

# LFT COR FORM

## Contractor Company Details



### ATTACHMENT 1

(Complete and return to [admin@lftransport.com.au](mailto:admin@lftransport.com.au)

The below questionnaire must be filled in by all potential contractors wanting to work for LFT. If you have any questions about this please contact Lara Fraumano via email [admin@lftransport.com.au](mailto:admin@lftransport.com.au) or by phone on 0422111477

Company Name:	
Trading Name (if applicable):	
ABN:	
Registered Company Address:	
What is your company's structure? i.e. Sole Trader, Owner driver, Partnership, Trust or Company	
Are you classified as an Owner driver under the relevant State of Territory laws that you operated under?	
Head Office Phone:	
Head Office Fax:	
Head Office Email:	
Form completed by:	
Contact Person Phone:	
Number of sub contractors engaged by you to perform work for LFT	
Number of vehicles in your fleet excluding subcontractors	

Principal Contracting Company	
Contractor Representative	
Contractor Representative Contact Number	
Contractor Representative Email	
Signature of Representative	
Date	

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### ATTACHMENT 2

#### EVIDENCE OF INSURANCE

(Provide copies of all Current Certificates of Currency in addition to completing and returning this form).

##### Marine Insurance

Insurers Name:	
Phone:	
Public Liability Policy Number:	
Expiry Date:	
Insured Amount:	
Tariff Rate:	

##### Motor vehicle Insurance

Insurers Name:	
Phone:	
Expiry Date:	
Policy Number:	
No. of Employees nominated on policy:	
Total Wages nominated on policy:	

##### Public & Product Liability Insurance

Insurers Name:	
Phone:	
Public Liability Policy Number:	
Expiry Date:	
Insured Amount:	
Tariff Rate:	

##### Workers Compensation Insurance

Insurers Name:	
Phone:	
Expiry Date:	
Policy Number:	
No. of Employees nominated on policy:	
Total Wages nominated on policy:	

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### ATTACHMENT 3

### CONTRACTOR MANAGEMENT SYSTEM QUESTIONNAIRE

(Complete and return)

Company Name:	
No. of Employees:	
Services Provided:	
Questionnaire Completed By:	
Contact Phone Number:	

### 1. Safety and Environment Management System and Policy

<b>1.1.</b>	<b>Policy System</b>			
1.1.1	Does your company have an OHS&E (Occupational Health Safety & Environment) Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.1.2	Does your company have a Safety System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.1.3	Does your company have an Environmental Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.1.4	Does your company have an Environmental System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>1.2.</b>	<b>Legislative Updates</b>			
	How does your company keep up to date with changes in Legislation, Regulation, and Australian Standards, (e.g. Heavy Vehicle Legislation, and Industry Specific requirements) to ensure all changes are incorporated into work procedures and practices?			
<b>1.3.</b>	<b>Consultation</b>			
1.3.1	Are OHS&E initiatives, programs, changes and trends communicated to all staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>1.4.</b>	<b>Accreditation / Internal Audit</b>			
	Is your company accredited to the National Heavy Vehicle Accreditation Scheme?			
1.4.1	Mass Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.4.2	Maintenance Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.4.3	Basic fatigue Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.4.4	Advanced fatigue Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.4.5	Currently not accredited – Working Standard Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Provide accreditation details (if applicable), e.g. The year accreditation was awarded:			
1.4.6	Does your company conduct internal audits of its own operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
1.4.7	Is there evidence kept of supervision of employees, such as monitoring work diaries, vehicle speed, fitness for work, drug & alcohol testing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Is yes, please describe:			

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### 2. Health, Safety and Environment Training

<b>2.1.</b>	<b>HSE Training</b>			
2.1.1	Is health and safety training conducted in your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.1.2	Is environmental training conducted in your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please describe				

