PA-WA-SAH-FRM-307.4 Contractor Request Form



This step to be completed for any persons working at site (either as a contractor to Wambo or subcontractor) prior to request for induction, re-induction or to work on site.

Name Of Requestor:			
Company Name:			
Persons Name:			
Reason for completion of form:	Work on site ☐ Induction ☐ Re-Induction ☐		
Has this contractor worked more than 1200hrs in the last 12 months?	Yes (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours. A processing fee will apply and payment will need to be made to Pegasus Safety by the Contracting Company)		
Persons Name (additional):	No L		
Reason for completion of form:	Work on site ☐ Induction ☐ Re-Induction ☐		
Has this contractor worked more than 1200hrs in the last 12 months?	Yes (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours)		
Persons Name (additional):	No		
	Wards are also Declaration Dec		
Reason for completion of form:	Work on site Induction Re-Induction		
Has this contractor worked more than 1200hrs in the last 12 months?	Yes (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours)		
Persons Name (additional):	No U		
	Work on site ☐ Induction ☐ Re-Induction ☐		
Reason for completion of form:			
Has this contractor worked more than 1200hrs in the last 12 months?	Yes (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours)		
Persons Name (additional):	No		
Reason for completion of form:	Work on site ☐ Induction ☐ Re-Induction ☐		
Has this contractor worked more than 1200hrs in the last 12 months?	Yes (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours)		
***	No 🗆		
What area will this contractor be working at?	☐ CHPP ☐ Open Cut ☐ Underground ☐ Surface/Building/Grounds		
How will the business be impacted if we do not have this contractor?			
How would the task be completed if the person is not approved?			
What tasks will they be doing?			

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Are We Being Charged For This Service or Is This Work Subcontracted? (If Subcontracted, Who For?)			
What Is The Charge Rate And Basis? (\$ Rate, Contract, Per Hour, Per Unit)			
What Equipment Are We Also Being Charged For And At What Rate?			
Person In Charge Of Checking Timesheets/Invoices/Contract: Is There A Valid Purchase Order (please specify PO number): No work to commence on-site without valid PO.			
Persons Name:			
Requester:	Name:	Signature:	Date:
Wambo Job Coordinator:	Name:	Signature:	Date:
Department Manager:	Name:	Signature:	Date:
General Manager REQUIRED FOR NEW INDUCTIONS ONLY	Name:	Signature:	Date:
This request is approved/declined sub the following:	ject to		

The Manager of the Wambo Job Coordinator and/or contractor is responsible for blocking and unblocking the inducted person to work on site. Persons may be blocked from site pending information at the induction stage by Pegasus Safety and Training.