

Unipod Pty Ltd  
ABN 33 123 302 509

General enquires in relation to completing this form or return of the form when completed can be made to the Unipod representative listed below. Please ensure all applicable sections are completed.

Full Name	Telephone No	Email Address:
		@unipod.com.au

### 1.0 Supplier/Contractor Company Information

Company Name:		Trading Name:	
Street Address:			
Suburb:	Post Code:	State:	Country:
Main Supplier Contact Name:	Position Title:	Main Contact Email Address:	
ABN:	Phone Number:	Fax Number:	
<b>Bank Details:</b>	Account Name:		
Bank:	BSB: ____-____	Account Number:	
Branch:			
Credit Limit:	Payment Terms:.....Day EOM(end of month)		

### 2.0 Supplier/Contractor Management Personnel

Department	Manager Name	Position Title	Contact #
Quality ▶			
Production ▶			
Sales ▶			
Purchasing/Supply ▶			
Finance ▶			
General Management ▶			

**3.0 Product/Services Review:** Please describe the products and/or services offered by your company. Include indicative lead times and also nominate the cost for the product/service. Attach an additional page if required.

Product / Service	Lead Time	Cost – (Labour cost/hr, product cost)

#### 4.0 Health, Safety, Environment and Quality Review

Scope of Work:

Will you be working on a Unipod site?  YES\*  NO

Start Date:

**\*If "Yes" provide a copy of task specific JSEA/SWMS. Note, this is required for all Contractors working on Unipod Pty Ltd sites. Please be aware you may also be required to provide the following documentation:**

- HSE Management Plan
- HSE Management System Procedures and Policies
- Licences, Training Records and Certificates
- Work Permits, SWMS, JSEAs and Risk Assessments
- Organisation registers and service records including chemical, plant & equipment, electrical, mobile equipment/vehicle registers
- HSE Compliance documentation

#### 4.1 Required Site HSE Inductions. Note: list all personnel who will be working on site - attach additional list if required

Name	Phone No	Email

#### 4.2 Health and Safety

	Yes	No	Comment
Has your company received any improvement or prohibition notices or been prosecuted by any statutory authorities in last three years?			
Does the company have AS/NZS ISO4801 or ISO45001 certification? If Yes, please provide evidence and proceed to section 4.3			
Does your company have a documented Health and Safety Policy? If Yes, please provide a copy of the policy.			

#### 4.3 Environment

Does your company have AS/NZS ISO 14001 certification? If Yes, please provide evidence and proceed to section 4.4			
Does your company have a documented Environmental Policy? If Yes, please provide a copy of the policy.			

#### 4.4 Quality

Does your company have an AS/NZS ISO 9001 certification? If Yes, please provide evidence and proceed to section 4.5			
Does your company have a documented Quality policy? If Yes, please provide a copy of the policy.			

#### 4.5 Product

Does your product meet the requirements of the applicable standard? If Yes, please provide evidence (which ever applicable). Test certificate: _____ Technical note: _____ Production Certification: _____ Safety Data Sheet: _____			
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4.6 Commercial Carrier <i>(Note, this section to be completed by transport providers only)</i>			
	Yes	No	Comment
Does your company successfully comply with the National Heavy Vehicle Accreditation Scheme (NHVAS)? If Yes, provide evidence. If No, complete the below section.			
Does your company have a Fatigue Management Program/Plan? <i>If Yes, please provide evidence.</i>			
Does your company have a documented Drug and Alcohol policy? <i>If Yes, please provide evidence.</i>			
Does your company have a HVNL/CoR Transport management Plan? <i>If Yes, please provide evidence.</i>			
4.7 Improvement			
	Yes	No	Comment
Is your company committed to working with Unipod Pty Ltd to further improve elements of your HSEQ systems?			

5.0 Insurance Details <i>(Please provide documentation as evidence where applicable)</i>					
	Yes	No	Policy #	Value Insured \$	Expiry Date
Worker's Compensation Insurance					
Public Product Liability Insurance					
Professional Indemnity Insurance <i>(if applicable)</i>					
Vehicle, Plant and Equipment Insurance <i>(if applicable)</i>					
Goods in transits Insurance <i>(transport providers)</i>					

## Supplier Declaration

- This is to certify that I have read and agree to the General Terms and Conditions of purchase from Unipod Pty Ltd which is available for review at [www.unipod.com.au](http://www.unipod.com.au), or upon request
- This is to certify that I have read and agree to the supplier code of conduct which is available for review at [www.unipod.com.au](http://www.unipod.com.au), or upon request
- I hereby declare the information provided is a true and accurate reflection of my Company's management system and processes.

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

**Internal Use Only**

**Unipod Approval**

Unipod MPL, HSEQ and Finance department is to review the information provided and confirm either of the following

<input type="checkbox"/>	Supplier/contractors are NOT approved for use. Detail reason for decision below:
<input type="checkbox"/>	Further information is required. Please contact the supplier/contractors to provide the following information and re-submit:
<input type="checkbox"/>	Supplier/contractors are approved for use. (Enter details into supplier/contractor register)

Responsibility	Name	Date	Signed
Supplier Requested By			
Department Manager			
MP&L Manager Approval			
HSE Approval			
Finance Approval			
Payment Terms:	Supplier Classification:		
Estimated Monthly Spend:	Vendor Risk Rating:	High	Med      Low