

category 1: construction project/principal contractor 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"/>

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WHS Inspections		Yes	No
1	<p>Are regular WHS inspections undertaken at workplaces/worksites?</p> <p>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?</p> <p>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)?</p> <p>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)?</p> <p>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?</p> <p>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:	