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| **WHS FORM 01: ORGANISATION DETAILS** |
| 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 *do/do not* 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 |

\*Insert Company Logo