

CONTRACTOR SAFETY COMPLIANCE QUESTIONNAIRE

The object of the questionnaire is to provide an overview of the status of the contractors Occupational Health and Safety Management System. Contractors may be required to verify their responses noted in their questionnaire by providing evidence.

Company Sole Trader Partnership

Contractor's / Supplier's Name:

Contractor's Address:

Telephone: **Mobile Phone:**

Contractor's Representative/Contact:

Employees Name/s:
(Please provide additional sheet of names if required)

1. Do you understand your responsibilities under the Victorian Occupational Health and Safety Act 2004 and your responsibilities to your employees, site personnel and your subcontractors and its significance to you as an employer, including Public Safety? Yes No

2. Safety Systems Analysis:

Do you have safe working procedures; ie. Safe Work Method Statement/s? Yes No

Are these reviewed regularly? Yes No

Does the system include procedures for:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| • Induction | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Risk Management | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Incident Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • OHS Training | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Hazardous Substances / Dangerous Goods | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| • Manual Handling | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Electrical Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

- Personal Protective Equipment (PPE) Yes No N/A
- Work Permits Yes No N/A
- Record Keeping Yes No

Does your company have a system for plant and equipment that includes:

- Hazard Assessment Yes No N/A
- Written Safe Operating Procedures Yes No N/A
- Maintenance Logbooks Yes No N/A
- Operators Manual Yes No N/A
- Measurement of Noise Levels Yes No N/A
- Certification of Operators Yes No N/A
- Training Records Yes No N/A

3. Provide details of you and your employees OHS Industry Induction Training Course:

Name:	Card No.	Date of Issue:
.....
Name:	Card No.	Date of Issue:
.....
Name:	Card No.	Date of Issue:
.....
Name:	Card No.	Date of Issue:
.....
Name:	Card No.	Date of Issue:
.....

Booking date if training is not yet completed:

4. Provide details of Electrical Compliance with safety standards relating to the testing and

tagging of power tools, electrical equipment and leads. Please attach details of testing procedure.

Contact details of Electrical Testing Company:

Company Name: **Phone No:**

5. Are you fully aware of your obligations relating to cleanliness of sites and housekeeping as to JG King Projects Waste Management System? Yes No
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6. **Licenses and Qualifications:**
Do you maintain records of your employee and/or subcontractor licenses and qualifications? Yes No
Please **attach copies** of employee and/or subcontractor licenses relevant to this contract.
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7. **Manual Handling:**
Does the company have documented procedures in place for safe manual handling? Yes No N/A
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8. **Site Supervision:**
Who will have safety and supervision responsibility at the job site?
Given name and position:
-
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9. **First Aid:**
Do any of your employees hold a First Aid Certificate? (If YES describe type and expiry date) Yes No N/A

Level: **Expiry Date:**

Contractor Safety Compliance Questionnaire
Page 3 of 3

10. **Safety Inspections:**
Do you conduct project safety inspections? Yes No N/A
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11. **Public Liability Insurance:**
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Do you have a Public Liability Insurance cover? Please attach a copy of the **Certificate of Currency**.

Yes No

Insurance Provider:

Policy No.:

Expiry Date:

12. Have you ever been convicted for offences under the Victorian Occupational Health and Safety Act? Yes No
If **YES**, please provide full details:

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Contractor Name:

Contractor Signature: **Date:**

Company Name:

(OFFICE USE ONLY)

REVIEWING SUPERVISOR:	
Name:	
Signature:	Date:
APPROVED MANAGER:	
Name:	
Signature:	Date: