

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
PM Log supplier or maintenance provider details to new maintenance provider PM Software file	_____	<input type="checkbox"/>
PM Change maintenance provider status to 'pending'	_____	<input type="checkbox"/>
PMC Prepare and print Supplier or Maintenance Provider Appointment form	_____	<input type="checkbox"/>
PMC Print letter and attach to Supplier or Maintenance Provider Appointment form and post	_____	<input type="checkbox"/>
PMC Prepare and print W9 (IRS form)	_____	<input type="checkbox"/>
PMC Once returned confirm form has been signed and completed in full	_____	<input type="checkbox"/>
PMC Enter remaining details in computer	_____	<input type="checkbox"/>
PMC Confirm Business ABN or Tax number is entered in computer	_____	<input type="checkbox"/>
PMC Confirm License or Card number is entered in computer	_____	<input type="checkbox"/>
PMC Confirm bank account details for direct payment is entered to PM Software computer file	_____	<input type="checkbox"/>
PM Contact supplier and/or maintenance provider nominated referees	_____	<input type="checkbox"/>
Referee 1		
PM Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship Period: _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. Reliable Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/>
If not reliable why? _____		
• Further comments _____	_____	<input type="checkbox"/>
Referee 2		
PM Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship Period: _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. Reliable Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/>
If not reliable why? _____		
• Further comments _____	_____	<input type="checkbox"/>
Referee 3		
PM Trade references checked and verified (at least two, preferably three)	_____	<input type="checkbox"/>
• Client name: _____	_____	<input type="checkbox"/>
• Period of business relationship Period: _____	_____	<input type="checkbox"/>
• Reliability and responsibility levels of maintenance. Reliable Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/>
If not reliable why? _____		
• Further comments _____	_____	<input type="checkbox"/>
PM Supplier and/or maintenance provider approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/>
PMC Confirm copy of insurance is attached to Supplier or Maintenance Provider Appointment Form	_____	<input type="checkbox"/>
PMC Confirm trade references have been checked and verified as accurate and acceptable	_____	<input type="checkbox"/>
PMC Enter details of insurance and expiry date to PM Software computer file	_____	<input type="checkbox"/>
PMC 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