

WA-SAH-FRM-0307.4 Contractor Request Form



This step to be completed for any persons working at site (either as a contractor to Wambo or subcontractor) prior to request for induction, re-induction or to work on site.

Name Of Requestor:	
Company Name:	
Persons Name:	
Reason for completion of form:	Work on site <input type="checkbox"/> Induction <input type="checkbox"/> Re-Induction <input type="checkbox"/>
Has this contractor worked more than 1200hrs in the last 12 months?	Yes <input type="checkbox"/> (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours. A processing fee will apply and payment will need to be made to Pegasus Safety by the Contracting Company) No <input type="checkbox"/>
Persons Name (additional):	
Reason for completion of form:	Work on site <input type="checkbox"/> Induction <input type="checkbox"/> Re-Induction <input type="checkbox"/>
Has this contractor worked more than 1200hrs in the last 12 months?	Yes <input type="checkbox"/> (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours) No <input type="checkbox"/>
Persons Name (additional):	
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Has this contractor worked more than 1200hrs in the last 12 months?	Yes <input type="checkbox"/> (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours) No <input type="checkbox"/>
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Has this contractor worked more than 1200hrs in the last 12 months?	Yes <input type="checkbox"/> (Contractor is entitled to automatic re-induction. Wambo Job Coordinator to attach Onsite Track Easy record of hours) No <input type="checkbox"/>
What area will this contractor be working at?	<input type="checkbox"/> CHPP <input type="checkbox"/> Surface/Building/Grounds
How will the business be impacted if we do not have this contractor?	
How would the task be completed if the person is not approved?	
What tasks will they be doing?	

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Are We Being Charged For This Service or Is This Work Subcontracted? (If Subcontracted, Who For?)	
What Is The Charge Rate And Basis? (\$ Rate, Contract, Per Hour, Per Unit)	
What Equipment Are We Also Being Charged For And At What Rate?	
Person In Charge Of Checking Timesheets/Invoices/Contract: Is There A Valid Purchase Order (please specify PO number): No work to commence on-site without valid PO.	
Persons Name:	

Requester:	Name:	Signature:	Date:
Wambo Job Coordinator:	Name:	Signature:	Date:
Department Superintendent:	Name:	Signature:	Date:
Complex Manager REQUIRED FOR <u>NEW</u> INDUCTIONS ONLY	Name:	Signature:	Date:

This request is approved/declined subject to the following:	
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