



Fea Contractor HSE Management System
Guidelines

Fea Contractor Tenderer HSE Management System Questionnaire

Document No. HSE41C02

Contract Details

Contractor name: _____

Contractor address: _____

Contractor representative: _____

Fea Contract Manager: Joji Tawake

Contract description: Stage _2 FEA Grid Extension form Nasinu Village to Naocobau Village, Namarai

Location of works: Nasinu Village

Timing of works (approximate): Start date: 04/12/17 End date: 03/06/18

Instructions

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.



Fea Tenderer HSE Management System Questionnaire

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.

| | |
|--|-----------------------|
| 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:..... |

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. OHS Policy and Management | | |
| Is there a company health and safety policy? If yes provide a copy of the policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | |
| | | |
| Is there a company OHS Management System manual Or plan? If yes provide a copy of the content pages | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | |
| | | |
| Are all levels of safety responsibilities clearly identified For all levels of staff? If yes provide details | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |



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
.....

Does the company have any permit to work system?
If yes provide a summary listing of permits

Comments
.....

Is there a documented incident investigation procedure?
If yes provide a copy of a standard incident report form

Comments
.....

Are there procedures for maintaining, inspecting and Assessing 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, assessing and Controlling risks associated with manual handling?
If yes provide details

Comments
.....

3. OHS Training

Describe how health and safety training is identified
And conducted in your company?

Comments
.....



Is a record maintained of all training and induction Program?
If yes, provide examples of safety training records

.....
.....

4. Health and Safety Workplace Inspection
Are 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

Comments
.....

Is there a procedure by which employees can report hazards at the workplace?
If yes provide details

Comments
.....

5. Health and Safety Consultation
Is there a workplace health and safety committee?
Comments

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

.....

Are employees involved in decision making over OHS Matters?
If yes provide details

Comments
.....

Are there employee elected health and safety representatives?

Comments
.....



6. OHS Performance Monitoring

Is there a system for recording and analysing health and Safety performance statistic?

If yes provide details

Comments

.....

Are employees regularly provided with information on Company health and safety performance?

Safety performance statistic?

If yes provide details

Comments

.....

Has the company ever been convicted of an occupational Health and safety offence?

If yes provide details

Comments

.....

7. Company Reference

Please provide the following information for the three (3) most recent contracts completed by the company

| | Contract 1 | Contract 2 | Contract 3 |
|--------------------------------|------------|------------|------------|
| Contract Description | | | |
| Client | | | |
| Contact | | | |
| Phone No. | | | |
| No. of LTI | | | |
| No. of person days on contract | | | |
| Total Days Lost | | | |