### 3. Training and Competencies

<b>3.1.</b>	<b>Induction</b>			
3.1.1	Do you induct your employees to the company and job they are performing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>3.2.</b>	<b>Qualifications / Certifications / Competencies</b>			
3.2.1	Do all employees and subcontractors hold current qualifications, licences and work permits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.2.2	Do all your employees receive on the job training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.2.4	Are the training records of all your employees kept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.2.5	Do all subcontractors receive on the job training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.2.6	Are the training records of all subcontractors kept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>3.3</b>	<b>Training</b>			
3.3.1	Have you and / or your employees been trained in operation of Heavy Vehicles, Trailers, Fatigue Management, Regulated Driving Hours, Mass, Dimension, Load Restraint, Speed, Chain of Responsibility, and Use of PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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### 4. Subcontractor Management

<b>4.1.</b>	<b>Subcontractors</b>			
4.1.1	Do you / will you use subcontractors to drive for LFT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If no – Go to section 5				
<b>4.2.</b>	<b>Subcontractor Selection</b>			
How do you select your subcontractors?				
4.2.1	Subcontractors are formally selected from a preferred list using a prequalification process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.2.2	Subcontractor selection procedure exists and is used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.2.3	Subcontractors are normally selected “as preferred”?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.2.4	Please provide brief supporting details of how you select your subcontractor, (e.g. formal / informal selection procedures, relationship or previous experience)			
<b>4.3.</b>	<b>Subcontractor Communication</b>			
4.3.1	Are LFT requirements communicated to your subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Please Explain:				
<b>4.4.</b>	<b>Subcontractor Monitoring / Supervision</b>			
4.4.1	Do you monitor your subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.4.2	Formal monitoring (check lists) in accordance with schedule?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.4.3	Some formal monitoring (check lists), as time allows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.4.4	Some informal monitoring / supervise / spot-checking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please provide details, (include frequency):				
<b>4.5.</b>	<b>Subcontractor Audits</b>			
4.5.1	Do you audit your subcontractors? (i.e. auditing their safety, maintenance, CoR management system, speed management, and driver fatigue procedures and practices)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### 5. Incident Management

<b>5.1.</b>	<b>Incident Reporting and Investigation Procedure</b>			
5.1.1	Do you and / or your company have a procedure / process in place to ensure all incidents are reported and investigated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>5.2.</b>	<b>Regulator Activity</b>			
5.2.1	Have you and / or your company been issued any improvement or prohibition notices or have been prosecuted during the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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If yes, please provide details:

<b>5.3.</b>	<b>Emergency Response</b> Are arrangements in place to deal with emergencies such as:			
5.3.1	Road Accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.3.2	Vehicle Breakdown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.3.3	Work Injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### 6. Equipment

<b>6.2.</b>	<b>Risk Assessments</b>			
6.2.1	Does your company have documented risk assessments for all Vehicles, trailers and load restraint equipment to transport goods on LFT's behalf in accordance with relevant Heavy Vehicle and Load Restraint Legislation/Regulation? (This includes supporting documentation around Risk Assessments from hiring companies).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>6.3.</b>	<b>Maintenance Programs / Records</b>			
6.3.1	Do you and / or your company have a documented maintenance program and maintenance schedules in place for all vehicles, speed limiting devices, trailers, load restraint equipment, and PPE, (this includes supporting documentation around maintenance programs from hiring companies)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.3.2	Do you and / or your company have a daily vehicle inspection procedure and checklist in place to enable the driver to check for, and report, vehicle, trailer, and load restraint equipment defects prior to commencing work each day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.3.3	Does your company have procedures in place to monitor vehicle maintenance schedules and vehicle, trailer, and load restraint equipment defects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If no, describe how you ensure vehicles, trailers, load restraint equipment and PPE is kept fit for purpose:

Please provide copies of the maintenance and repair schedules and history of two vehicles, trailers and their load restraint equipment.

