



### 1. Business Contact Details

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

ABN \_\_\_\_\_ Registered for GST?  No  Yes

### 2. Experience and Technical Capability

Major area(s) of expertise and experience (attach details as appropriate)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.1 Does your business have documented Work Procedures relevant to the services to be provided?

No  Yes (please provide a copy of the table of contents)

2.2 Has your business been issued with any OHS/EPA or License breach notice?

No  Yes (please provide details)

2.3 Are you a member of a professional industry association?

No  Yes (please provide details)

2.4 For **all workers** who will be undertaking the work,  
please provide copies of supporting documentation for the following:

- Pest Management Licence
- Drivers Licence
- QBSA Licence (QLD only – if termite work is to be involved)
- Special Plant Operators (if applicable)
- Other Relevant Competencies and Accreditations

### 3. Quality Management

Does your business have a certified Quality Management System?  No  Yes (Provide details below)

Type (Applicable Standard) \_\_\_\_\_

Accredited By \_\_\_\_\_

Accreditation Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

# AOS Form F256-1 : Contractor Evaluation Form

## 4. OHS Systems

Does your business have a documented OHS management system?  No (Go to Section 5)  Yes (continue below)

Does your **documented** OHS system have:

OHS Policy/Statement & Responsibilities  No  Yes

Drug & Alcohol Policy  No  Yes

Fatigue Management Policy  No  Yes

Training Procedure - Inductions  No  Yes

Training Procedure – Ongoing Training  No  Yes

Personal Protective Equipment  No  Yes

Rehabilitation Policy  No  Yes

Incident Reporting  No  Yes

Incident Investigation  No  Yes

Emergency Response  No  Yes

Risk Assessment Records  No  Yes

Contingency Management  
(Disaster Recovery Plans)  No  Yes

## 5. Environmental Systems

5.1 Does your business have a documented Environmental management system / policy?  No  Yes

## 6. Insurances

Please provide copies of your existing insurances for:

- Public Liability
- Workers Compensation
- Motor Vehicle
- Motor Vehicle Equipment

## 7. Emergency Contact Details

Contact Name	Position	A/H Phone	Mobile

## AOS Form F256-1 : Contractor Evaluation Form

---

### 8. Business Operational Details

Normal Hours of Operation: \_\_\_\_\_

Call out service available after hours? \_\_\_\_\_

No  Yes

Call out service contact name: \_\_\_\_\_

Call out service contact phone: \_\_\_\_\_

Service Response Time – Normal Hours: \_\_\_\_\_

Service Response Time – After Hours: \_\_\_\_\_

### Electronic Payment Details:

Bank \_\_\_\_\_

Branch \_\_\_\_\_

BSB \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

### 9. Declaration

The information contained above is true and correct.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please return this form and all related copies of supporting documentation to:

National Accounts Manager  
Amalgamated Pest Control Pty Ltd  
PO Box 74 Archerfield Qld 4108

FAX: (07) 3275 1314

Email: [NationalAccounts@amalpest.com.au](mailto:NationalAccounts@amalpest.com.au)

If there is insufficient space for any answer, please attach a separate page to this form.