "us") is committed to protecting your personal information. We collect your personal information so that we can assess your suitability and engage you as a subcontractor; to respond to and assess an incident which has been reported; and to establish a commercial relationship with your business.

From time to time, we may use your personal information for the purposes of marketing our products and services, for example, to send newsletters and promotional offers about our products and services.

If you wish to access or correct your personal information, make a complaint about a breach of your privacy or if you would like a copy of our Privacy Policy (which contains more information about these matters, including to whom we may disclose your personal information), please contact privacy@formulainteriors.com.au.

1 Subcontract Details

Registered Business Name _____

Trading Name _____

Mailing Address _____

Site Address (if different from above) _____

ABN _____ ACN _____

Telephone No _____ Fax _____

Email Address _____

2 Key Contacts

Primary Contact	_____	Telephone	_____
Estimator	_____	Telephone	_____
WHS/EMS Rep	_____	Telephone	_____
Accounts	_____	Telephone	_____
Accounts email (remittance)	_____		

4 Type of Business

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Company | <input type="checkbox"/> Subsidiary | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Trader |

5 Nature of Business

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Assembly | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Design | <input type="checkbox"/> Equip. Service |
| <input type="checkbox"/> Supply & Install | <input type="checkbox"/> Install Only | <input type="checkbox"/> Supply Only |

Trade certified in
(tick all that apply)

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Joinery | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Tiling | <input type="checkbox"/> Electrical | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Glazing | <input type="checkbox"/> Fire Services |
| <input type="checkbox"/> Other... | <input type="checkbox"/> Other... | <input type="checkbox"/> Other... |

6 Operations Subcontracted Out

7 Years in Business

Worldwide:

Australia:

Ref: _____

8 No of Employees

Management	_____	Admin	_____
Project Management	_____	Sales	_____
Trade	_____	WHS/EHS	_____

9 Insurances

(Copies of certificates currency **MUST** be attached)

Insurance	Policy Number	Expiry Date
Workers Compensation	_____	_____
Public/Product Liability	_____	_____
Contract Works	_____	_____
Professional Indemnity	_____	_____

10 Licences & Permits (Copies of licences **MUST** be attached)

Type/Provider	Licence Number	Expiry Date
QBCC (if required)	_____	_____
Electrical Licence	_____	_____
Plumbers Licence	_____	_____
Security	_____	_____
Other (please specify) <i>Eg. EWP</i>	_____	_____
	_____	_____
	_____	_____

11 National Code of Practice (Construction Industry)

Are you Code compliant?

Yes No Exempt

(If YES, please provide a copy of your Government issued letter of compliance)

If NO, do you intend to become Code compliant Yes No

12 GST & Electronic Funds Transfer Authorisation

I hereby authorise Formula Interiors to directly deposit payments in the bank account listed below. This authorisation is to remain in force until the Company has received written authorisation of its change.

Registered for GST Yes No

Financial Institution _____

Branch Address _____

BSB _____ Account Number _____

Name of Account _____

Authorised By: _____ Signature _____
(Print Name & Position)

Formula Interiors is under no obligation to verify the bank account details provided.

13 OHS, Quality & Environment Systems

This questionnaire forms part of our sub-contractor evaluation to ensure registration on our Prequalified Subcontractor Database.

- Please be aware that if you answer YES to any of the questions, you may be required to provide documentary evidence.
- Answering NO will not necessarily compromise your ability to perform work for our Company.
- The gathering of this information is a requirement of our own certifications and also meets the requirements under the new Harmonisation of WHS laws.

Part 1 - Management Systems

Do you have a Quality, OH&S or Environmental management system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, is it..	Documented
Quality (e.g. ISO 9001)	<input type="checkbox"/>	3rd Party Certified
Safety (e.g. AS/NZS 4801)	<input type="checkbox"/>	<input type="checkbox"/> Expires
Environmental (e.g. ISO 14001)	<input type="checkbox"/>	<input type="checkbox"/> Expires

If certified, please include a copy of your current certification.

Part 2 - Quality Management

Do you have a Quality Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedure for:		
a) Design Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Document Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Inspection and Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Corrective and Preventive Actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Internal Auditing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Customer Feedback	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 3 - Environmental Management

Do you have an Environmental Management Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for:		
a) Environmental Planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Waste Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Noise Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Spill Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Environmental Aspect & Impact Analysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 4 - WHS Management

Do you have an Health & Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are WHS roles & responsibilities clearly identified for all levels of staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Company Safety Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you prepared Work Method Statements relevant to your operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
** If yes, please provide a copy of your SWMS for our review **		

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Do you keep up to date with changes to OHS legislation, Aust Standards and Industry Specific requirements and ensure changes are incorporated into work procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you prequalify all subcontractors you may engage?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Do you/your workers hold an Industry Induction card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are records of toolbox talks held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are regular WHS&E inspections at worksites undertaken and records held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company have any permit to work systems?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Are incidents & injuries recorded, investigated and records held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for maintaining, inspecting & assessing the hazards of plant operated / owned by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for identifying, assessing & controlling risks associated with manual handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for identifying, assessing & controlling risks associated with working at heights?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Do you have procedures for identifying, assessing & controlling risks associated with confined space?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Do you have processes ensuring the risks associated with managing traffic (including pedestrian) are appropriately controlled?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Are all portable electric tools & equipment inspected/tagged and records available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Safety - do you have provision for ensuring isolation procedures (to ensure that no work is performed on 'live' equipment)?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>
Do you have a process for exposure monitoring/health surveillance where required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for storing & handling hazardous substances? <i>If yes, please provide a record of training for your workers</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide your workers relevant PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a procedure for identifying & controlling non-conformances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you maintain a record of all training & induction programs undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you assess the competency of your workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are workers involved in decision making over WHS&E matters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a system for recording & analysing WHS&E performance statistics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a WH&S offence? <i>If yes, please provide details..</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 5 - EHS Performance

Incidents & Injuries:	Past 1 year	Past 2 years
• Number of Lost Time Injuries (LTI)	[]	[]
• Number of Medical Treated Injuries (MTI)	[]	[]
• Number of First Aid Injuries (FTI)	[]	[]
• Number of Near Misses	[]	[]
• Number of plant related incidents	[]	[]
• Number of environmental incidents	[]	[]
• Number of incidents reported to authorities	[]	[]

Comments: _____

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14 Recent Experience and Referees

Please provide details for the 3 most recent projects/services completed/provided by your Company

Customer Name _____

Contact _____

Details of Product/Services provided _____

Approx Value _____ Date Completed _____

Customer Name _____

Contact _____

Details of Product/Services provided _____

Approx Value _____ Date Completed _____

Customer Name _____

Contact _____

Details of Product/Services provided _____

Approx Value _____ Date Completed _____

OFFICE USE ONLY

Subcontractor Evaluation

Comments: _____

Grading Assigned: [A] [B] [C] [D] (Select only one. See procedure for details)

Note: obtaining subcontractor acknowledgement is not necessary

Reviewed by: _____
Name Signature Date

Business Unit Manager's Approval / Finance Approval (in the absence of the Business Unit Manager)

Approved by: _____
Name Signature Date

Created/Amended By:

Name _____ Supplier Code _____ Date _____