

Request for Tender – Attachment 1 WHSMS Questionnaire  
**1695006 – Road Pavement Restoration Works**



**Contractor WHS Management System Questionnaire**

Trading Name	
Registered Name	
Australian Company Number	
Australian Business Number	
Registered Office Address	
NSW Principal Office (if applicable)	

Contact Person	
Position	
Email	
Website	
Phone	
Mobile	

1. WHS Policy		
1.1	Has the company been approved as a prequalified contractor with the Cabonne Shire Council?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', you are <b>not required</b> to complete the remainder of this form.
1.2	Has the company been approved as a prequalified contractor with Transport for New South Wales?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide details regarding the company's pre-qualification areas and levels below. ..... .....
1.3	Does the company have an WHS Management System certified by a recognised independent authority (e.g.: AS/NZS 4801, SafetyMAP)?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of your current certificate of certification and name the file <i>Trading Name 2 WHS Certification</i> (e.g. ABC Investments Pty Ltd 2 WHS Certification.pdf)
1.4	Is there a written company health and safety policy?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

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		if 'Yes', please provide as an attachment, a copy of your current policy and name the file <i>Trading Name 1</i> WHS Policy (e.g. ABC Investments Pty Ltd 1 WHS Policy.pdf)
1.5	Is there a company WHS Management System manual or plan?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of contents page(s) and name the file <i>Trading Name 3</i> WHS Management System (e.g. ABC Investments Pty Ltd 3 WHS Management System.pdf)
1.6	Are health and safety responsibilities clearly identified for all levels of staff?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide details below. ..... .....
<b>2. Safe Work Practices and Procedures</b>		
2.1	Has the company prepared safe operating procedures or specific safety instructions relevant to its operations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide a summary listing of procedures or instructions below. ..... .....
2.2	Does the company have any permit to work systems?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide a summary listing or permits below. ..... .....
2.3	Is there an incident reporting and investigation procedure?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of the forms and name the file <i>Trading Name 4</i> Safe Work Forms (e.g. ABC Investments Pty Ltd 4 Safe Work Forms.pdf)
2.4	Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the company?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
2.5	Are there procedures for storing and handling hazardous substances?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
2.6	Are there procedures for identifying, assessing and controlling Risks associated with manual handling?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. .....

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<b>3. WHS Training</b>		
3.1	Describe how health and safety training is conducted in your company.	..... ..... .....
3.2	Is a record maintained of all training and induction programs undertaken for employees in your company?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, examples of safety training records and name the file <i>Trading Name 5 WHS Training</i> (e.g. ABC Investments Pty Ltd 5 WHS Training.pdf)
<b>4. Workplace Inspection</b>		
4.1	Are regular health and safety inspections at worksites undertaken?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
4.2	Are standard workplace inspection checklists used to conduct health and safety inspections?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, examples of forms used and name the file <i>Trading Name 6 Workplace Forms</i> (e.g. ABC Investments Pty Ltd 6 Workplace Forms.pdf)
4.3	Is there a procedure by which employees can report hazards at workplaces?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
<b>5. Health and Safety Consultation</b>		
5.1	Is there a workplace health and safety committee?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of the most recent minutes and name the file <i>Trading Name 7 Health Safety Minutes</i> (e.g. ABC Investments Pty Ltd 7 Health Safety Minutes.pdf)
5.2	Are employees consulted in decision making over WHS matters?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....

