



## WHS-FM050 Contractor Prequalification Questionnaire – Full Version

This questionnaire forms part of the mandatory evaluation process and the objective of the questionnaire is to provide an overview of the status of the contractors' WHS Management System. Contractors will be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters.

### Contact Details

**Contractor Business Name:**

**Address:**

**Phone:**

**Fax:**

**Mobile:**

Please provide details of the nominated person within your company who can be contacted regarding WHS issues

**Name:**

**Phone:**

**Mobile:**

### Insurance Certificates – Please attach a copy of each Policy / Certificate of Currency

| Type                             | Expiry Date | Insurer | Amount |
|----------------------------------|-------------|---------|--------|
| Workers Compensation             |             |         |        |
| Public Liability                 |             |         |        |
| Professional Indemnity Insurance |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |
| Other:                           |             |         |        |

| No.      | Item  | YES                      | NO                       | N/A                      |
|----------|---|--------------------------|--------------------------|--------------------------|
| <b>1</b> | <b>WHS Policy and Management</b>  |                          |                          |                          |
| 1.1      | Has your company's WHS Management System been certified by a recognised independent authority (e.g. ISO45001 or Office of the Federal Safety Commissioner OFSC)?<br><b>If yes, please provide a copy of your certification or accreditation, then only complete section 7 and Contractor sign off</b><br><b>If No, complete the rest of the questionnaire</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2      | Does your company have a WHS Management System?<br>If yes, please provide relevant details or attach the relevant documentation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3      | Does your company have a written company WHS Policy?<br>If yes, please provide a copy of the Policy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4      | Are WHS responsibilities clearly identified for all levels of management and staff?<br>If yes, please provide details or attach the relevant documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.      | Item   | YES                      | NO                       | N/A                      |
|----------|--|--------------------------|--------------------------|--------------------------|
| <b>2</b> | <b>Safe Work Practices and Procedures</b>  |                          |                          |                          |
| 2.1      | Does your company have a documented risk management process to identify WHS and manage hazards for activities within your operations?<br>If yes, please provide details or attach the relevant documentation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2      | Does your company have a process to ensure the hierarchy of controls is followed, and that the highest level of controls is used where practicable?<br>If yes, please provide details or attach the relevant documentation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3      | Has your company prepared Safe Work Method Statements (SWMS) or specific WHS instructions relevant to its operations?<br>If yes, please provide a summary list of SWMS or instructions<br><b>Note:</b> SWMS for the work your company will be doing for Council must be provided for review. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4      | Does your company complete incident reports and investigations for WHS incidents?<br>If yes, please provide a copy of this and of a standard incident report and investigation form  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5      | Does your company have specific procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company?<br>If yes, please provide details or attach the relevant documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6      | Does your company have specific procedures for storing and handling hazardous chemicals/materials?<br>If yes, please provide details or attach the relevant documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7      | Does your company have specific procedures for identifying, assessing and controlling risks associated with hazardous manual tasks?<br>If yes, please provide details or attach the relevant documentation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.8      | Does your company have permit to work systems?<br>If yes, please provide a summary list of permits and examples of permits.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> | <b>WHS Training</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| 3.1      | Does your company have a process to train workers and verify competency in WHS procedures, SWMS and plant operation for the services to be provided?<br>If yes, please describe how WHS training and competency verification is conducted in your company or provide relevant documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2      | Are records maintained of all training, competency verification and induction programs undertaken for workers?<br>If yes, please provide a training register/evidence of training for the services to be provided  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4</b> | <b>WHS Inspections</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| 4.1      | Does your company have a process to ensure workplaces/worksites are regularly inspected for WHS hazards and issues?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.      | Item  | YES                      | NO                       | N/A                      |
|----------|---|--------------------------|--------------------------|--------------------------|
|          | If yes, please provide details or attach the relevant documentation   |                          |                          |                          |
| 4.2      | Does your company have a procedure by which workers can report hazards within workplaces or at worksites?<br>If yes, please provide details or attach the relevant documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> | <b>WHS Consultation</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| 5.1      | Does your company have formal, documented consultation arrangements in place, such as any of the following? <ul style="list-style-type: none"> <li>• A health and safety committee,</li> <li>• Worker-elected Health and Safety Representatives,</li> <li>• Other agreed arrangements (including regular meetings with workers to communicate and consult on WHS matters)?</li> <li>• Please provide details of the arrangements in place or attach the relevant documentation</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2      | Does your company have a process for escalating and resolving WHS issues?<br>If yes, provide details or attach the relevant documentation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3      | Has your company identified how they plan to consult and communicate information with other duty-holders and their workers – e.g. with Council and other contractors?<br>If yes, provide details of planned arrangements  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> | <b>WHS Performance</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
| 6.1      | Does your Company's senior management regularly review WHS performance?<br>If yes, provide details of how this occurs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2      | Does your company have a formal process for setting WHS key performance indicators and measuring performance against these - including number and type of injuries and incidents?<br>If yes, provide a summary of WHS performance indicators for the last 6 months  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3      | Does your company have an assurance process to ensure WHS risks are identified and effectively managed (e.g. internal audits, review of control measures)?<br>If yes, provide details or attach the relevant documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4      | Has your company had any notifiable incidents in the past 5 years?<br>If yes, provide details, including outcomes such as notices from the Regulator.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.5      | Has your company been issued any improvement, prohibition or penalty notices by a safety regulator, been convicted of a WHS offence or been the subject of other enforcement action in the last 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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