
EFL Contractor HSE Management System
Guidelines

EFL Contractor Tenderer HSE Management System Questionnaire

Document No. HSE41C02

Contract Details

Contractor name: _____

Contractor address: _____

Contractor representative: _____

EFL Contract Manager: Hira Shandil _____

Contract description: _____

Location of works: _____

Timing of works (approximate): Start date: _____ End date: _____

Instructions

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

EFL Tenderer HSE Management System Questionnaire

This questionnaire forms part of EFL'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	
<p>The information provided in this questionnaire is an accurate summary of the company's occupational health and safety management system.</p> <p>Company Name:.....</p> <p>Signed:..... Name:.....</p> <p>Position:..... Date:.....</p>	
Contract Details	
<p>Contract Name:..... Contract Number:.....</p>	

Yes No

1. 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

.....

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

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

☐
☐

Comments

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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. 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

☐
☐

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			