

LADY LORETTA

A GLENCORE COMPANY



MOUNT ISA  
MINES



COPPER  
REFINERIES

MOUNT ISA MINES LIMITED

MCARTHUR RIVER MINING PTY LTD

COPPER REFINERIES PTY LTD

NORANDA PACIFIC PTY LTD

**Supply Chain Department**

Application for Contractor Accreditation

Document 1: This document is for completion and return

**IMPORTANT!**

The information requested in this Application for Contractor Accreditation will be used to assess your application. Please ensure that you provide all information requested, including all the necessary supporting documents and answer all questions accurately. Inadequate or incomplete information may delay the processing time of your Application.

**CONTRACTOR INFORMATION:**

Date of Application:

Name of Contractor:

Glencore Representative:

Private Mail Bag 6 · Mount Isa · Queensland 4825 · Australia  
Tel +61 7 4744 2011 · Fax +61 7 4744 3737 · Web [www.mountisamines.com.au](http://www.mountisamines.com.au)

Mount Isa Mines Limited ABN 87 009 661 447

A GLENCORE COMPANY

# THE ACCREDITATION PROCESS

## 1. INSTRUCTIONS FOR COMPLETING THIS FORM:

- (a) This Application is for the Glencore Contractor Accreditation to supply services to the Site(s).
- (b) The Contractor is required to:
  - (i) review all documents contained in these Accreditation Documents (noting that capitalised words have the meaning given to them by the Contractor Accreditation Agreement included in Document 2 of these Accreditation Documents);
  - (ii) complete this Application for Contractor Accreditation ("Application") set out in this Document 1 of the Accreditation Documents, attaching additional pages if there is insufficient space on the form;
  - (iii) attach all further information required by the Application;
  - (iv) review and execute the Contractor Accreditation Agreement set out in Document 2 of the Accreditation Documents; and
  - (v) submit the completed Application (with attachments) and executed Contractor Accreditation Agreement on the portal.

## 2. EVALUATION:

- (a) The Contracts & Procurement Department for the Site(s) will evaluate the Application upon receipt of the completed Application and the executed Contractor Accreditation Agreement. The Glencore Companies will be entitled to rely on the information set out in the Application. The Contracts & Procurement Department may request further information directly from you.
- (b) If your Application is unsuccessful, you will be advised in writing by the Contracts & Procurement Department.
- (c) If your Application is successful, the Glencore Companies will countersign the Contractor Accreditation Agreement and email you a scanned copy of the fully executed Agreement. You will also be granted an Accreditation Certificate. The Accreditation Certificate will specify the work, which you are accredited to provide to the Glencore Companies. You may only perform Work for the Company on the Company's Site in accordance with your Accreditation Certificate. If you wish to perform Work not listed on your Accreditation Certificate, you must apply for an amendment to your accreditation before performing such Work.

## 3. CHANGES - GENERAL NOTIFICATION OBLIGATIONS:

Any changes (eg. insurance details, company/business structure, change of contact details, etc.) to the information given in this Application must be notified in writing to the Accreditation Officer within **14 days** of the change. A failure to notify a change may result in Accreditation being terminated by the Glencore Companies.

## 4. PRIVACY COLLECTION NOTICE:

- (a) Glencore Australia Holdings Pty Limited ABN 160 626 102 (or one of its subsidiaries or affiliates) will collect the personal information of your directors, officers and employees (collectively, you or your) when you enter into a commercial relationship with us.
- (b) Glencore will use personal information to verify the identity of your directors, officers and employees and assess your company information to determine whether we will enter a commercial relationship with you.
- (c) We may share your personal information with authorised third parties such as our technology providers, agents, consultants, and service providers such as accountants, lawyers and auditors.
- (d) Glencore is committed to protecting your privacy and will deal with your personal information in accordance with our Australian Privacy Policy and Collection Statement for Prospective and Existing Customers and Counterparties.

# PART 1 – COMMERCIAL INFORMATION

## 1. CONTRACTOR INFORMATION

**Contractor Name:**

## 2. CONTRACTOR REPRESENTATIVES:

All relevant personnel are to be listed including key locally based personnel. In the case of corporate businesses, please include details for Managing Director and Company Secretary.

Name	Position	Date of Appointment:	Phone

## 3. EMERGENCY AFTER HOURS CONTACTS:

The Glencore Companies have established a Crisis Management and Recovery Team and a series of procedures to deal with major incidents and emergencies that may occur in or around its operations at the Site. As an integral part of this process the Glencore Companies must have the ability to access details of all persons (employees of both the Company and Contractors) on or about the site, at any point in time, at short notice. Such detail would include:

- Contact in case of emergency - address and phone;
- Next of kin - address and phone; and
- Employees address and phone.

It is therefore imperative that each Contractor has, and maintains, updated employee records. As part of Contractor Accreditation requirements, all Contractors must advise below the name and contact phone numbers of a person / persons within their organisation who can provide the necessary details when required. This person / persons should be reasonably contactable 24 hours per day.

