

Best Bar Pty Ltd (WA NT) Best Bar (NSW) Pty LTD Best Bar (Vic) Pty Ltd (VIC SA)
 ABN 48 068 713 539 ABN 45 087 961 135 ABN 65 086 622 273

Supplier/Contractor Company Information			
Supplier Name (in full):			
Street Address:			
Suburb:	Post Code:	State:	Country:
Main Supplier Contact Name:	Position Title:	Main Contact Email Address:	
ABN:	Phone Number:	Fax Number:	
Bank Details:	Account Name:		
Bank: Branch:	BSB: ____-____	Account Number:	
Credit Limit:	Payment Terms:.....Day EOM(end of month)		

Supplier Management Personnel			
Department	Manager Name	Position Title	Contact #
Quality ▶			
Production ▶			
Sales ▶			
Purchasing/Supply ▶			
Finance ▶			
General Management ▶			

Product / Services Review: Please describe the products and or services offered by your company. Include indicative lead times and also nominate the cost drivers for the product /service. Attach a separate review or page if required.		
Product / Service	Lead Time	Cost Drivers

Health Safety Environment and Quality Review		
Will you be working on a BestBar site? <input type="checkbox"/> YES <input type="checkbox"/> NO	Start Date:	End Date:
Site HSE Inductions. Note: required for personnel working on site - attach additional list of required		
Name	Phone	Email

HSE Review

	Yes	No	N/A	Comment
Does your company have a documented WHS Management System?				
If Yes is it accredited to an external WHS standard (i.e. AS/NZS 4801 or ISO 45001): <i>Provide evidence</i>				
Has your company received any improvement or prohibition notices or been prosecuted by any statutory authorities in last three years?				
Does your company have a documented Environmental Management System?				
If Yes is it accredited to an external Environmental standard (i.e. ISO 14001)? <i>Provide evidence</i>				
Does your company use JSEA or SWMS process? If yes provide a sample Job Safety and Environmental Analysis (JSEA) or Safe Work Method Statement (SWMS). <i>Note this is required for all Contractors working on Bestbar sites.</i>				
Commercial Carrier (Note this section to be completed by transport providers only)				
Does your company have a Fatigue Management Program? <i>If Yes provide evidence.</i>				
Does your company have a documented Drug and Alcohol policy? <i>If Yes provide evidence.</i>				
Does your company comply with NTC Heavy Vehicles requirements with regards to Load Restraint Guide, Heavy Vehicle National Law and Chain of Responsibility? <i>If Yes provide evidence.</i>				
Quality Review				
Does your company have a documented Quality Management System?				
If Yes is it accredited to an external Quality Standard (i.e. ISO 9001): <i>Provide evidence</i>				
Is your company in the process of seeking such accreditation?				Expected Date:
Is your company committed to working with Best Bar to further improve elements of your quality systems?				

Insurance Details					
	Yes	No	Policy #	Value Insured \$	Expiry Date
Worker's Compensation Insurance					
Public Product Liability Insurance					
Professional Indemnity Insurance <i>(if applicable)</i>					
Vehicle, Plant and Equipment Insurance					
Goods in transits Insurance					

Supplier Declaration

- This is to certify that I have read and agree to the General Terms and Conditions of purchase from Best Bar Pty Ltd, Best Bar (Vic) Pty Ltd and Best Bar (NSW) Pty Ltd.
- I hereby declare the information provided is a true and accurate reflection of my Company's management system and processes.

Name (print): _____

Date: _____

Signature: _____

Position: _____

Internal Use Only

Responsibility	Name	Date	Signed
Supplier Requested By			
Department Manager			
MP&L Manager Approval			
HSE Approval			
Finance Approval			
Payment Terms:	Supplier Classification:		
Estimated Monthly Spend:	Vendor Risk Rating:	High Med Low	