

## Contractor and Supplier Email

This email is sent to all Contractors / Supplier when they are first added to the Contractor Module. The Contractor / Supplier will be taken to an Accept OR Decline page. This response is tracked in the Contractor Management Module under the "T&C" Row in the Register and/or the "T&C" Tab in the individual Contractor / Supplier File.

[YOUR CONTRACTOR / SUPPLIER NAME] is receiving this email as [YOUR BUSINESS NAME] has recently updated its health and safety management system (by signing up to Safety Champion Software); or, [YOUR BUSINESS NAME] has recently engaged your services.

You are receiving this email as you have been listed as the Primary Contact for [YOUR CONTRACTOR / SUPPLIER NAME].

[YOUR BUSINESS NAME] recognises that health and safety is a shared responsibility. To assist [YOUR BUSINESS NAME] manage its health and safety obligations and best ensure that all employees, contractors and visitors are not injured when undertaking work; [YOUR BUSINESS NAME] wish to communicate the following health and safety responsibilities that it places on the contractors that it works with. At the bottom of this email, you are required to acknowledge these responsibilities.

[YOUR BUSINESS NAME] requires you (or your employees) to:

- Undertake work in line with the agreed scope. If the agreed scope of work changes this is to be discussed with the relevant [YOUR BUSINESS NAME] contact.
- Follow all reasonable instruction that is given by [YOUR BUSINESS NAME] when undertaking work on its behalf.
- Follow the workplace sign-in procedures – if you are not sure of these, please speak with your [YOUR BUSINESS NAME] contact.
- Advise [YOUR BUSINESS NAME] of any health and safety hazards (including unsafe work situations) that are observed when at its workplace.
- Advise [YOUR BUSINESS NAME] of any workplace incidents that occur when working for [YOUR BUSINESS NAME].
- Follow the instructions provided should a site evacuation be required.
- Comply with any legislated high risk work responsibilities associated with the work you are undertaking. As required, [YOUR BUSINESS NAME] may request you to supply evidence of this occurring.

In addition, as the Primary Contact you are to ensure that:

- Your insurances remain current. If requested, you are required to provide these.
- Licences, competencies and/or memberships required by your workers to complete the work remain current. If requested, you are required to provide these.

Thank you for agreeing to work with [YOUR BUSINESS NAME] Please follow the link below to acknowledge that you "Understand" these responsibilities and confirm that you will be communicating these to your workers who will be working with [YOUR BUSINESS NAME]. Should you "Decline", please provide a reason for this; one of the [YOUR BUSINESS NAME] team will then look to contact you to resolve.

[Link to "Contractor and Supplier Information" acceptance page](#)