

Sub Contractor Agreement



Date:	
Name of Subcontractor:	
ABN:	
Address:	
Contact Number/s:	
Fax:	

Licences (if more lines required please attach separate page)

Type of Licence	Name on Licence	Licence Number	Expiry Date

Insurances (attach copies of all insurance policies)

Type of Insurance	Insurance	Policy Number	Expiry Date
Workers Compensation*			
Public & Product Liability			

*Sickness and Accident/Income Protection Insurance (if sole trader)

Scope of Works	Agreed price

I have read the Work Health and Safety documents of Bartsch Builders and agree to comply with the requirements set out therein and follow any reasonable instructions, advice and directives including but not limited to:

- Providing Safe Work Method Statements for High Risk Construction Work or upon request for _____ (Subcontractor to Write Name)
- Providing Safety Data Sheets for all substances used while undertaking work for _____ (Subcontractor to Write Name)
- Ensuring all tools, plant and equipment are provided and maintained in a safe condition (e.g. electrical test & tag, guarding, warning signals, daily inspection checks etc.)
- Complying with reporting requirements for hazards and incidents/injuries

Page Number:	1 of 2	Document Number:	FORM 010	Parent Document:	WHS PROCEDURES
First Issued:	11.01.2018	Last Reviewed:	01.12.2021	Next Review:	01.12.2022
Version:	1.0	Owner:	Bartsch Builders	Authorisation:	Kristie Bartsch

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- Participating in any communication, consultation and co-ordination arrangements as requested by Bartsch Builders

Name: _____

Signature: _____

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