

Schedule 4: OHS Management System Questionnaire

Prequalified Supplier Name: _____

Prequalified Supplier's OHS Management System Questionnaire

This questionnaire forms part of Goulburn-Murray Water's Offer evaluation process and is to be completed by Prequalified Suppliers and submitted with their Offer. The objective of the questionnaire is to provide an overview of the status of the Prequalified Supplier's OHS management system. Prequalified Suppliers may be required to verify their responses noted in their questionnaire by providing additional evidence of their ability and capacity in relevant matters.

All Prequalified Suppliers are required to complete:

- either Part A or Part B, and
- Part C, and
- Part D.

Part A – Certification under a Listed Scheme

If the Prequalified Supplier is accredited under one of the following listed schemes then the Prequalified Supplier must specify which one(s) and must provide a copy of current certification under such scheme(s) with its Offer.

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 AS 4801-2000 Occupational health and safety management systems | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 CCF Civil Construction Management Code | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 SafetyMAP | <input type="checkbox"/> | <input type="checkbox"/> |

PART B – Non Certification Under a Listed Scheme

Where the Prequalified Supplier is not certified under a scheme listed in Part A, the Prequalified Supplier must complete Part B of this Schedule.

| | | Yes | No |
|----------|---|--------------------------|--------------------------|
| 1 | OHS Policy and Management | | |
| 1.1 | Is there a written company health and safety policy? <i>If Yes provide a copy of policy.</i> <i>Comments.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | Is there a company OHS Management System manual or plan? <i>If yes provide a copy of contents page(s).</i> <i>Comments</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | Are health and safety responsibilities clearly identified for all levels of staff? <i>If Yes provide details:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Safe Work Practices and Procedures | | |
| 2.1 | Has the company prepared safe operating procedures or specific safety instructions relevant to its operations? <i>If yes, provide a summary listing of procedures or instructions.</i> <i>Comments</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | Does the company have any permit to work systems? <i>If Yes, provide a summary listing all permits:</i> | <input type="checkbox"/> | <input type="checkbox"/> |

2.3 Is there a documented incident investigation procedure?
If Yes provide a copy of a standard incident report form.

2.4 Are there procedures for maintaining, inspecting and assessing the hazards of Plant operated/owned by the company?
If Yes, provide details
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.....

2.5 Are there procedures for storing and handling hazardous substances?
If Yes, provide details
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2.6 Are there procedures for identifying, assessing and controlling risks associated with manual handling?
If Yes, provide details.
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.....

3 OHS Training

3.1 Describe how health and safety training is conducted in your company.
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3.2 Is a record maintained of all training and induction programs undertaken for employees in your company?
If Yes, provide examples of safety training records
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4 Health and Safety Workplace Inspection

4.1 Are regular health and safety inspections at worksites undertaken?
If Yes, provide details:
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.....

4.2 Are standard workplace inspection checklists used to conduct health and safety inspections?
If Yes, provide details or examples:
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.....

4.3 Is there a procedure by which employees can report hazards at workplaces?
If Yes, provide details

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5 Health and Safety Consultation

5.1 Is there a workplace health and safety committee?

5.2 Are employees involved in decision making over OHS matters?
If Yes, please provide details

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5.3 Are there employee elected health and safety representatives?
Comments.....

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6 OHS Performance Monitoring

6.1 Is there a system for recording and analysing health and safety performance statistics?
If Yes provide details:

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6.2 Are employees regularly provided with information on company health and safety performance?
If Yes, provide details.

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6.3 Has the company ever been convicted of an occupational health and safety offence?
If Yes, provide details.

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PART C – Company Contract References

1. Company References

The Prequalified Supplier must provide the following information for the three most recent contracts completed by the company:

| | Contract 1 | Contract 2 | Contract 3 |
|----------------------|------------|------------|------------|
| Contract Description | | | |
| Client | | | |
| Contact | | | |
| Phone No | | | |

2. Contract OH&S Statistics

The Prequalified Supplier must provide the following information for the three most recent contracts completed by the company:

| | Contract 1 | Contract 2 | Contract 3 |
|-----------------------------------|------------|------------|------------|
| Number of lost time injuries | | | |
| Number of person days on contract | | | |
| Total days lost due to injuries | | | |

2. Lost Time Injuries

The Prequalified Supplier must provide the following information relating to the preceding 12 month period:

| | |
|--|--|
| Number of lost time injuries | |
| Total number of person days lost to injury | |
| Total number of person days worked | |

PART D – OH&S Certification

Certification

The information provided in this questionnaire is an accurate summary of the company's occupational health and safety management system.

Company Name:

Signed:

Name:

Position:

Date:

Contract Details

Contract Name: Contract Number: