

# Brisbane Water NSW Central Coast 39 Araluen Drive KILLCARE NSW 2257 ABN 69 718 795 717

Phone +61 2 4360 1231 • Email sales@killcaremarina.com.au

Contractor Regis	stration APPLICATION	
Contractor's Business Name	ABN	
Please Print Name		
Core Business (description of the Services your company norm	nally provides)	
Insurances		
The Company requires outside Contractors to provide the following registration):	ng Certificates of Currency (copies must be provided with your	
<ul> <li>Public Liability Insurance (minimum value)</li> <li>Ship Repairers Liability Insurance (minimum value)</li> </ul>	<ul> <li>Public Liability Insurance (minimum value AUD \$10 million dollars);</li> <li>Ship Repairers Liability Insurance (minimum value AUD \$10 million dollars);</li> </ul>	
These requirements apply in full to all work. Contractors will not be certificates are provided.	be allowed to commence work until such time as the necessary	
A. PUBLIC LIABILITY	current copy attached	
Entity Insured:	Insurance Company:	
Policy Number:	Expiry Date:	-
Value:		
B. SHIP REPAIRERS LIABILITY	current copy attached	
Entity Insured:	Insurance Company:	-
Policy Number:	Expiry Date:	-
Value:		
C. WORKERS COMPENSATION	current copy attached	
Entity Insured:	Insurance Company:	
Policy Number:	Expiry Date:	
Value:		
Notes: (list any discussions, warnings/ reminders and follows-up	conversation if insurance details are incomplete)	
Licenses and Permits List any Licenses and Permits required for works undertaken and		



## Brisbane Water NSW Central Coast 39 Araluen Drive KILLCARE NSW 2257

ABN 69 718 795 717

Phone +61 2 4360 1231 • Email sales@killcaremarina.com.au

#### **Diving Work**

Current Environmental Legislation is very specific when it describes in-water hull cleaning activities. For all diving work that relates to underwater cleaning of vessels at the Premises, the Company requires additional specific information

- Copies of Commercial Diving Tickets for each of your staff;
- Medical certificates (not older than 12 months), certifying your staff is fit an able to undertake diving activities;
- Consent letter from the EPA, approving your work methods are in line with current legislation.

#### **OHS & Environment Management Plan**

Emergency Procedures. Please provide details of any emergency procedures you have in place.
Incident Reporting and investigation. Provide details of how incidents will be reported and investigated if they occur.
Injury Management. Describe any specific Injury Management processes identified in SWMS.
Safety Monitoring. List any ongoing inspections, incident reporting and hazard management to be carried out during works.
Safety Monitoring. List any ongoing inspections, incident reporting and hazard management to be carried out during works.
Safety Monitoring. List any ongoing inspections, incident reporting and hazard management to be carried out during works.

#### Risk Assessment (SWMS) & PPE

The Contractor is required to provide a risk assessment (Safe Work Method Statement ) prior to commencing any job that involves a certain risk to the Company property, Vessels in Custody, or could potentially harm the Environment, or threat personal safety.

For regular Contractors who perform re-occurring jobs, a generic SWMS indicating all specific tasks and associated risks will be accepted to replace the individual SWMS. This generic document could be supplemented by individual SWMSs for less frequent jobs.

Complete the relevant Safe Work Method forms outlining how you will ensure that all employees understand the Safe Work Method Statement (SWMS). Attach copies of the relevant SWMS.

#### **Chemical Register**

No Person is permitted to bring onto the Premises any Dangerous Substances as defined by the Australian Dangerous Goods Code. Such substances are prohibited within the Premises.

The Manager is to be notified before any Person brings a chemical or hazardous product onto the Premises.

MSDSs for all hazardous substances must be available upon request. All Persons must be familiar with, and understand the first aid and control measures required.



### Brisbane Water NSW Central Coast 39 Araluen Drive KILLCARE NSW 2257

ABN 69 718 795 717

Phone +61 2 4360 1231 • Email sales@killcaremarina.com.au

#### **Reference Check**

We request you supply us with contact details of two recent customers or companies that are able to give us further information or	1 you
services. This information will be treated confidentially and will be used for this internal reference check only.	

services. This information will be treated confidentially and will be used for this internal reference check only.				
Refer	ence 1:			
Conta	ct Name:	Company Name:		
Conta	ct Details:			
Refer	ence 2:			
Conta	ct Name:	Company Name:		
Conta	ct Details:			
Che	cklist			
Thank y	ou for taking the time to complete the Contractor regist	tration process.		
	est that you use this checklist as a guide to ensure that on and to avoid any delays in processing your applicat		on submission of the	
1.	I have read the application and understood the terms	s and conditions		
2.	I have completed the Application form			
3.	I have attached copies of insurances			
4.	I have attached copies of relevant Licenses and Perr	mits		
5.	I have attached copies of Diving Work related docum	nents		
6.	I have completed the Contractors OH&S and Enviror	nmental Management Plan		
7.	I have completed the Required SWMS			
8.	I have completed the Contractors Chemical Register			
9.	I have booked my induction with the Company			
	ractor's Declaration	the Company		
hereby apply for registration as an approved Contractor with the Company.			ental Requirements and	
acknowledge receiving and understanding the Marina Regulations regarding Health, Safety and Environmental Requirements and should my application be successful, I agree to abide by them.				
declare the information that I have provided is accurate and true.				
further agree to ensure that all of my employees, agents or sub-Contractors are fully aware of these requirements and obligations and shall abide by them at all times.				
	Signed by the Contractor:	Print Name:		



# Brisbane Water NSW Central Coast 39 Araluen Drive KILLCARE NSW 2257 ABN 69 718 795 717

Phone +61 2 4360 1231 • Email sales@killcaremarina.com.au

Contractor INDUCTION						
The Contractor must participate in a personal site induction on / prior the first day that he intends to provide any work or services.						
Confirmation of Completion of						
Date of Site Induction:	Signed by the Contractor:	Print Name:				
		Print Name:				
	oigned by the Manager	Till Name.				
The Following Checklist is to be	e completed by the Manager while undertaking	ng an induction of a Contractor proposed for Registration:				
Completed Registrati	ion form					
2. Confirm provided Ins	urances					
3. Confirm Licenses and	d Permits					
4. Diving special conditi	ions ( if applicable)					
5. Collection of Manage	ement Plan					
6. Collection of Require	ed SWMS and Confirmation of PPE					
7. Collection of Chemic	al Register					
8. Review of Safety Eq	8. Review of Safety Equipment and Emergency Plan					
9. Review of terms and	Conditions of registration					
You will be required to register	"in" and "out" every day you visit the Premise	es.				
You will record the details of Ve	essel you are working on, and specify the type	e of work you will be doing.				
Your registration with the Company will be valid for the duration of your insurance cover (refer specific insurance requirements). It is important that you provide us with updated insurance documents when applicable.						
. , , ,		ition procedure, and acknowledges the conditions.				
,	,					
Additional Notes, Comments and Conditions						