Name	Position	24 Hour Contact Numbers

**4. INSURANCE DETAILS**

The following insurances are mandatory requirements and must comply with the terms and conditions of any applicable Purchase Order. Unless stated otherwise in an applicable Purchase Order, the insurance policies specified below must:

- (a) with respect to Workers Compensation insurance, be sufficient to cover all your employees or agents conducting work for and on your behalf;
- (b) with respect to Public/Product Liability insurance,
  - (i) be for a minimum of Public AUD\$20 million per occurrence;
  - (ii) be for a minimum of Product AUD\$20 million in the aggregate; and
  - (iii) include the Company, all Associated Companies and the Principal as insured parties for their respective rights and interests;
- (c) cover the services specified by your Companies Capability Statement – meaning ALL goods and/or services sought to supply in your Capability Statement must be covered by your insurance policy.

**Please note:** if the table below does not reflect the information stated above (unless limits are greater) your Accreditation Application may be rejected.

Please summarise your insurance coverage in the table below:

Type	Insurer	Policy No.	Policy Value	Excess	Expiry Date
Workers Compensation / Income Protection (if sole trader)					
Public / Product Liability					

**If Applying to conduct works Underground you must provide extract of Insurance Policy noting Underground Coverage**

*Underground coverage (PPL)	Does your Public / Product Liability certificate confirm underground coverage	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
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**WARNING!**

Please note that if the Contractor enters into a contract with Glencore, it will be a requirement of that contract for your Public and Product liability policy to note the interests of Glencore for its rights, interests and liabilities, such that it is a third party beneficiary under the Insurance Contracts Act 1948 (Cth) and has a right to recover from the insurer, in accordance with the insurance policy, the amount of any loss suffered by Glencore even though Glencore is not a party to the insurance policy.

The following insurances are also required depending on the nature of the goods and/or services that you supply to the Company and subject to the terms and conditions of any applicable Work Order, namely:

- (a) if you supply goods to the Company, insurance for the goods up to the time that the goods are delivered (and installed if required) for an amount of not less than their replacement value;
- (b) if you provide professional services to the Company, Professional Indemnity insurance for an amount of not less than AUD\$5 million;
- (c) if you bring any vehicles onto the Company's Site, Third Party Property Damage insurance for an amount of not less than AUD\$20 million - where vehicles are licensed to carry hazardous or dangerous goods, evidence must be provided that the insurers have noted such usage and the required limit applies.

Please summarise your insurance coverage, as applicable, in the table below:

Type	Insurer	Policy No.	Policy Value	Excess	Expiry Date
Goods					
Professional Indemnity					
Vehicle					

#### 5. ASSOCIATED COMPANIES/BUSINESSES:

List associated companies/businesses within your company structure which may also be accredited to perform work for the company. Attach copy of your company structure (where relevant).

Company / Business	Relationship to Applicant for Accreditation

#### 6. LABOUR HIRE:

1) Do you provide Labour Hire Services in Queensland?

**Yes** Please provide the licence details (Licence no, licence issued date & expiry date)

**No** Please explain the reason for not providing the licence.

**7. GOODS AND/OR SERVICES SOUGHT TO SUPPLY:**

Complete the following table below to indicate which type of goods/ and or services you are applying to supply to the Company, including whether you intend to supply to surface, underground or both. If your application for Contractor Accreditation is successful, your Accreditation Certificate will be issued in respect of these activities – any change will require amendment to your Accreditation.

Please provide Capability Statement detailing which type of goods/ and or services you intend to supply

(add text in this section and/or attach copy of Capability Statement)

**8. FURTHER INFORMATION:**

1) Are any of your employees likely to bring mobile equipment on site (including cranes and/or man lift baskets or attachments)? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are any of your employees likely to bring lifting equipment on site? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are any of your employees likely to bring portable equipment, power tools or hand tools on to the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are any of your employees likely to bring any kind of pressure vessels (e.g. gas cylinders, air tanks) on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Are any of your employees likely to bring any equipment on site, that when used introduces an ignition source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are any of your employees likely to bring any chemicals or hazardous substances on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are any of your employees likely to be performing any work involving explosives while on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are any of your employees likely to be performing any work on radiation sources while on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Are any of your employees likely to be performing any work that involves working in Confined Spaces on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10) Are any of your employees likely to be performing any work at heights while working on site? (e.g. any time that a person or persons are working more than 2 meters above ground / floor)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Are any of your employees likely to be performing any excavation / breaking type work on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Are you a transport provider?  <b>If yes, do you have the following? Please attach a copy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) A documented safety management system, or ISO certified system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) A fleet register and maintenance management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) A risk assessment of the loading/embarking, offloading/disembarking and in transit activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) A fatigue, and drug and alcohol management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Relevant insurance? (Certificate of Currency required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Applicable certifications required by transport operators in country of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# PART 2 – HEALTH AND SAFETY INFORMATION

