

CONTRACTOR RISK ASSESSMENT CHECKLIST

1. Name of Contractor

- | | | |
|------------------------------|--------------------------|--------------------------|
| 2. Does the Contractor have: | <u>Yes</u> | <u>No</u> |
| i. both an ACN and ABN | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. an ABN only | <input type="checkbox"/> | <input type="checkbox"/> |

3. Value of Contract Services \$.....

4. Duration of Contract(person weeks)

5. Brief details of the work to be undertaken by the Contractor

.....

.....

6. What amount of Public Liability/ Professional Indemnity Insurance does the Contractor carry?

<i>Public Liability</i>	\$.....
<i>Professional Indemnity</i>	\$.....

Public Liability

7. Could the work outlined above result in:
- | | | |
|--|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| i. injuries to staff, students or third parties? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. damage to university property? | <input type="checkbox"/> | <input type="checkbox"/> |

Professional Indemnity

8. Could the work outlined above result in a claim by third parties for:
- | | | |
|--|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| i. Commonwealth & State Anti Discrimination Legislation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Copyright Legislation? | <input type="checkbox"/> | <input type="checkbox"/> |

Or result in:

- | | | |
|---|--------------------------|--------------------------|
| i. Financial loss incurred by a third party? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Loss of University owned intellectual property? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. A Libel/Defamation claim ? | <input type="checkbox"/> | <input type="checkbox"/> |

Any Yes answers to questions 7 & 8 normally indicate that the proposal may be too risky to accept a variation in insurance. Seek advice from the Risk and Insurance Office ext 55927.

Certification

I certify that the information and answers provided above are true and correct and recommend the approval of a variation to the University's normal insurance requirements for a contractor agreement. I also understand that my department may directly bear the cost of any claim arising from the actions of the Contractor.

Signature of Head of Department:

Name: **Date:**/...../.....
(please print)

To be submitted to Dean/ Divisional Director

Signature of Dean/Divisional Director:

Name: **Date:**/...../.....
(please print)