**Document No.** 



Doc.	HSE41C02	,

## Fea Contractor HSE Management System Guidelines

# Fea Contractor Tenderer HSE Management System Questionnaire

**HSE41C02** 

		Contrac	ct Details		
Contractor name:					
Contractor address:					
Contractor representative:					
Fea Contract Manager:	Joji Tawa	ke			
Contract description:	Supply to	Qiolevu Road	, Sawani		
Location of works:	Sawani				
Timing of works (approxima	ate):	Start date:	24/07/17	End date:	01/01/18

### <u>Instructions</u>

This document is to be submitted as part of the HSE tender specification to potential bidders. They are to be submitted back to Fea for evaluation.

Document No:HSE41C02 Rev.2	Custodian: Unit Leader HSE	Page 1 of 5
Created: July 2007	Last Review: July 2009	Next Review: July 2010

## Fea Tenderer HSE Management System Questionnaire

Doc. HSE41C02

This questionnaire forms part of Fea's tender evaluation process and is to be completed by tenderers and submitted with their tender offer. The objective of the questionnaire is to provide an overview of the status of the tenderers OHS management system. Tenderers will be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters.

Cortification		
Certification		
The information provided in this questionnaire is an accurate sum occupational health and safety management system.	mary of the comp	oany's
Company Name:		
Signed: Name:		
Position: Date:		
Contract Details		
Contract Name:	Contract Number:	
	Yes	No
OHS Policy and Management		
Is there a company health and safety policy?  If yes provide a copy of the policy		
Comments		
Is there a company OHS Management System manual Or plan? If yes provide a copy of the content pages		
Comments		
Are all levels of safety responsibilities clearly identified For all levels of staff?  If yes provide details		

Document No:HSE41C02 Rev.2	Custodian: Unit Leader HSE	Page 2 of 5
Created: July 2007	Last Review: July 2009	Next Review: July 2010





# Fea Contractor Tenderer HSE Management System

2.	Safe Work Practices and Procedures		
Has	the company prepared safe operating procedures or Specific safety instructions relevant to this operations? If yes provide a summary listing of procedures or Instructions relevant to its operations		
	Comments		
Doe	s the company have any permit to work system? If yes provide a summary listing of permits		
	Comments		
Is t	nere a documented incident investigation procedure?  If yes provide a copy of a standard incident report form		
	Comments		
Are	there procedures for maintaining, inspecting and Assesing the hazards of plant operated/owned by the company?  If yes provide details		
	Comments		
		Yes	No
Are	there procedures for storing and handling dangerous substances If yes provide details		
	Comments		
Are	there procedures for identifying, assesing and Controlling risks associated with manual handling? If yes provide details		
	Comments		
3. Des	OHS Training cribe how health and safety training is identified And conducted in your company? Comments		

Document No:HSE41C02 Rev.2	Custodian: Unit Leader HSE	Page 3 of 5
Created: July 2007	Last Review: July 2009	Next Review: July 2010



	record maintained of all training and induction Program? If yes, provide examples of safety training records		
Are	Health and Safety Workplace Inspection regular health and safety inspections at worksites undertaken? If yes provide details Comments		
Are	standard workplace inspection checklists used to conduct health and safety inspection?  If yes provide details		
ls th	Comments  nere a procedure by which employees can report hazards at the workplace?  If yes provide details  Comments		
ls tl	Health and Safety Consultation nere a workplace health and safety committee? Comments	Yes	No
Are	employees involved in decision making over OHS Matters? If yes provide details Comments		
Are	there emplyee elected health and safety representatives?  Comments		

Document No:HSE41C02 Rev.2	Custodian: Unit Leader HSE	Page 4 of 5
Created: July 2007	Last Review: July 2009	Next Review: July 2010

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6. OHS Performa Is there a system for Safety performa If yes provide of	or recording and an ance statistic?	alysing health and		
Comments				
Are employees regu Company healtl Safety performa If yes provide o	h and safety performance statistic?			
Comments				
Has the company e Health and safe If yes provide c	ety offence?	of an occupational		
Comments				
7. Company Ref Please provide the company		on for the three (3) most	recent contracts	s completed by th
	Contract 1	Contract 2	Contrac	t 3
Contract Description				
Client				
Contact				
Phone No.				
No. o f LTI				
No. of person days on				
contract				
Total Days Lost				

Document No:HSE41C02 Rev.2	Custodian: Unit Leader HSE	Page 5 of 5
Created: July 2007	Last Review: July 2009	Next Review: July 2010