CONTRACTOR MANAGEMENT ATTACHMENT 2

***SECTION 3*** *Framework for Health and Safety Management*

CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE – LOW RISK

This questionnaire forms part of the organisation’s contractor evaluation process and is to be completed by the contracting company representative. Contractors must verify their responses to this questionnaire by providing evidence of their capability and capacity in relevant matters.

***ATTACHMENT***

**CERTIFICATION**

The information provided in this questionnaire is an accurate summary of the company’s occupational health, safety and environmental management systems.

Company Name:

|  |  |
| --- | --- |
| Contractor Representative: | Signature: |
| Position: | Date: |
| Contract Name/Reference: | Contract Number/Reference: |

**CONTRACT DESCRIPTION**

Brief description of the scope of works:

List locations where work will be undertaken:

List the major activities and types of work to be completed:

|  |  |  |
| --- | --- | --- |
| **HEALTH AND SAFETY UNDERSTANDING AND RISK AWARENESS** | **YES** | **NO** |
| Can the company demonstrate a good understanding of the hazards and risks associated with their activities e.g. Interviews, documents?  Comment: |  |  |
| **HEALTH AND SAFETY SYSTEMS** | **YES** | **NO** |
| Does the company have established systems and procedures for managing HS risks, e.g. JSAs or SOPs? Comment: |  |  |

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|  |  |  |
| --- | --- | --- |
| **LICENSES** | **YES** | **NO** |
| Is the company licensed for the relevant activities and does it have all appropriate competencies, licences and approvals required for the contract works?  Provide copies where relevant. |  |  |
| **PLANT AND EQUIPMENT** | **YES** | **NO** |
| Does the company have plant and equipment which is appropriately licensed or registered and maintained/ inspected on a regular basis?  If yes provide copies of licences, registrations and maintenance records. |  |  |
| **COMPANY REFERENCE** | | |

Provide the following information for the most recent contract completed by the company.

***ATTACHMENT***

|  |  |
| --- | --- |
| Contract Description |  |
| Client |  |
| Name of Client Contact |  |
| Phone Number Client Contact |  |
| No. of work hours on contract |  |