The purpose of this form is to assist the primary contracting company to develop a scope of work and to determine the level of management required for sub-contractors.

Sub-contractors must register their company within the Whitehaven Coal Contractor Management Portal.

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| **Details:** (List name and contact details) |
| Sub-contractor Company: |  |
| Primary Contracting Company: |  |
| Primary Contractor Representative: |  |
| WHC Contractor Owner Name: |  |
| **Site:** (☑ applicable site) |
|  | GUN CHPP |  | MCC |  | NCO |  | ROC |  | SUN |  | TAR |  | VIC |
|  | WC |  | WIN |  | Other *(list in full)* |  |
| **Scope of Work:** (attach additional documents if required) |
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**Primary Contractor Representative is to:**

1. Answer the below questions and include further actions as required.
2. Acknowledge this form
3. Gain approval from WHC prior to the use of any Sub-contractor Company’s workers.

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| --- | --- | --- | --- |
| **Sub-contractor Management: ☑**  | **Yes** | **No** | **Comment for No:** (Actions) |
| Will the Sub-contractor Company’s workers be working under the direct supervision of the Primary Contracting Company? |  |  | If **no**, detail the supervision arrangements that will be in place for the work: |
| Will the Sub-contractor Company be working to the same HSE management system as the Primary Contracting Company’s?  |  |  | If **no**, the Primary Contractor must review and approve the Sub-contractors HSE management system.  |
| Will the Sub-contractor Company’s workers be using the Primary Contracting Company’s vehicles, tools, equipment and materials?  |  |  | If **no**, the Introduction to Site process must followed.  |
| Is the Sub-contractor Company currently an approved contracting company for the site? |  |  | If **no**, the Sub-contractor must register their company within the Whitehaven Coal Contractor Management Portal. |
| Will the sub-contractor be utilising additional sub-contractors?  |  |  | If **yes**, the Primary Contractor is to provide a summary of the reporting relationship and a WHC-FRM-Sub-contractor Engagement for each additional Sub-contractor. |

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| **Acknowledgment:**  | **Name:** | **Signature:** | **Date:** |
| Primary Contractor Representative: |  |  |  |

**WHC Contractor Owner is to:**

Review this completed form and approve the subcontractor to work at site or provide feedback as to why it was not approved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sub-contractor Approval:**  | **Print Name:** | **Signature:** | **Date:** |
| WHC Contractor Owner: |  |  |  |