

3.14 Work Health and Safety (WHS) Pre-Qualification WHS Questionnaire

Instructions for Contractors / Service Providers:

- Complete this questionnaire with the required information and supporting evidence.
- Submit the completed questionnaire to the City's assigned contract manager (Responsible Officer) for review.

Contractor Details:

Date of Evaluation:	
Duration of Works:	
Business Name:	
Scope of Works:	
Point of Contact Name:	
Contact Number:	

Contractor Requirements Checklist	Response	City of Albany
1. WHS Policy:		
Do you have a WHS policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Is it regularly reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Does it encourage cooperation at all levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
2. WHS Plan:		
Do you have a WHS plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Are roles and responsibilities outlined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Does it ensure compliance with WHS legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
3. Public Liability Insurance:		
Do you have current and relevant public liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
4. Workers' Compensation Insurance:		
Do you have current and relevant workers' compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

(For sole traders: Personal Accident Illness Insurance or Income Protection Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
5. Training and Qualifications:		
Are all qualifications current and relevant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Is there a formal induction training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
6. Relevant Experience:		
Do you have relevant experience for the scope of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
How long have you worked in the industry? [Provide details]		<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
7. Work History (Last 12 Months):		
Number of workplace incidents? [Provide details]		<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Any workplace injuries or workers' compensation claims in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Any incidents reportable to WorkSafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
8. Hazard Management Systems:		
Do you have systems to identify and manage workplace hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Do you have a hazard report forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
9. Safe Work Procedures (SWP) / Safe Work Method Statements (SWMS) / Job Safety Analysis (JSA):		
Do you have procedures for managing potential hazards and risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
10. Incident and Injury Reporting:		
Do you have a process for reporting incidents and injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Incident and injury management procedure and report form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Provided <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected

11. First Aid:			
Do you have trained first aiders and adequate first aid kits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided	
		<input type="checkbox"/> Accepted	
	<input type="checkbox"/> N/A	<input type="checkbox"/> Rejected	
Are first aid competencies current and kits up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided	
		<input type="checkbox"/> Accepted	
	<input type="checkbox"/> N/A	<input type="checkbox"/> Rejected	
12. Traffic Management Plan:			
Do you have a traffic management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided	
		<input type="checkbox"/> Accepted	
	<input type="checkbox"/> N/A	<input type="checkbox"/> Rejected	
Do you have adequate signage, speed limits, PPE requirements, and pedestrian zones?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided	
	<input type="checkbox"/> N/A	<input type="checkbox"/> Accepted	
		<input type="checkbox"/> Rejected	

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Responsible Officer's Comments:
 [Insert Comments]

Contractor Evaluation Outcome:

Approved: ☐ Yes ☐ No

Evaluator's Comments:

Evaluator's Name and Signature/Date: