

SUPPLIER WHS/OHS QUESTIONNAIRE

Company Name		Date		
Name of person		Signature		
Role within Company				
Supplier WHS/OHS Questionnaire				
1.0 WHS/OHS Policy and Management Systems		Yes	No	N/A
1.01 Is there a written Company health and safety policy? If yes provide a copy of policy.		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
1.02 Does the Company have any WHS/OHS Management System certified by a recognised independent authority (e.g.: Safety MAP, SAI Global etc)? If Yes provide details:		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
1.03 Is there a Company WHS/OHS Management System manual or plan? If yes provide a copy of contents page(s).		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
1.04 Are WHS/OHS responsibilities clearly identified for all levels of staff involved in office and project site works? If yes provide details		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
2.0 Safe Work Practices and Procedures		Yes	No	N/A
2.01 Has the Company prepared safe operating procedures or specific WHS/OHS instructions relevant to its operations? If yes, provide a summary listing of procedures or instructions.		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
2.02 Does the Company have any permit-to-work systems? If Yes, provide a summary listing of permits		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
2.03 Does the Company have a procedure for providing first aid to injured employees and trained first aid providers? If yes, provide a summary listing of procedures or instructions.		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				

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2.0 Safe Work Practices and Procedures continued	Yes	No	N/A
2.04 Is there a documented incident investigation procedure? If Yes provide a copy of a standard incident report form.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
2.05 Are there procedures for maintaining, inspecting and assessing the hazards of plant operated / owned by the Company? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
2.06 Are there procedures for storing and handling of hazardous Substances? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
2.07 Are there procedures for identifying, assessing and controlling risks associated with manual handling? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
3.0 Training	Yes	No	N/A
3.01 Describe how health and safety training is conducted in your Company	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
3.02 Is a record maintained of all training and induction programs undertaken for employees in your Company? If Yes, provide examples of WHS training records	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

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4.0 WHS/OHS Inspection	Yes	No	N/A
4.01 Are regular WHS/OHS inspections at work-sites undertaken? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
4.02 Are standard workplace inspection checklists used to conduct WHS/OHS inspections? If Yes, provide details or examples:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
4.03 Are there procedures by which employees can report hazards in their workplaces both office and site based projects? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
5.0 WHS/OHS Consultation	Yes	No	N/A
5.01 What is the agreed method of consultation used within the Company and sites Provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
5.02 Are employees involved in decision making over WHS/OHS matters? Provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
6.0 WHS/OHS Performance Monitoring	Yes	No	N/A
6.01 Is there a system for recording and analysing WHS/OHS performance statistics for both office and site based projects? If Yes provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
6.02 Are employees regularly provided with information on Company WHS/OHS performance? If Yes provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
6.03 (a) Has the Company ever been convicted of an occupational health and safety offence? (B) Have you had a notifiable incident occur please provide a summary of the incident If Yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			