



OSH Pre-Qualification Questionnaire Checklist

This form used to assess higher risked contracts and a contractor's ability to work in a safe manner when undertaking contracted works.

Instructions: Completed by the contractor then submitted with their evidence to support their answers.

Contract details			
Business name		Contractor name	
Responsible safety person		Project contract manager	
Duration of works		Contact number	
Contract scope of works		Shire responsible officer	

Please tick Yes or No to the questions and then provide written evidence. Attach any evidence to support your application to this documentation.

Contractor Requirements	Evaluation Outcome		Local Government Response	
	Yes	No	Accepted	Rejected
1. Do you have a Safety Policy that demonstrates a commitment to safety? <ul style="list-style-type: none"> Is it subject to regular reviews? Encourage cooperation at all levels? 				
Contractor response:				
2. Do you have a Safety Plan?(Safety manuals) <ul style="list-style-type: none"> Are roles and responsibilities outlined? Does it demonstrate how you manage OSH and ensure compliance with the legislation? 				
Contractor response:				



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	Yes	No	Accepted	Rejected
3. Do you have public liability insurance? • Is it current and relevant to the scope of work?				
Contractor response: Professional Indemnity : Date / / \$ _____ Public Liability Insurance: Date / / \$ _____ Motor Vehicle/Machinery Insurance: Date / / \$ _____ <i>(please attach Certificates of Currency)</i> Place N/A if not relevant				
4. Do you have workers' compensation insurance? (Note: Sole traders require Personal Accident Illness Insurance or Income Protection Insurance) • Is it current and relevant to the scope of work?				
Contractor response: Worker's Compensation or Personal Accident Insurance: Date / / \$ _____				
5. Have all training qualifications been submitted? • Are all qualifications/ Licences current and relevant to the scope of work? • Is there a formal Induction training program in place that outlines OSH responsibilities?				
Contractor response:				
6. Do you have relevant experience to undertake the scope of works? • How long have you worked in the industry?(Examples of Works undertaken)				
Contractor response:				



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	Yes	No	Accepted	Rejected
7. What is your previous 12-month work history? <ul style="list-style-type: none"> • Were there any workplace injuries / lost time injuries / workers compensation claims? • How many workplace incidents occurred?(Plant damage, Near miss ,Hazards) • Any incidents required reported to Worksafe? 				
Contractor response:				
8. Do you have systems in place to identify and manage workplace hazards? <ul style="list-style-type: none"> • A workplace inspection program? • Safety management system that tracks hazard management? • Plant Prestart - machinery and vehicles preventative maintenance service schedules. 				
Contractor response:				
9. Do you have safe work procedures / SWMS to manage potential workplace hazards and risks? <ul style="list-style-type: none"> • Manual tasks, fatigue, work at height, plant movements etc.? • Can you provide a list of the safe work method statements (SWMS) required for the task undertaken? 				
Contractor response:				
10. Is there a formalised process in reference to the reporting of incidents and injuries'? <ul style="list-style-type: none"> • An incident and injury management form. • In incident and injury management procedure? 				
Contractor response:				



Contractor Requirements	Evaluation Outcome		Local Government Response	
	Yes	No	Accepted	Rejected
11. Do you have trained first aiders and adequate first aid kits? <ul style="list-style-type: none"> All first aid kit products present and in date? Current first aid competency? 				
Contractor response:				
12. . Do you have an emergency response plan and procedure? <ul style="list-style-type: none"> Are procedures specific to the scope of works? Emergency response plan current, inclusive of contact details and identified area wardens? 				
Contractor response				
13. Do you acknowledge the requirement for Traffic Management Plans (TMP) to be prepared and implemented in Accordance with ? <ul style="list-style-type: none"> Australian Standard AS 1742.3 (Traffic Control for Works on Roads) Main Roads WA Traffic Management for Works on Roads Code of Practice 				
Contractor response				



I certify that the information provided in this questionnaire is true and correct and agree to comply with the Shire of Augusta Margaret rivers Safety, Quality and Environmental Requirements.

Signed :

Date

Contractor Company Representative Name:

Contractor evaluation outcome

Contractor safety plan and other submitted documentation approved. Yes No

Evaluators comments

Date:

Evaluator signature: