

Name of Organisation		ABN					ConID	
Contact	Email	ail Phone num						
or this initial assessment please	e tick one box only							
							Plea	se tick
I do <u>not</u> intend to go through t								
(No fee applies, please simply s								
I wish to use Ebix Trades Monit								
(Please tick all relevant boxes t	o reflect your business/	activity and	return this s	signed pa	ige)			
			Trade Des	crintian				
Your trades profession/trade is	3		Trade Des	cription				
(E.g. Gardener, Cleaner, Handy		per						
(-8,,,,	,							
		Tick		Tick		Tick		Tick
Business Structure	Sole Trader	Pa	rtnership		Pty Ltd		Trust	
								ise add
							nun	nber
How many people do you emp		tima ar caci	alorkora)					
(not including yourself but incl	uding all full time, part t	ime or casua	ai workers)					
Which (if any) of the following	do vou undertake?						Plea	nco a
willer (if arry) or the following	do you dildertake:							cate Y/N
Structural demolition work								
Scaffolding or other temporary	/ formwork							
Excavations and tunneling								
Working with hazardous/dang	erous substances, e.g. li	iquids/						
Abrasive blasting								
Processes involving lead work,	e.g. paint removal							
Removal or working with asbe	stos							
Building assessments								
Electrical work, e.g. connect/di								
Work with dangerous goods/e	•	n set gun						
Work at heights, e.g. over 1.8 r								
Welding or other hot metal wo Work in confined spaces, e.g. 6		co – coiling						
Inspection or work involving at		ice – ceiling						
Moving platforms or cherry pic								
Other, please specify:								
. , p								
							Yes	No
Do you use Sub-contractors on	a regular basis?							
PRINT NAME BUSINESS ADDRE	ESS							
Signature/Date								
Assessed by Auditor:		Date	:		Rating	g:		
Office use only								