FORM H – Contractor WHS Standards Agreement

Contact Name:			
Company:			
Address:			
ABN:			
Phone Number:		Fax Number:	
Email:			
Service to be provided:			
Trade Licence Number:			
		carried out is to comply with relevend Codes of Practice and any Loc	
Signature and name of authorise	ed person providing th	e service:	
	(Signature)		_(Name)
Signature and name of authorise	ed person on behalf of	THE PARISH	
	(Signature)		_(Name)
The Contractor MUST provide co	urrent copies of the fo	llowing documents before comme	ncing work:
Workers compensation insurance	✓ or NA e	Public Liability insurance	✓ or NA
Professional Indemnity insurance	e	Safe Work Method Staten	nents
Comments			
Actions (to be completed by the	Manager) √ to indica	te	
() Copies of all required doc() Contractor has been indu	cuments have been reacted and induction fo		der