

category 2: major contract safety questionnaire

This form is to be completed by the Company when applying for a Wagga Wagga City Council Tender

Company Name:	ABN:
Address:	
Name of person completing this form:	Signature:
Position within Company:	Date:

Work Health & Safety (WHS) & Chain of Responsibility (CoR) Policy & Management		Yes	No
1	Is there a written Company Work Health and Safety policy? If Yes, please provide a copy of the Policy	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the Company have a WHS Management System (manual or plan)? If Yes, please provide a copy of the Table of Contents page(s)	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the Company's WHS Management System been certified by a recognised independent authority (e.g. AS4801)? If Yes, please provide a copy of the current certification or accreditation.	<input type="checkbox"/>	<input type="checkbox"/>
4	Are WHS responsibilities clearly identified for all levels of Management and staff in the WHSMS? If Yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there a written company CoR Policy? If Yes, please provide a copy of the Policy.	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the Company have a CoR Safety Management System (manual or plan)? If Yes, please provide copy of the Table of Contents page(s).	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the company's CoR Safety Management System been certified by a recognised independent authority? If Yes, please provide a copy of the current certification or accreditation.	<input type="checkbox"/>	<input type="checkbox"/>
8	Are CoR responsibilities clearly identified for all levels of Management and staff in the CoRSMS? If Yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

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Safe Work Practices and Procedures		Yes	No
1	<p>Has the Company prepared Safe Work Method Statements (SWMS) or specific WHS instructions relevant to its operations for high risk tasks?</p> <p>If Yes, please provide a summary listing of procedures or instruction.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Is there a documented Incident Reporting and Investigation Procedure?</p> <p>If Yes, please provide a copy of this and of a standard Incident Report form.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Are there procedures for maintaining, inspecting and assessing the hazards of plant/equipment operated/owned by the Company?</p> <p>If Yes, please provide an extract from the plant register.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>Are there procedures for storing and handling hazardous chemicals/materials?</p> <p>If Yes, please provide an extract from the chemical register.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5	<p>Are there procedures for identifying, assessing and controlling risks associated with hazardous manual tasks?</p> <p>If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6	<p>Does your Company have Permit to Work systems?</p> <p>If Yes, please provide a summary listing of Permits and sample permits.</p>	<input type="checkbox"/>	<input type="checkbox"/>
WHS Training		Yes	No
1	<p>Is WHS training conducted in your Company?</p> <p>If Yes, describe how WHS training is conducted in your Company and provide relevant documentation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Is a record maintained of all training and induction programs undertaken for workers?</p> <p>If Yes, please provide a training register/evidence of training.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Do all workers and sub-contractors complete an induction prior to commencing work?</p> <p>If Yes, please provide a copy of the induction.</p>	<input type="checkbox"/>	<input type="checkbox"/>

TENDER STAGE
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WHS Inspections		Yes	No
1	<p>Are regular WHS inspections undertaken at workplaces/worksites? If Yes, please provide detail and a sample completed inspection.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Is there a procedure by which workers can report hazards within workplaces? If Yes, please provide a hazard report form.</p>	<input type="checkbox"/>	<input type="checkbox"/>
WHS Consultation		Yes	No
1	<p>Is there a Health and Safety Committee (HSC)? If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Are workers involved in decision-making regarding WHS matters?</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Are there worker-elected Health and Safety Representatives (HSRs)? If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>Where there are no HSRs or HSC, are there regular WHS meetings held with workers to communicate relevant information e.g. incidents, hazards, inspection outcomes, WHS performances, etc? If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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WHS Performance Monitoring		Yes	No
1	<p>Is there a system for recording and analysing WHS performance statistics including number and type of injuries and incidents?</p> <p>If Yes, please provide information on WHS performance for the last 6 months.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Are workers regularly provided with information on company WHS performances?</p> <p>If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Has the Company ever been convicted of a WHS offence, or are currently being prosecuted or had Prohibition Notices, Improvement Notices or Provisional Improvement Notices served on the Company?</p> <p>If Yes, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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Activity Classification	
Please tick the works to be undertaken as part of this project:	
<input type="checkbox"/>	Confined space
<input type="checkbox"/>	Work at heights
<input type="checkbox"/>	Electrical Work
<input type="checkbox"/>	Construction work (including scaffolding)
<input type="checkbox"/>	Trenching and excavation
<input type="checkbox"/>	Demolition work
<input type="checkbox"/>	Work near traffic (i.e. line painting, landscaping, pedestrian pathways etc)
<input type="checkbox"/>	Work in or near water
<input type="checkbox"/>	Hot works (i.e. welding, grinding)
<input type="checkbox"/>	Hazardous Substances/Chemicals
<input type="checkbox"/>	Hazardous Materials/Asbestos
<input type="checkbox"/>	Work near mobile plant (i.e. forklifts, scissor lifts, BMU etc)
<input type="checkbox"/>	Working alone
<input type="checkbox"/>	Use of heavy vehicles over 4.5t
<input type="checkbox"/>	Other: please specify

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Company References	
All Companies must provide the 3 (three) most recent contracts completed by the Company.	
Contract 1	
Description:	
Client:	
Client Contact Person:	
Client Contact person Phone Number:	
Number of Lost Time Injuries:	
Number of person days on contract:	
Total days Lost due to Injuries:	
Contract 2	
Description:	
Client:	
Client Contact Person:	
Client Contact person Phone Number:	
Number of Lost Time Injuries:	
Number of person days on contract:	
Total days Lost due to Injuries:	
Contract 3	
Description:	
Client:	
Client Contact Person:	
Client Contact person Phone Number:	
Number of Lost Time Injuries:	
Number of person days on contract:	
Total days Lost due to Injuries:	