

Expression of Interest (EOI) – WHSE Service Providers

Container Exchange (COEX) is responsible for managing Queensland's Container Refund Scheme, Containers for Change, which aims to reduce litter and increase recycling by providing a 10-cent refund for each eligible beverage container returned. COEX is responsible for ensuring Workplace Health Safety and Environment (WHSE) compliance and ongoing performance across its entire network of operators consisting of Container Refund Points (CRPs) Logistics and Processors totalling approximately 370 sites.

COEX are seeking Expressions of Interest from suitably qualified organisations to be part of a Panel of WHSE Service Providers. WHSE Service Providers will provide WHSE services to COEX's designated sites/regions (all within QLD). WHSE service providers will be required primarily to undertake audits of COEX identified network sites inclusive of logistics, processors and CRPs within the requested timeframe.

All applicants will need to have formal WHSE practitioner qualifications/accreditations in Integrated Management Systems Lead Auditor, and an established track record in delivering WHSE audit services across a large number of geographically disbursed locations.

If you are interested in making a difference by joining Container Exchange's Panel of WHSE Service Providers, please submit your completed expression of interest response form below to tenders@containerexchange.com.au by **5pm**, **Friday 4 March 2022**.

For any further information please contact tenders@containerexchange.com.au.

Phil GordonOperations Team

Container Exchange

- m | 0447 069 463
- e | tenders@containerexchange.com.au
- w | containerexchange



Expression of Interest Response form

Participants are required to provide the details outlined in the table below.

General Information on the Participant or Participant Representative	
First Name	
Surname	
Position in Participant Organisation	
Email	
Phone Number	
General Information on the Participant	s Organisation
Organisation Name	
Organisational Contact Details (if different from above)	
First Name	
Surname	
Email	
Phone Number	
ABN / ACN (including ABN / ACN of each entity comprising a consortium (if applicable))	
Business trading name(s), including any intended business name in connection with the Scheme	
Registered address	
Nature of current operations Provide an overview of your company including industry, sector, nature of work and scope of operations and operational history.	
Website (if applicable)	