

## supplier and maintenance provider appointment

supplier or maintenance provider company: \_\_\_\_\_  
 representative's name: \_\_\_\_\_  
 team member: \_\_\_\_\_ date sent: \_\_\_\_\_  
 date completed: \_\_\_\_\_ date authorized to commence work: \_\_\_\_\_

***no maintenance work is to be undertaken by supplier or maintenance provider prior to completion and processing of the supplier or maintenance provider appointment form***

	Date	Initials
<b>PM</b> Log supplier or maintenance provider details to new maintenance provider PM Software file	_____	<input type="checkbox"/>
<b>PM</b> Change maintenance provider status to 'pending'	_____	<input type="checkbox"/>
<b>PMC</b> Prepare and print Supplier or Maintenance Provider Appointment form	_____	<input type="checkbox"/>
<b>PMC</b> Print letter and attach to Supplier or Maintenance Provider Appointment form and post	_____	<input type="checkbox"/>
<b>PMC</b> Once returned confirm form has been signed and completed in full	_____	<input type="checkbox"/>
<b>PMC</b> Enter remaining details in computer	_____	<input type="checkbox"/>
<b>PMC</b> Confirm Business ABN or Tax number is entered in computer	_____	<input type="checkbox"/>
<b>PMC</b> Confirm License or Card number is entered in computer	_____	<input type="checkbox"/>
<b>PMC</b> Confirm bank account details for direct payment is entered to PM Software computer file	_____	<input type="checkbox"/>
<b>PM</b> Contact supplier and/or maintenance provider nominated referees	_____	<input type="checkbox"/>
<b>Referee 1</b>		
<b>PM</b> Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship <b>Period:</b> _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. <b>Reliable Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____	<input type="checkbox"/>
<b>If not reliable why?</b> _____		
• Further comments _____	_____	<input type="checkbox"/>
<b>Referee 2</b>		
<b>PM</b> Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship <b>Period:</b> _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. <b>Reliable Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____	<input type="checkbox"/>
<b>If not reliable why?</b> _____		
• Further comments _____	_____	<input type="checkbox"/>
<b>Referee 3</b>		
<b>PM</b> Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship <b>Period:</b> _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. <b>Reliable Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____	<input type="checkbox"/>
<b>If not reliable why?</b> _____		
• Further comments _____	_____	<input type="checkbox"/>
<b>PM</b> Supplier and/or maintenance provider approved: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	_____	<input type="checkbox"/>
<b>PMC</b> Confirm copy of insurance is attached to Supplier or Maintenance Provider Appointment Form	_____	<input type="checkbox"/>
<b>PMC</b> Confirm trade references have been checked and verified as accurate and acceptable	_____	<input type="checkbox"/>
<b>PMC</b> Enter details of insurance and expiry date to PM Software computer file	_____	<input type="checkbox"/>
<b>PMC</b> Schedule reminder for when insurance expires to request copy of renewal	_____	<input type="checkbox"/>

**PMC** Forward letter together with copy of Supplier or Maintenance Provider Appointment Form and copy of Company policy for carrying out maintenance and repairs and entry/access to property

\_\_\_\_\_

**STATUS:**

**PMC** Change maintenance provider status to 'current'

\_\_\_\_\_

**PAPER FILE:**

**PMC** Create supplier or maintenance provider paper file and file documents in the following order:

- Original Supplier or Maintenance Provider Appointment Form
- Copy of License of Supplier or Maintenance Provider Card
- Copy of Work Cover/Protection Insurance Policy
- Copy of Professional Indemnity Policy
- Copy of Public Liability Insurance Policy

\_\_\_\_\_

**TrackMate™ verified for completion:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NB:** If any item is not applicable write next to item N/A