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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **At completion of the work scope or project, Category 1 Contractors are to complete this form.** | | | | | | | | |
| **Contractor Organisation Name:** | | |  | | | | | |
| **Contractor Representative Name:** | | |  | | | | | |
| **Representative Position Title:** | | |  | | | | | |
| **Phone:** | | |  | | | | | |
| **Email:** | | |  | | | | | |
| **PON Representative Name:** | | |  | | | | | |
| **Work Site:** | | |  | | | | | |
| **PON Work Order Number:** | | |  | | | | | |
| **Work Description:** | | |  | | | | | |
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|  | | | | | | | | |
|  | | | | | | | | |
| **Required Information** | | | | | **Yes** | **No** | | **N/A** |
| All work has been completed using original equipment manufacturer parts or approved parts and processes. | | | | |  |  | |  |
| Has all work equipment, tools, signage and rubbish been removed from the work area? | | | | |  |  | |  |
| Have any isolated electrical, water or fire safety systems been restored? | | | | |  |  | |  |
| If equipment or plant is unable to be returned to service, has an “Out of Service Tag” been placed? | | | | |  |  | |  |
| Were there any incidents, near misses, injuries, or illnesses during this work? If yes, *attach a copy of your incident report.* | | | | |  |  | |  |
| Were there any environmental events during this work?  *For example: spills to land or water of any size, dust events, noise complaints, heritage items located, interaction with unknown contaminated materials etc*. | | | | |  |  | |  |
| Was there any damage to PON infrastructure?  If yes, *attach a copy of your incident report.* | | | | |  |  | |  |
| Were there any general learnings that should be communicated?  If yes, please detail below: | | | | |  |  | |  |
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| **Contractor Declaration:** | | | | | | | | |
| By completing this form, I hereby declare that I have read, understand and certify that the above statements are true and correct to the best of my knowledge. | | | | | | | | |
| **Signed:** |  | | | **Date:** | | |  | |
| **PON Review** | | | | | | | | |
| **PON Representative Name:** | |  | | | | | | |
| **PON Representative Title:** | |  | | | | | | |
| **Date:** | |  | | | | | | |
| **Note any follow up actions:** | |  | | | | | | |
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