



Contractor Pre-qualification Questionnaire

Form #	00434563	
Submitted By	avdeshy213@gmail.com	
Submitted On	29-Apr-2025 16:09	
Question	Answer	Attachment
Company Details		
ABN:	31460423949	
Company name:	S COX & A KUMRA	
Trading name(s):	S COX & A KUMRA	
Company structure:	51–100 employees	
Company representative first name:	avdes	
Company representative last name:	kumar	
Your position:	owner	
Address:		
Street:	blacktown	
Suburb:	Blacktown	
State:	New South Wales	
Postcode:	2148	
Phone:	63941215171	
Services to be provided:	testing	
Insurances		
Do you employ people other than independent contractors?	Yes	BATTERY PRICE LIST 2025MARCH.pdf [30/04/2027]
Please attach a copy of your Public Liability Insurance certificate of currency:		INVERTERS RATE- MAR 2025.pdf [30/04/2027]
Enter the amount covered (numbers only): \$	2,000,000	

Do you have Professional Indemnity Insurance?	Yes	
Work Health & Safety		
Does your organisation have a work health and safety management system in place?	No	
Is a staff member nominated to be responsible for health and safety and supervision of health and safety activities?	No	
Are employees provided with health and safety induction and training into contractor safety arrangements?	No	
Are employees appropriately licensed, qualified or certified where required?	No	
Are employees confirmed as competent to undertake work?	No	
Do you confirm all sub-contractors employed by you are competent and qualified to perform the work?	No	
Do you confirm all sub-contractors have required insurance including public liability and worker compensation?	No	
Have you identified all health and safety risks associated with the work to be undertaken, and eliminated or controlled those risks so far as is reasonably practicable and in accordance with relevant health and safety legislation?	No	
Do you have emergency response arrangements in place including trained first aiders?	No	
Do you have procedures to notify the applicable regulator in the event of a notifiable incident?	No	
Do you have SWMS, JSAs or Safe Work Procedures for all tasks you will be carrying out?	No	
Do workers conduct an onsite review of safe work method statements to identify additional hazards and any changed circumstances prior to commencing work at the location and at the time when work is to be performed?	No	

Do you regularly monitor compliance with applicable safe work method statements?	No	
Do you have procedures for reviewing and updating safe work method statements to ensure hazard controls are confirmed as effective, or modified due to changed circumstances?	No	
Have you ever been prosecuted by a health and safety regulator?	No	