

CONTRACTOR STATUS UPDATE FORM

Please complete contract number section then section A and/or B. Email completed forms as an attachment to induction@gal.com.au

Company Name:			
Contract or PO Number:		Vendor No:	
Authorized by (full name):		Signed:	
Position held in company:			

Section A – Change of Contractor Company

Complete Section A when you employ a person who has a current site induction at QAL with a previous employer and still requires site access.

Section A – Personal details of a contractor who has changed company and requires QAL site access			
Surname			First Name/s
DOB:	/	/	Badge No:
Role:			Change-over Date / /
ID Card returned to Security:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? (approx date) / /

Note: If change over date not supplied, change over will default to date received by QAL induction co-ordinator

I authorise the above Change Action to be completed: (both signatures required)

Onsite Contractor Manager _____ Date _____

QAL Contract Supervisor _____ Date _____

The Contractor Change Action has been completed:

QAL Induction Co-ordinator _____ Date _____

Section B – Termination of a Contractor - Complete Section B when an employee who has a site induction at QAL leaves your company or when a current employee no longer requires site access.

This form lists the clearances required by Contract Labour prior to departing the QAL site and acknowledges that QAL property has been returned. It also provides the Contracting Company authorisation for the Contractor to depart the site

On the last day the Contractor is present, the onsite **Contractor Manager is accountable** to remind the Contractor that they are legally bound not to disclose or use any QAL proprietary information; ensure that any outstanding Health Safety Environment actions in the QAL Portal have been reassigned to the Contractor Supervisor and ensure a termination medical is undertaken within 30 days for all asbestos removalists. The Contractor Manager is also accountable to collect the following items and return to the relevant QAL Sections:

- Tools and equipment on loan
- Locker keys
- Personal Red Lock and/or Isolation Officer Keys (Security)
- Substation access key
- Personal Access Badge or Temporary Access Badge (Security)
- Diphoterine aerosol can, eyewash and pouch (Security)

I declare that the above actions have been completed:

Onsite Contractor Manager _____ Date _____

QAL Contract Supervisor _____ Date _____

QAL Plant Protection (Security) _____ Date _____

Section B – Personal details of a contractor who no longer requires QAL site access			
Surname			First Name/s
DOB:	/	/	Badge No:
Role:			Termination date / /
ID Card returned to Security:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? (approx date)
Redlock & key returned to SAC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why?
Diphoterine collected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why?
Sub station access key returned to security (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why?

Note: If termination date not supplied, termination will default to date received by QAL induction co-ordinator

The Contractor Termination Action has been completed In SAP

QAL Induction Co-Ordinator _____ Date / /