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5.3	Are there employee elected health and safety representatives?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
<b>6. WHS Performance Monitoring</b>		
6.1	Is there a system for recording and analysing health and safety performance statistics?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
6.2	Are employees regularly provided with information on company health and safety performance?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', provide details below. ..... .....
<b>7. Plant Equipment and Vehicles</b>		
7.1	Does the company have a documented process for inspecting, maintaining and reporting hazards on plant equipment and vehicles?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of the procedure and name the file <i>Trading Name</i> 8 Plant and Equipment Hazard Reporting (e.g. ABC Investments Pty Ltd 8 Plant and Equipment Hazard Reporting.pdf)
7.2	Does the company company have risk assessments for plant equipment and vehicles?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, an example and name the file <i>Trading Name</i> 9 Plant and Equipment Risk (e.g. ABC Investments Pty Ltd 9 Plant and Equipment Risk.pdf)
7.3	Does the company have maintenance schedules for all plant equipment and vehicles?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a typical schedule and name the file <i>Trading Name</i> 10 Plant and Equipment Schedule (e.g. ABC Investments Pty Ltd 10 Plant and Equipment Schedule.pdf)
7.4	Does the company keep records of maintenance on plant equipment and vehicles?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a typical record and name the file <i>Trading Name</i> 11 Plant and Equipment Record (e.g. ABC Investments Pty Ltd 11 Plant and Equipment Record.pdf)
7.5	Does the company have systems in place to monitor the registration of plant and vehicles if required in your State?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, evidence and name the file <i>Trading Name</i> 12 Plant and Equipment Evidence (e.g. ABC Investments Pty Ltd 12 Plant and Equipment Evidence.pdf)

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7.6	Does the company have a documented Chain of Responsibility process for identifying risks and hazards relating to National Heavy Vehicle Regulator vehicle operations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of the procedure and name the file <i>Trading Name</i> 8 Plant and Equipment Hazard Reporting (e.g. ABC Investments Pty Ltd 8 Plant and Equipment Hazard Reporting.pdf)
<b>8. Working at Heights</b>		
8.1	Do you undertake work at heights?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please proceed to section 8.2, if 'No', please proceed to section 9.
8.2	Do you have documented procedures for working at height?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, a copy of the procedure and name the file <i>Trading Name</i> 13 WH Procedure (e.g. ABC Investments Pty Ltd 13 WH Procedure.pdf)
8.3	Have your employees completed working at heights training?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, evidence and name the file <i>Trading Name</i> 14 Working at Heights Evidence (e.g. ABC Investments Pty Ltd 14 Working at Heights Evidence.pdf)
<b>9. Workplace Chemicals</b>		
9.1	Have your employees completed training in relation to safe chemical use?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, evidence and name the file <i>Trading Name</i> 15 Workplace Chemicals Evidence (e.g. ABC Investments Pty Ltd 15 Workplace Chemicals.pdf)
<b>10. Training, Licenses and Qualifications</b>		
10.1	Do your employees have appropriate qualifications to carry out their work tasks?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, copies and name the file <i>Trading Name</i> 16 Employee Qualifications (e.g. ABC Investments Pty Ltd 16 Employee Qualifications.pdf)
10.2	Do employees hold appropriate high risk work licences?	<input type="checkbox"/> Yes or <input type="checkbox"/> No if 'Yes', please provide as an attachment, copies and name the file <i>Trading Name</i> 17 Employee Licences (e.g. ABC Investments Pty Ltd 17 Employee Licences.pdf)
<b>11. Final Checklist</b>		
In finalising and submitting this Questionnaire, please check the following		
Have you completed the relevant sections in this WHS Questionnaire in full?		<input type="checkbox"/> Yes or <input type="checkbox"/> No

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Have you attached evidence of your safety management system? i.e., evidence/examples for <u>everything</u> you have ticked “Yes” to in the Questionnaire.	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have to attached copies of your current Insurance Policies?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you attached evidence of your Certification of your Safety System e.g., 4801 certification and expiry (If Applicable)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you attached copies of your relevant Certificates of Qualification / tickets?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>PLEASE NOTE: Failure to provide the correct supporting documentation and evidence which supports your questionnaire, may result in your tender submission being unsuccessful and may affect your ability to conduct future works with the Council.</b>	

Cabonne Shire Council (CSC) office use only

WHSMS approved by: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of authorised officer: \_\_\_\_\_

Date \_\_\_\_\_