<b>6.4.</b>	<b>Procedures</b>			
6.4.1	Does your company have documented procedures / instructions for operating Vehicles, Trailers, Load Restraint Equipment and PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>6.5.</b>	<b>Registration and Licensing</b>			
6.5.1	Does your company have all Vehicles, Trailers and equipment registered as required by Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.5.2	Are all Vehicles and Trailers, used to transport freight on LFT's behalf roadworthy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Please provide proof of current vehicle registration, and copies of Roadworthy Certificates (within the last six months of the date when initially engaged)

<b>6.6.</b>	<b>Personal Protective Equipment (PPE)</b>			
6.6.1	Is appropriate PPE issued to your employees and contractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.6.2	Are your personnel trained in the use of PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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### 7. Operating Procedures

<b>7.1</b>	<b>Operating Procedures</b>			
7.1.1	Do you and/or your company have documented procedures, for operation of Vehicles, Trailers, Load restraint Equipment and PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>7.2</b>	<b>Work Method Statements (WMS)/Job Safety Analysis (JSA)</b>			
7.2.1	Do you and/or your company have documented WMS/JSA's, for operation of Vehicles, Trailers, Load restraint Equipment and PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### 8. Transport Safety

<b>8.1.</b>	<b>General OH&amp;S</b>			
Briefly describe your driver selection and induction process:				
8.1.1	Do you have a company Driver Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.1.2	Do you conduct driver licence checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Yes, how often?				
<b>8.2.</b>	<b>Load Restraint</b>			
8.2.1	Do you have procedures in place relating to Load Restraint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.2.2	Have your drivers been informed about LFT's Load Restraint Procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.2.3	Are your drivers provided with suitable and adequate load restraint equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>8.3.</b>	<b>Driver Health</b>			
8.3.1	Do you have procedures relating to Driver Health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.3.2	Are drivers required to take a full medical check-up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.3.3	Does the medical check up include checks for:			
8.3.4	Sleeping disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.3.5	Drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.3.6	How often are medical checks required?			
Comments:				
8.3.7	Are drivers educated in the benefits of healthy diet and lifestyles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:				
8.3.8	Do you have Drug & Alcohol Policy in operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>8.4.</b>	<b>Fatigue Management</b>			
8.4.1	Do you have a Fatigue Management policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.4.2	Are drivers and staff trained in recognising the signs and symptoms of driver fatigue and how to reduce it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:				

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8.4.3	Are procedures in place to monitor driver compliance with the requirements for working and rest (e.g. Copies of driver work diaries are maintained)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Yes, Please describe:				
8.4.4	Are procedures in place to address driver non-conformances with the requirements for working and rest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Yes, Please describe:				
8.4.5	Do you have an auditable system for driver rostering and scheduling, which ensures drivers are provided with adequate opportunity for rest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.4.6	Please indicate which hours option you are operating under:			
	Standard Hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Basic Fatigue Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Advanced Fatigue Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Not Applicable (WA & NT only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>If you are accredited to BFM or AFM please provide a copy of the accreditation certificate for LFT records.</i>				
<b>8.5.</b>	<b>Dangerous Goods Transport and Storage</b>			
8.5.1	Do you have policies/procedures relating to Dangerous Goods, Transport and storage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>8.6.</b>	<b>Mass and Dimension Limits</b>			
8.6.1	Do you have policies/procedures in place for monitoring compliance and addressing non-compliance in relation to Mass and Dimension Limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.6.2	Are all permits available for travel off gazetted routes e.g. Approved Mass Routes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.6.3	Is your Company accredited for Mass Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>8.7.</b>	<b>Speed Management</b>			
8.7.1	Have drivers been informed of LFT'S COR Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.7.2	Do you have an auditable system for driver rostering and scheduling, which ensures drivers are provided with adequate time to reach their destination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.7.3	Are vehicles fitted with speed limiting devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.7.4	Are speed limiting devices inspected for compliance during routine vehicle servicing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.7.5	Do you have policies/procedures in place for monitoring compliance and addressing non-compliance in relation to Speed Limit violations?			



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## Overall Comments