



CONTRACTOR REGISTRATION & INDUCTION PF244

Completion of this form is required before a company can be placed on the UQ Property and Facilities (P&F) Contractor Register and allowed to commence work for or on behalf of P&F on any UQ buildings or grounds. NOTE: Attach additional name or licence information, if required.

Please bring this form filled out to the induction session and give to the instructor before leaving.

Company Details (Please print clearly):			
Company Name:		ABN No.:	
Postal Address:		Suburb / City / Post Code:	
Physical Address:		Suburb / City / Post Code:	
Contact Phone No.:		Fax No.:	
Main Contact Name:		Position Title:	
Phone No.:		Phone Ext:	
Email Address:			

Business Activity (Please indicate with a cross which one of the below best describes your business activities):

<input type="checkbox"/> Air Compressors	<input type="checkbox"/> Construction < \$250,000	<input type="checkbox"/> Fire Services	<input type="checkbox"/> RO Water
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Construction > \$250,000	<input type="checkbox"/> Fume Cupboards	<input type="checkbox"/> Roofing
<input type="checkbox"/> Air Extraction	<input type="checkbox"/> Demolition	<input type="checkbox"/> Furniture	<input type="checkbox"/> Rope Access
<input type="checkbox"/> Animal Handlers	<input type="checkbox"/> Earthmoving	<input type="checkbox"/> Generators	<input type="checkbox"/> Safety Systems
<input type="checkbox"/> Architect	<input type="checkbox"/> Electrical	<input type="checkbox"/> Glasshouse Builders	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Asbestos / Haz. Materials	<input type="checkbox"/> Emergency Lighting	<input type="checkbox"/> Glaziers	<input type="checkbox"/> Security
<input type="checkbox"/> Autoclaves / boilers	<input type="checkbox"/> Engineering – Acoustic	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Signage
<input type="checkbox"/> Battery	<input type="checkbox"/> Engineering – Civil / Structural	<input type="checkbox"/> Labour Hire	<input type="checkbox"/> Stonemasons
<input type="checkbox"/> Blinds / curtains	<input type="checkbox"/> Engineering – Electrical	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Telecommun. / Data
<input type="checkbox"/> Brick / Block laying	<input type="checkbox"/> Engineering – Environ.	<input type="checkbox"/> Lawn mowing	<input type="checkbox"/> Testing / Sampling
<input type="checkbox"/> Building Mgt Systems	<input type="checkbox"/> Engineering – Fire	<input type="checkbox"/> Lifts	<input type="checkbox"/> Tiling
<input type="checkbox"/> Carpet / Vinyl	<input type="checkbox"/> Engineering – Hydraulic	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Waste control
<input type="checkbox"/> Cherry Pickers	<input type="checkbox"/> Engineering – Lift	<input type="checkbox"/> Painting	<input type="checkbox"/> Waste treatment
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Engineering – Mechanical	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Civil Works	<input type="checkbox"/> Engineering – Soil	<input type="checkbox"/> Plumbing & Gas Fitters	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Concreting	<input type="checkbox"/> Engineering – Traffic	<input type="checkbox"/> Pumps	
<input type="checkbox"/> Cranes / hoists	<input type="checkbox"/> Fencing	<input type="checkbox"/> Refrigeration	

Person/s being inducted (Please print clearly):

Person 1 Name:		Position Title:	
Person 2 Name:		Position Title:	
Person 3 Name:		Position Title:	
Person 4 Name:		Position Title:	

Office Use Only

Induction completed on: / / Attendees deemed to be: Competent Not Competent

Induction conducted by: HSC EE Other Inductor Name: _____



Company Insurance <i>(Please print clearly):</i>				
<input type="checkbox"/> Workers Compensation:	Policy No.:		Expiry Date:	/ /
<input type="checkbox"/> Public Liability:	Policy No.:		Expiry Date:	/ /
Insurer's Company Name:				
<input type="checkbox"/> Specialist Licences (e.g. Asbestos removal A or B, Waster Management, Builders Licence, etc):				
	Licence Type	Licence No.	Expiry Date	
			/ /	
			/ /	
			/ /	
			/ /	
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Contractor Declaration

Below must be signed after attending and completing the P&F Contractor Induction session. By signing the Contractor agrees to adhere to the P&F Occupational Health, Safety & Environmental Policy and procedures.

Name of person making declaration: _____

Position of person making declaration: _____

Signature: _____

Date: _____

NOTE: The contractor company will be registered with the University for a period of 24 months from the date of signing.