

**Instructions for Contractors:** Section 1 of the Authority to Mobilise (ATM) is a pre-mobilisation check that must be completed by all contractors (**except for Contractors that are HSE Prequalified**) that **provide services on AGL sites, or customer locations**. Authority to Mobilise Section 2 AGL-HSE-FRM-003.06.02 Contractor Pre-start/Authority to Work will be completed on site with the AGL Representative, Supervision/Nominee prior to the commencement of work. Contractors who are not AGL HSE Pre-qualified are required to complete Section 1 and submit it, along with all requested information, to their nominated AGL Representative, for review and approval, prior to commencing any works on site. If you have any questions, you should contact your AGL Representative for clarification.

Section 1: To be completed by Contractor and submitted to AGL Representative prior to mobilising to site							
Date:		Contracting Company:		PO Number:			
AGL Contract Representative:				Site/Location:			
Planned duration of works: <i>ATM is only valid for this period</i>		Start date:		End date:			
1.2 Access Requirements				Y/N	Comments		
Is your company HSE prequalified in CM3? Please provide evidence (certificate) or expiry date.							
If not prequalified, attached evidence of required insurances, and tick		<i>Public Liability - \$20M</i>		<input type="checkbox"/>	<i>Workers Compensation</i>		<input type="checkbox"/>
List of names of all workers carrying out work attached (if known). Names must be provided before site access is granted. <i>Names can be attached.</i>							
Licenses and competencies of all workers have been supplied (via Rapid, Workday or attached)							
A register of plant and equipment to be used on site is attached?							
A register of chemicals to be used on task is attached, and Safety Data Sheets available?							
Is a Journey Management Plan required for travel to/from site? Please provide if yes.							
A preliminary risk assessment (JSEA, SWMS, etc.) relevant to the scope of works has been supplied?							
Will you be engaging any sub-contractors to complete the work? If yes, provide details below. <i>Vendors who will be engaging sub-contractors to perform work must be HSE prequalified. Contact your AGL Contract Representative if you are engaging sub-contractors and/or require prequalification.</i>							
Sub-Contractor Name:				Trade/Specialty:			
<b>Note: A site induction is a condition of entry onto all AGL work sites. Please contact your AGL Contract Representative for details.</b>							
1.3 Work Scope							
Describe works to be carried out:		(Please attach)					
Will the works involve any of the following High-Risk Activities* (tick all that apply)?				<input type="checkbox"/> Electrical work*	<input type="checkbox"/> Confined Space Entry		
<input type="checkbox"/> Removal of Asbestos <input type="checkbox"/> Excavation Work <input type="checkbox"/> Working at Heights <input type="checkbox"/> In or near water where there is a risk of drowning							
<input type="checkbox"/> Work carried on pressurised gas or fluid systems or chemical, fuel or refrigerant lines <input type="checkbox"/> Tilt-up or pre-cast concrete							
<input type="checkbox"/> Work carried out in an area/s that may have a contaminated or flammable atmosphere/location <input type="checkbox"/> Demolition <input type="checkbox"/> Lifting Operations							
Contractor Company Representative:				Phone Number:			
<b><i>This form, and any attachments, must be forwarded to your AGL Contract Representative for review and approval.</i></b>							
AGL USE ONLY: Authority for Contractor to mobilise to site to be reviewed and signed by AGL Contract Representative							
Name:				Position:			
Signature:		Date:		Contractor Category: As per HSE Sourcing Matrix		<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D <input type="checkbox"/> 2A	
<b>* If the contractor is <u>not</u> HSE Prequalified and the scope of work involves any of the High-Risk Activities indicated above, the ATM must be reviewed, and approved by the Head of Function for the Business/Equivalent or (approved delegate).</b>							
HSE BP Review	Name:		Date		Signature		
Head of or Delegate App.	Name		Date		Signature		

(\*Electrical Work - work on any electrical equipment or installation that operates at a voltage greater than extra-low voltage)

**Look. Think. Act.**

Instructions for Contractors: The Authority to Mobilise (ATM) Section 2 is the authority to commence work and will be completed on site with the AGL Representative/Supervision/nominee prior to the commencement of work. If you have any questions, you should contact your AGL Representative for clarification.

Contracting Company:	
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**Section 2: To be completed by the AGL Representative/Supervision/Nominee with the Contractor prior to starting work at site and attached to work pack or Contract/Project file.**

Scope of Work Pre-start Checklist	Y/N	Comments
Verify all workers have completed relevant site induction?		
Verify all workers have relevant licenses to complete the work scope?		
Where required, are necessary Permits in place for contractor to undertake work?		
Have all known hazards and risks associated with the work scope been communicated to the contractor?		
Has the contractor identified all hazards and controls for the scope of work to be performed?		
Have communication methods or requirements been established between AGL Contract Representative and Contractor?		
Verify that contractors acknowledge that all incidents, near misses, and hazards are to be reported immediately (including electric shock/Immediate Notification Reports)?		
Are emergency response protocols communicated and clearly understood?		
Has all plant & equipment been inspected and in accordance with supplied register of plant and equipment and appropriate for the work?		
Is regulatory environmental approval in place to undertake this work, where required?		
Have all chemicals / dangerous goods been approved for use on site and is a current SDS available?		
Is the JSEA/SWMS and any Personal Risk Assessment appropriate for task and do all workers clearly understand the hazards and controls?		

**Additional AGL Representative/Supervision/Nominee Instructions:**

Details:	
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**AGL Representative/Supervision/Nominee and Contractor sign off:**

Contracting Company Supervisor	This form has been completed with an AGL Contractor Representative and I confirm that the information provided is true and correct.			
Name:	Sign:	Mob:	Date:	
AGL Representative / Supervision / Nominee	I am satisfied that the contractor has fulfilled the requirements as detailed in this form. I will monitor the scheduled works to ensure it is conducted in accordance with the controls listed in this document and associated supportive documents.			
Name:	Sign:	Mob:	Date:	

**Note: This form MUST be attached to the work pack prior to the start of work.**

**Contractor Worker Register.** Provide names of workers who will be working on the scope of works. Attach a separate list if required.

First Name	Surname	Trade/Role