

Form 2

Contractor Assessment Health and Safety Management Questionnaire

Health and Safety Policy and Management	Yes	No
<ul style="list-style-type: none"> Do you have a written Health and Safety policy? If Yes, please provide a copy. Are health and safety management responsibilities clearly defined for all levels of management, supervisors and staff? If Yes, please provide details. 		
Safe Work Practices and Procedures	Yes	No
<ul style="list-style-type: none"> Do you have an incident reporting and investigation procedure? If Yes, please provide a copy of incident and investigation form(s). Do you have documented safe work procedures and practices? If Yes, please provide copies relevant to the work possibly being undertaken. 		
Occupational Health and Safety Training	Yes	No
<ul style="list-style-type: none"> Are all employees trained in the safe use of all plant, equipment and protective clothing they may use or handle? If Yes, please provide examples of training records. Do you provide employees specialist training in the following areas (where required). <ul style="list-style-type: none"> ➤ Chemical Handling ➤ First Aid Training ➤ Manual Handling ➤ Tractor/ATV Driver Training ➤ Machine Operating ➤ Other: Do you have a safety induction programme for new staff? If Yes, please provide details. 		
Health and Safety Workplace Inspection	Yes	No
<ul style="list-style-type: none"> Is there a regular inspection of all plant and equipment owned by the company? If Yes, please provide details. Are general workplace health and safety inspections undertaken regularly? If Yes, please provide details. 		
Hazard Management	Yes	No
<ul style="list-style-type: none"> Is there a procedure where employees can report hazards/risks in the workplace? If Yes, please provide details. Is there a means of assessing reported hazards/risks for significance? If Yes, please provide details. Do you have in place a process for applying controls to identified hazards/risks? If Yes, please provide details. 		

Health and Safety Performance Monitoring	Yes	No
<ul style="list-style-type: none"> Do you identify accident trends and/or keep accident statistics? If Yes, please provide details. Have you ever been convicted of a health and safety offence? If Yes, please provide details. Have you ever been investigated by WorkSafe or similar regulatory body for any accident/incident? If Yes, please provide details. 		
Health and Safety Consultation	Yes	No
<ul style="list-style-type: none"> Is there a workplace health and safety forum? If Yes, please provide details. 		
Health and Safety Consultation	Yes	No
<ul style="list-style-type: none"> Do you have a method for preparing and submitting a job specific health and safety plan? If Yes, please provide details and copy of plan used on a previous contract. 		

References			
Please provide us with the following information for the 3 most recent contracts completed by your company.			
	Contract 1	Contract 2	Contract 3
Contract Description			
Client			
Contact			
Telephone			