

Pre-Qualification OSH Questionnaire

This form is completed by the contractor, then submitted with evidence to support answers to the Responsible Officer, and used to assess the contractor's ability to work in a safe manner when undertaking contracted works.

Contract Details					
Date of Evaluation:		Duration of Works:			
Business Name:		Scope of Works:			
Contractor Name:		Contact Number:			
Current Position:		Responsible Officer:			
Contractor Requirement		Provided		Responsible Officer	
		Yes	No	Accepted	Rejected
1. Do you have a safety policy that demonstrates a commitment to safety? <ul style="list-style-type: none"> Is it subject to regular reviews? Encourage cooperation at all levels? 					
Contractor Response:					
2. Do you have a safety plan? <ul style="list-style-type: none"> Are roles and responsibilities outlined? Does it demonstrate how you manage OSH and ensure compliance with the legislation? 					
Contractor Response:					
3. Do you have public liability insurance? <ul style="list-style-type: none"> Is it current and relevant to the scope of work? 					
Contractor Response:					
4. Do you have workers compensation insurance? (Note: Sole traders require Personal Accident Illness Insurance or Income Protection Insurance) <ul style="list-style-type: none"> Is it current and relevant to the scope of work? 					
Contractor Response:					

Contract Requirement	Provided		Responsible Officer	
	Yes	No	Accepted	Rejected
5. Have all training qualifications been submitted? <ul style="list-style-type: none"> • Are all qualifications current and relevant to the scope of work? • Is there a formal induction training program in place that outlines OSH responsibilities? 				
Contractor Response:				
6. Do you have relevant experience to undertake the scope of works? <ul style="list-style-type: none"> • How long have you worked in the industry? 				
Contractor Response:				
7. What is your previous 12 month work history? <ul style="list-style-type: none"> • How many workplace incidents occurred? • Were there any workplace injuries/workers compensation claims? • Were any incidents reportable to WorkSafe? 				
Contractor Response:				
8. Do you have systems in place to identify and manage workplace hazards? <ul style="list-style-type: none"> • A safety management system that tracks hazard management? • A workplace inspection program? • Hazard report forms 				
Contractor Response:				
9. Do you have SWP's / SWMS / JSA's to manage potential hazards and risks? <ul style="list-style-type: none"> • Manual tasks, fatigue, working at heights, plant operation etc.? 				
Contractor Response:				
10. Is there a formalised process in reference to the reporting of incidents and injuries? <ul style="list-style-type: none"> • An incident and injury management procedure? • An incident and injury management form? 				
Contractor Response:				
11. Do you have trained first aiders and adequate first aid kits? <ul style="list-style-type: none"> • Current first aid competency? • All first aid kit products present and in date? 				
Contractor Response:				

Contract Requirement	Provided		Responsible Officer	
	Yes	No	Accepted	Rejected
12. Do you have a traffic management plan? <ul style="list-style-type: none"> • Is there adequate signage to manage traffic flow? (Stop and give way signs?) • Does it outline required speed limits? • Is mandatory signage clearly visible? (PPE requirements etc.) • Is there dedicated pedestrian zones to segregate traffic, people and plant? 				
Contractor Response:				
Responsible Officers Comments				
Contractor Evaluation Outcome			Yes	No
Contractor safety management plan and submitted documentation approved by the Human Resources Department?				
Evaluators Comments				
Evaluators Name and Signature:				