



STANDARD FORM

CONTRACTORS APPROVAL ROUTE FORM

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Document owner	OHS Manager
Revision	03
Approve Date	22 nd August 2024

1. COMPANY DETAILS

Name of Company /Contractor	Duration of contract	Starting Date	Ending Date
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2. FUNCTIONAL/DEPARTMENTAL APPROVAL

No	Department	Requirement	Name	Occupation	Approved		Signature	Date
					Yes	No		
1.	Procurement	Contractor						
		TNCL						
2.	Human Resources and Training	Contractor						
		TNCL						
3.	Engineering	Contractor						
		TNCL						
4.	Environmental	Contractor						
		TNCL						
5.	Emergency Preparedness	Contractor						
		TNCL						
6.	Pre-site and Post-site establishment	Contractor						
		Contractor Contract Owner						
		TNCL Contact Owner						

3. CONTRACT OWNER / MANAGER

No	Department	Name	Occupation	Signature	Date	Remarks
1.						

Comments by the Contractor Manager:

4. RECOMMENDATION FOR APPROVAL

No	Department	Signature	Date	Recommendation	
				Yes	No
1.	Safety Person: Contractor Management				
2.	OHS Manager: Systems and Governance				

Comments by the OHS Manager:

5. APPROVAL BY THE GENERAL MANAGER

I _____ hereby approve the Contractor's pack, and the Contractor is permitted to start work.

Exemptions/Conditions:

Initials and Surname	Signature	Date
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