



## (WHS-FO-116) Contractor Prequalification Questionnaire – Full Version

### Contractor Prequalification Questionnaire

This questionnaire forms part of the mandatory evaluation process and the objective of the questionnaire is to provide an overview of the status of the contractors' WHS Management System. Contractors will be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters.

#### Contact Details

| Contractor Business Name:  |             |         |        |
|--|-------------|---------|--------|
| Address:   |             |         |        |
| Phone:   | Fax:        | Mobile: |        |
| Please provide details of the nominated person within your company who can be contacted regarding WHS issues |             | Name:   |        |
|  |             | Phone:  |        |
|  |             | Mobile: |        |
| <b>Insurance Certificates – Please attach a copy of each Procedure/ Certificate of Currency</b>              |             |         |        |
| Type   | Expiry Date | Insurer | Amount |
| Workers Compensation   |             |         |        |
| Public Liability   |             |         |        |
| Professional Indemnity Insurance   |             |         |        |
| Other:   |             |         |        |

| No.      | Item   | Yes | No | N/A | Checked by Council |
|----------|--|-----|----|-----|--------------------|
| <b>1</b> | <b>WHS Procedure and Management</b>  |     |    |     |                    |
| 1.1      | Is there a written company WHS Policy?<br>If Yes, please provide a copy of the Policies  |     |    |     |                    |
| 1.2      | Does the company have a WHS Management System (manual or plan)?<br>If Yes, please provide a copy of the table of contents page(s)  |     |    |     |                    |
| 1.3      | Has the company's WHS Management System been certified by a recognised independent authority (e.g. AS4801)?<br>If Yes, please provide a copy of certification or accreditation |     |    |     |                    |
| 1.4      | Are WHS responsibilities clearly identified for all levels of Management and staff?<br>If Yes, please provide details  |     |    |     |                    |

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| 2 Safe Work Practices and Procedures |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| 2.1                                  | Has the company prepared Safe Work Method Statements (SWMS) or specific WHS instructions relevant to its operations?<br>If Yes, please provide a summary listing of procedures or instructions<br><b>Note:</b> SWMS for the work the contractor will be doing for Griffith City Council must be provided for review. |  |  |  |  |
| 2.2                                  | Is there a documented Incident Reporting and Investigation Procedure?<br>If Yes, please provide a copy of this and of a standard incident report form  |  |  |  |  |
| 2.3                                  | Are there procedures for maintaining, inspecting and assessing the hazards of plant operated / owned by the company?<br>If Yes, please provide details   |  |  |  |  |
| 2.4                                  | Are there procedures for storing and handling hazardous chemicals / materials?<br>If Yes, please provide details   |  |  |  |  |
| 2.5                                  | Are there procedures for identifying, assessing and controlling risks associated with hazardous manual tasks?<br>If Yes, please provide details  |  |  |  |  |
| 2.6                                  | Does your company have permit to work systems?<br>If Yes, please provide a summary listing of permits and example permits  |  |  |  |  |
| 3 WHS Training                       |  |  |  |  |  |
| 3.1                                  | Is WHS training conducted in your company?<br>If Yes, describe how WHS training is conducted in your company and provide relevant documentation  |  |  |  |  |
| 3.2                                  | Is a record maintained of all training and induction programs undertaken for workers<br>If Yes, please provide a training register/evidence of training  |  |  |  |  |
| 3.3                                  | If working at Council child friendly facilities have all personnel undertaken a obtained a valid Working with Children check and qualification<br>If Yes, please supply all details and relevant documentation   |  |  |  |  |
| 4 WHS Inspections                    |  |  |  |  |  |
| 4.1                                  | Are regular WHS inspections undertaken at workplaces/worksites?<br>If Yes, please provide detail   |  |  |  |  |
| 4.2                                  | Is there a procedure by which workers can report hazards within workplaces?<br>If Yes, please provide details  |  |  |  |  |

|                             |                           |                     |  |                         |              |
|-----------------------------|---------------------------|---------------------|--|-------------------------|--------------|
| Approved: HR & Risk Manager | Group / System: HR & Risk |                     |  | Document ID: WHS-FO-116 | Version: 1   |
| Relevant WHS-PR-011<br>To:  | Date Issued: 12/12/2019   | Revised: 16/12/2019 |  | Status: Issued          | Page: 2 of 4 |

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| <b>5 WHS Consultation</b>           |   |  |  |  |  |
|-------------------------------------|---|--|--|--|--|
| 5.1                                 | Is there a Health & Safety Committee (HSC)?<br>If Yes, please provide details   |  |  |  |  |
| 5.2                                 | Are workers involved in decision-making regarding WHS matters?  |  |  |  |  |
| 5.3                                 | Are there worker-elected Health & Safety Representatives (HSRs)?<br>If Yes, please provide details  |  |  |  |  |
| 5.4                                 | Where there are no HSRs or HSC, are there regular WHS meetings held with workers to communicate relevant information e.g. incidents, hazards, inspection outcomes, WHS performances, etc.?<br>If Yes, please provide details                                    |  |  |  |  |
| <b>6 WHS Performance Monitoring</b> |   |  |  |  |  |
| 6.1                                 | Is there a system for recording and analysing WHS performance statistics including number and type of injuries and incidents?<br>If Yes, please provide information on WHS performance for the last 6 months  |  |  |  |  |
| 6.2                                 | Are workers regularly provided with information on company WHS performances?<br>If Yes, please provide details  |  |  |  |  |
| 6.3                                 | Has the company ever been convicted of an WHS offence?<br>If Yes, please provide details  |  |  |  |  |
| <b>7 References</b>                 |   |  |  |  |  |
|                                     | Provide contact details of referees for the last three (3) contracts completed by the company in the space below:<br><br>Contract 1:<br>Referee name:<br>Ph: Email:<br><br>Contract 2:<br>Referee name:<br>Ph: Email:<br><br>Contract 3:<br>Name:<br>Ph: Email: |  |  |  |  |



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### Contractor Sign-off

The information provided in this questionnaire is an accurate summary of the company's WHS Management System.

|   |  |                 |
|---|--|-----------------|
| Name of authorised Contractor Representative: |  | Position:       |
| Signature:                                    |  | Date Submitted: |

*The section below to be completed by Griffith City Council:*

### Notes:

The Contractor's responses to this questionnaire will be reviewed against Council's requirements and relevant sections of the NSW WHS legislation, Codes of Practice and Australian/New Zealand Standards.

Where deficiencies are identified, the required improvements will be communicated to the contractor with a request to resubmit required documents.

No contractor is to be approved until Griffith City Council requirements have been met.

### Council's Reviewer of Contractor Prequalification Questionnaire

Comments:

|               |  |           |  |
|---------------|--|-----------|--|
| Manager Name: |  | Position: |  |
| Signature:    |  | Date:     |  |
| Trim No:      |  |           |  |

### On completion provide copy to the WHS Coordinator

|                    |  |           |  |
|--------------------|--|-----------|--|
| WHS Reviewer Name: |  | Position: |  |
| Signature:         |  | Date:     |  |