



# Health & Safety Management Questionnaire

Contractors **MUST** complete the following questionnaire when tendering for work or when being considered for inclusion on the register of compliant contractors or when selected to undertake any work for or on behalf of the Loddon Shire Council.

It is a requirement for Contractors to demonstrate competence and commitment to health and safety in accordance with the Loddon Shire Council's requirements.

**Name of Company/Contractor:**

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**Work being Tendered/Undertaken:**

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1.	Health and Safety Policy and Management	Yes	No	N/A
1.1	Is there a documented Company Health and Safety Policy?	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Is there a Company Health and Safety Management System manual or plan?	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Is the Health and Safety Management System certified by a recognised independent authority (e.g. SafetyMAP)? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
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1.4	Are health and safety responsibilities clearly identified for all levels of staff? If Yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
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2.	<b>Safe Work Practices and Procedures</b>			
2.1	Has the company prepared safe operating procedures, or specific safety instructions relevant to its operations?	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Does the business have any permit to work systems? (e.g. hot work, electrical isolation, working at heights etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Is there a documented incident investigation procedure?	<input type="checkbox"/>	<input type="checkbox"/>	

**Yes      No      N/A**

2.4 Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/owned by the business?  
If Yes, provide details:

          

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2.5 Are plant risk assessments undertaken for hired plant/equipment?

          

2.6 Does the company have procedures for storing and handling hazardous substances?  
If Yes, provide details:

          

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2.7 Does the company have procedures for identifying, assessing and controlling risks associated with manual handling?

    

**3. Health and Safety Training**

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

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3.2 Is a record maintained of all training and induction programs undertaken for employees in the company?  
If you do not have employees, please tick N/A.

          

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3.3 Do employees have appropriate licences, permits etc. in relation to required safety competencies (e.g. plant & equipment)?



# Health & Safety Management Questionnaire

Yes No N/A

## 4. Health and Safety Workplace Inspection

4.1 Are regular health and safety inspections at worksites undertaken?

<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, provide details:

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4.2 Are standard workplace inspection checklists used to conduct health and safety inspections? If Yes, provide details:

<input type="checkbox"/>	<input type="checkbox"/>
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4.3 Is there a procedure by which owners or employees can report hazard at workplaces? If Yes, provide details:

<input type="checkbox"/>	<input type="checkbox"/>
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## 5. Health and Safety Consultation

5.1 Is there a workplace Health and Safety committee?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.2 Are employees involved in decision making over health and safety matters?  
If Yes, please provide details. If you do not have employees, tick N/A

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Name of Contractor Representative:

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Signature & Date:

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