

Work Health and Safety (WHS) Post-Contract Evaluation Form

To be completed by Contract Manager (City Responsible Officer)

This form is to be used by a City of Albany Contract Manager in evaluating the completed contract and/or relevant work.

Contract Name:	
Work Finish Date:	
Work Evaluation Date:	

Review Questions

Question	Response	Comments
Was the work completed as per the terms and conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Were there any incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were they?
Were there any safety breaches observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were they?
Were there any WorkSafe notices issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were they?
Did the contractor comply with our WHS Policy and Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when?
Were there any other issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were they?
Should we engage the contractor to undertake other work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?

Contractor Response to Non-Compliance:

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Evaluator's Comments:

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Evaluator (Responsible Officer's Name and Signature):

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Line Manager's Name and Signature:

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