




Notes & Forms on

Contractor Management

Rev. September 2019


Quick Guide on Contractor Management

Before Work Commencement

- Refer to relevant Code of Practice and guidelines
- Liaise with contractor to define scope of work
- Request from contractor:
 - a) Risk Assessment (Form A) 
 - b) Relevant licences, permits and/or approvals 
- Evaluate the Risk Assessment to ensure work is adequately covered and risks indicated were "Acceptable/Tolerable" (refer to Sample Risk Matrix)
- Contractor to complete **Form B pg.1** 
- Appoint staff for on-site management
- Compile and file documents for at least three years. A softcopy backup is encouraged if physical forms are used



Work Commencement

- Appointed NUS Staff should,
 - a) Inform the deployed service personnel site-specific risks, hazards and relevant emergency response procedures
 - b) Complete **Form B pg.2**  & file
 - Revised c) Monitor the service personnel's performance to ensure work is safely performed according to the RA;
 - New d) Stop work if any unsafe practice is observed
 - e) Report all accidents & incidents online via Accident and Incident Management System (AIMS) within 24 hours
- The service personnel should be briefed at least annually or when there are changes to the site-specific risks, hazards and relevant emergency response procedures



Activity-based Risk Assessment

Company / Department:		Risk Assessment Leader:	Approved by	Reference Number
Process:		Risk Assessment Members:	Signature:	
Activity/Location:			Name:	
Assessment Date:			Designation:	
Last Review Date:			Date:	
Next Review Date:				

Ref	Hazard Identification			Risk Evaluation				Risk Control						
	Sub-Activity	Hazard	Possible Injury / Ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

Notes:

Example of a 3 X 3 matrix

Likelihood \ Severity	Remote (1)	Occasional (2)	Frequent (3)
Major (3)	Medium (3)	High (6)	High (9)
Moderate (2)	Low (2)	Medium (4)	High (6)
Minor (1)	Low (1)	Low (2)	Medium (3)

Recommended actions for different risk levels

Risk Level	Risk Acceptability	Description
Low (1 - 2)	Acceptable	No additional risk control measures may be needed. Frequent review and monitoring of hazards are required to ensure that the risk level assigned is accurate and does not increase over time
Medium (3 - 4)	Tolerable	A careful evaluation of the hazards should be carried out to ensure that the risk level is reduced to as low as reasonably practicable (ALARP) within a defined time period. Interim risk control measures, such as administrative controls or PPE, may be implemented while longer term measures are being established. Management attention is required.
High (6 - 9)	Not Acceptable	High Risk level must be reduced to at least Medium Risk before work commences. There should not be any interim risk control measures. Risk control measures should not be overly dependent on PPE or appliances. If practicable, the hazard should be eliminated before work commences. Management review is required before work commences.

Guidance for severity rating

Severity (Level)	Description
Major (4)	Fatality, multiple major injuries, serious injuries or life-threatening occupational disease (includes amputations, major fractures, multiple injuries, occupational cancer, acute poisoning).
Moderate (3)	Injury requiring medical treatment or ill-health leading to disability (includes lacerations, burns, sprains, minor fractures, dermatitis, deafness, work-related upper limb disorders).
Minor (2)	Not likely to cause injury/ill-health or injury/ill-health requiring first-aid only (includes minor cuts and bruises, irritation, ill-health with temporary discomfort).

Guidance for likelihood rating

Severity (Level)	Description
Remote (1)	Not likely to occur under normal circumstances.
Occasional (2)	Occasional Possible or known to occur.
Frequent (3)	Common occurrence.

Based on Code of Practice - Workplace Safety and Health (WSH) Risk Management (2015)

Example of a 5 X 5 matrix

Likelihood \ Severity	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (5)	Medium (5)	Medium (10)	High (15)	High (20)	High (25)
Major (4)	Medium (4)	Medium (8)	Medium (12)	High (16)	High (20)
Moderate (3)	Low (3)	Medium (6)	Medium (9)	Medium (12)	High (15)
Minor (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	Medium (10)
Negligible (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Recommended actions for different risk levels

Risk Level	Risk Acceptability	Description
Low (1 - 3)	Acceptable	No additional risk control measures may be needed. Frequent review and monitoring of hazards are required to ensure that the risk level assigned is accurate and does not increase over time
Medium (4 - 12)	Tolerable	A careful evaluation of the hazards should be carried out to ensure that the risk level is reduced to as low as reasonably practicable (ALARP) within a defined time period. Interim risk control measures, such as administrative controls or PPE, may be implemented while longer term measures are being established. Management attention is required.
High (15 - 25)	Not Acceptable	High Risk level must be reduced to at least Medium Risk before work commences. There should not be any interim risk control measures. Risk control measures should not be overly dependent on PPE or appliances. If practicable, the hazard should be eliminated before work commences. Management review is required before work commences.

Guidance for severity rating

Severity (Level)	Description
Catastrophic (5)	Fatality, fatal diseases or multiple major injuries.
Major (4)	Serious injuries or life-threatening occupational disease (includes amputations, major fractures, multiple injuries, occupational cancer, acute poisoning).
Moderate (3)	Injury requiring medical treatment or ill-health leading to disability (includes lacerations, burns, sprains, minor fractures, dermatitis, deafness, work-related upper limb disorders).
Minor (2)	Injury or ill-health requiring first-aid only (includes minor cuts and bruises, irritation, ill-health with temporary discomfort).
Negligible (1)	Not likely to cause injury or ill-health

Guidance for likelihood rating

Severity (Level)	Description
Rare (1)	Not expected to occur but still possible.
Remote (2)	Not likely to occur under normal circumstances.
Occasional (3)	Occasional Possible or known to occur.
Frequent (4)	Common occurrence.
Almost Certain (5)	Continual or repeating experience.

Form B

Contractor Risk Management Form

Duties & Responsibilities of the Contractor

Scope of Work: _____

Contractor are to:

1. Conduct the necessary risk assessments for the proposed work and ensure work is performed safely.
2. Inform the deployed servicing personnel of potential risks and hazards involved in the proposed work.
3. Maintain a record showing that briefing has taken place before work commencement.
4. Monitor and supervise the deployed servicing personnel's safety and health regularly.
5. Inform the Appointed NUS Staff immediately of all accidents / incidents that had occurred to their staff or any third party within NUS.
6. Instruct the deployed servicing personnel not to start work without the necessary license/permit/approval.
7. Provide the deployed servicing personnel with personal protective equipment (e.g. gloves, overall, safety glasses, safety harness, safety shoes, helmet, etc.) and appropriate tools/equipment to perform the work safely.

The above rules MUST be followed to prevent accidents and injuries to servicing personnel, staff and students.

I, on behalf of _____ hereby acknowledge that I have received, read and understood the duties and responsibilities of the contractor for the stated scope work. These rules will be followed while work is being carried out in NUS.

Signature

Name of authorised contractor signatory:

Designation:

Date:

Form B

Contractor Risk Management Form

NUS Safety Briefing for Contractor

S/N	Name of Service Personnel	Staff No.	Signature

The listed servicing personnel deployed by _____ for _____ work commencing on _____ and ending on _____ was/were informed of the following:

1. Potential hazards and risks present in the work area.
2. Additional personal protective equipment required for the worker.
3. Emergency response procedures in the event of an accident/ incident
4. Fire escape route
5. First aid measures

(Please specify any additional hazards and preventive measures taken to eliminate or minimize exposure to the hazards)

6. _____

Signature
Name of Appointed NUS Staff:
Designation:
Date: