

PROVIDER CAPABILITY CHECKLIST (FIELD TESTER)

Company Name:ABN/ACN.....

Key Person:

Telephone No: Mobile Telephone No:

Address of Developer Works:
.....
.....

Case No: Category of Developer Works (eg W1/S1 etc).....

You must provide evidence upon request by the Water Servicing Coordinator/Constructor

(Please tick each box):

	WSC Use
<input type="checkbox"/> Industry standard confined space certification (Minimum management overview)	<input type="checkbox"/>
<input type="checkbox"/> NATA Certified	<input type="checkbox"/>
<input type="checkbox"/> Insurances: Current policy and appropriate for category of Developer Works. <i>(refer Section B3 of Developer Works Deed – Standard Terms)</i>	<input type="checkbox"/>
<input type="checkbox"/> Current copies of the Water Supply Code of Australia (Sydney Water Edition), Sewerage Code of Australia (Sydney Water Edition) and Pressure Sewerage Code (where applicable)	<input type="checkbox"/>
<input type="checkbox"/> Sewer and/or Water experience for the categories of works to be undertaken	<input type="checkbox"/>
<input type="checkbox"/> Understanding of, and ability to apply, Sydney Water standards and the Asset Creation (Developer) Process- relevant Provider Instructions	<input type="checkbox"/>

I the Field Tester certify that I meet the above criteria for performing these Developer Works **and will comply with Sydney Water's Business Ethics Guide, (available at www.sydneywater.com.au) particularly not offering Sydney Water employees money, gifts or benefits.**

Signed Date/...../.....
(Director of Company)

Name (please print)
(Director of Company)

I the WSC/ Constructor certify that the Field Tester has met the above criteria for the Developer Works to be undertaken.

Signed – WSC/Constructor..... Date/...../.....
(Director of Company)

Name (please print)
(Director of Company)