## Contractor Information:

<b>Safety Contact Person:</b>			
<b>Phone:</b>		<b>Email:</b>	

1) Do you have in place a documented Safety Management System in compliance with AS4801: Occupational Health and Safety Management Systems – Specifications with Guidance for Use?  <b>If so, please complete the checklist on the following page and go to Question 2.</b>	<input type="checkbox"/> <b>Yes:</b> Go to Q2.  <input type="checkbox"/> <b>No:</b> Go to Q1(a)
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(a) Are you willing to adopt and comply with the Company’s Health and Safety Management System?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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2) Have you reviewed the Glencore HSEC Management System (Document 3 of the Accreditation Documents) and do you, your Company and your employees and/or subcontractors agree to comply with, and support the application of, this system?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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3) Has any regulatory body issued an improvement or prohibition notice, conducted a serious incident or fatality investigation or charged you or your management, subcontractors, agents or employees with any breach of any health or safety act or regulation in the last 3 years? If yes, provide details.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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4) Do you have a formal induction program for all new employees on your Safety Management System and Safety Programs? Please provide details.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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5) All contractor employees who are required to supervise work on your behalf on any Glencore Mining Lease are to be trained and deemed competent in the S1, S2 and S3 legislative competencies as required by the *Mining and Quarrying Safety and Health Act 1999* (Qld) and associated Regulations. Please nominate employees trained in S1, S2 & S3 and provide copies of Certificate of Competencies.

6) Please provide your work injury history information for the last 3 years in the table below. Please forward copies of your company’s WorkCover Premium forecast and calculation summaries for the last 3 years for confirmation.

	[INSERT YEAR]	[INSERT YEAR]	[INSERT YEAR]
Total Number of Employees			
Exposure Hours			
Number of Lost Time Injuries			
Lost Time Injury Frequency Rate			
Number of Disabling Injuries			
Disabling Injury Severity Rate			
Total Recordable Injury Frequency Rate			
WorkCover Policy Rating			
WorkCover Industry Rating			



AS-4801:2001 Compliance Checklist		
Section	Criteria	YES / NO
1. General Requirements	Safety Management System Document/Manual exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. OHS Policy	Appropriate to nature of the organisation's risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defined commitment to comply with relevant legislation and other requirements placed upon the organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defined commitment to establish objectives and targets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented, implemented, maintained and communicated to employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Available to interested parties	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Reviewed periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Signed by top management of the site	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Planning	Procedure for the identification of hazards, assessment of risk and evaluation of controls	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for maintaining regulatory compliance related to industry, activity, product and services including relevant relationships with contractors and suppliers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented, implemented and maintained OHS goals and targets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety Management Plans (or Business Plans) with stated accountabilities and timeframes	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Implementation	Organisational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Resources provided to implement, maintain, improve and report on the OHSMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented and communicated accountabilities for the OHSMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for training and competency	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for employee involvement and consultation in OHS issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for communication of OHS information	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for reporting of OHS performance including, incidents, hazards identifications and risk assessments, actions and statutory requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedure for document control	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedure for hazard id, risk assessment, control and evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedure for emergency preparedness and response	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Measurement & Evaluation	Procedure for workplace inspection and monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedure for health surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for incident investigation, corrective and preventative action	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures for record management	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedure and audit program for the OHS Mgt System	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Management Review	Procedures for review and updating Safety Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Document/Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented observations and recommendations as a result of the review	<input type="checkbox"/> Yes <input type="checkbox"/> No

# PART 3 – ENVIRONMENTAL INFORMATION

## CONTRACTOR INFORMATION:

**Environment Contact Person:**

**Phone:**  **Email:**

1) Is an Environmental Authority required under the *Environmental Protection Act 1994* for the work to be performed and/or goods and/or services to be supplied to the Company by you or your subcontractors or agents? If yes please provide Environmental Authority number(s) and attach a copy of the Environmental Relevant Activities licensed by the Environmental Authority.

Yes  
 No

2) Have you or any of the Contractor Representatives listed in this Application ever been convicted of an offence under the *Environmental Protection Act 1994* or equivalent environment legislation? If yes, please provide details.

Yes  
 No

3) Do you have an Environmental Policy? If yes, please attach copy.

Yes  
 No

4) Attached (in Section 3) is the Glencore Environment Policy. Have you read and fully understood these documents and do you agree to comply with their requirements?

Yes  
 No

5) Do you have an Environmental Management System (EMS) certified/compliant with ISO14001 for the work to be performed and/or goods and/or services to be supplied to the Company?

Yes  
go to Q6  
 No  
go to Q5(a)

(a) Are you willing to adopt and comply with the Company’s Environmental Management System?

Yes  
 No

6) Do your employees undergo any form of Environmental Awareness training which will be relevant to the work to be performed and/or goods and/or services to be supplied to the Company? If yes, please provide details (including issues covered).

Yes  
 No

7) Are Environmental impacts considered by your representatives when undertaking risk assessments prior to commencing work? If yes, please attach example(s).

Yes  
 No

8) Do you have written procedures to deal with Environmental incidents? If yes, please provide details.

Yes  
 No