

WHS FORM 01: ORGANISATION DETAILS

*Insert Company Logo 

Business or trading name					
ACN/ABN		Number of employees			
Scope of works					
Insurances (attach copies of certificates of currency)	Organisation	Policy number	Limit per claim	Limit year	Expiry date
Workers compensation					
Public liability					
Professional indemnity					
Sickness and accident					
Contract licence number					
Name of director or manager					
Business address					
Telephone		Mobile			
Facsimile		Email			
Person responsible for managing WHS on site		Contact details			
We <input type="checkbox"/> do/do not <input type="checkbox"/> intend to subcontract all or part of the works. If engaged, the sub-contractors intended to be used on this site are:					
Business		Contact details			
We shall ensure that the above subcontractors provide an SWMS for their specialised high risk construction work, and shall participate in their review and where necessary amend the SWMS, in consultation with the PCBU and the workers the SWMS relates to.					
Signed (director or manager)				Date	