

Tier 1 - Checklist
School Name:
Principal Name:
Category: Fixtures & Joinery
Project Name:
Project Description / Scope:

Funding Information	Yes	No
Is the Project funded through community funds? I.e. P & C	<input type="checkbox"/>	<input type="checkbox"/>
Is the Project funded through school funds?	<input type="checkbox"/>	<input type="checkbox"/>
Have you notified the AMU via AMS on the Web prior to work commencing?	<input type="checkbox"/>	<input type="checkbox"/>

General Information	Yes	No	N/A
Have you consulted with the Principal or school representative in regards to this project? Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you confirmed the Contractors has the following current insurances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Public Liability Insurance (minimum value \$20m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Workers Compensation / Personal Accident Insurance (for single trade, no employees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Long service levy (projects over \$25,000 inclusive of GST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered and included all preliminary and post work costs? e.g. removal and reinstatement of furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked the NSW Heritage Database and confirmed the area of works is not heritage listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked the Asbestos Register for the site and confirmed nil asbestos identified in the area of works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Contractor comply with the relevant Australian Standards for works undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Contractor(s) hold a WWCC? If no, click here for declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Safe Work Method statement been completed and sighted prior to works commencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Project Specifics	Yes	No	N/A
1 Does the work include the replacement / installation of one of the following: mirrors, pin boards, whiteboards, smartboards, TV's, speakers, AV equipment, cabinets, pictures, curtains, blinds, toilet & paper dispensers etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Will the joinery / fitments be constructed on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 If not, and they are purchased pre-made, the Contractor will supply certification including safety, flammability and design details are required as per Departmental standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warranty Information
Please provide details of warranty/safety documentation from supplier:

Completed by:
Name: _____ Date: _____
Principal Approved:
Name: _____ Date: _____