

CONTRACTOR WHS MANAGEMENT PROCEDURE QUESTIONNAIRE

The Contractor/Supplier is to be asked to show evidence that WHS systems/documentation exist to assist company assess their suitability (copies of the below documents need to be obtained and kept on file).

This document can be used to confirm that the health and safety requirements for each contractor have been defined and that the outcomes correspond to the agreement between the contractor and the company. All items shall be completed by the Contractor and verified by the Contract Officer/Administrator. Items shall be marked N/A if not applicable. The frequency of these evaluations shall depend on the duration of the project and/or shall be done annually as a minimum.

Contractor/Supplier WHS Management Procedure Questionnaire			
The purpose of this questionnaire is to provide an overview of the status of your WHS management system. You may be required to verify your responses noted in the questionnaire by providing verification documentation.			
Company Name:			
Business purpose:			
	Yes	No	Comments
Do you have the relevant qualifications, authorisations, endorsements, permits and licences for the proposed work?			
Do you have documented procedures for:			To be supplied.
<ul style="list-style-type: none"> WHS Management Plan/Risk Assessments/Job Safety Analysis/Safe Work Method Statements for tasks to be conducted? 			
<ul style="list-style-type: none"> Incident Reporting/WorkCover notification? 			
<ul style="list-style-type: none"> Inspecting, assessing and maintaining plant & hand-held tools 			
<ul style="list-style-type: none"> Storage & handling of hazardous chemicals/dangerous goods, including MSDS (not more than 5 years old) 			
<ul style="list-style-type: none"> Permit to Work Systems for: <ul style="list-style-type: none"> Confined spaces Roofs/Work at height Electrical safety Hot work Excavations 			
<ul style="list-style-type: none"> Hazardous manual handling / manual tasks 			
<ul style="list-style-type: none"> Use of personal protective equipment 			
<ul style="list-style-type: none"> Isolation & tag-out systems (defective equipment) 			
<ul style="list-style-type: none"> Inspection/maintenance procedures for plant & equipment used 			
<ul style="list-style-type: none"> Staff supervision 			

<ul style="list-style-type: none"> Risk assessments completed for all items of plant and hazardous chemicals used 			
Do you have (indicate insured amount):			
<ul style="list-style-type: none"> Public liability insurance? 			
<ul style="list-style-type: none"> Professional indemnity insurance? 			
<ul style="list-style-type: none"> Workers compensation insurance? 			
Have you ever been convicted of a WHS offence?			

The information provided in this questionnaire is an accurate summary of the Company's WHS Management System.

Name

Position

Signature

Date