



Introduction

The Shire of Wandering wishes to thank you for expressing an interest in performing works on behalf of the Shire.

As the Shire has a genuine commitment to achieving occupational safety and health (OSH) standards and maintaining performance, we expect that organisations performing work on our behalf will have OSH values, standards and performance aligned with our own.

The purpose of this questionnaire is to assist the Shire in determining contractor suitability to perform the scope of works in compliance with legislative requirements and the Shires OSH values, standards and expectations.

Completing the questionnaire in full and supplying all requested supporting documentation will assist us in assessing the suitability of your organisation to perform works on our behalf.

Should any assistance be required in completing this questionnaire, or if further information is required, please do not hesitate to contact the Shire Responsible Officer via the contact details shown on the following page of this document.

Description of Scope of Works

[Insert description of scope of works, duration and relevant contract number here]

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Authorised By: Belinda Knight	Review Date: N/A
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Contractor Company Details	
Contractor Organisation Name:	
Number of Employees:	
ABN:	
Contractor Organisation Address:	
Contractor Respondents Name:	
Contractor Respondents Job Title:	
Phone Number(s):	
Email:	
Fax:	
Please briefly describe the type of services to be provided:	

Shire Use Only			
Shire Responsible Officer (Name):			
Shire Responsible Officer (Title):			
Shire Responsible Officer Phone(s):			
Shire Responsible Officer Email:			
Date Issued to Contractor:			
Date Response Received:			
Date Response Evaluated:			
Additional Information Required?	YES		NO
Result of Evaluation:	Not Approved	Approved with Restrictions	Approved

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Management Commitment		
Element	NO	YES
1) Has your organisation previously completed works on behalf of the Shire?		
1a) If yes, please briefly describe the works performed:		
2) Does your organisation have relevant experience to conduct the scope of works?		
2a) If yes, please state how long your organisation has worked in the industry:		
3) Does your organisation have a written OSH Policy endorsed by top management?		
3a) If yes, please attach a copy of your current OSH Policy:		
4) Does your organisation hold any external management system certification(s)? (e.g.: AS/NZS 4801, Worksafe Plan Certificate, ISO 9001, ISO 14001)		
4a) If yes, please attach a copy of any certification awarded:		
5) Does your organisation have a documented OSH Management Plan?		
5a) If yes, please attach a copy of your current OSH Management Plan:		
6) In the previous 12 months, has your organisation incurred any incidents required to be reported to a regulatory authority? (e.g. Worksafe / DMP / DoE)		
6a) If yes, please provide a summary of the reportable incident(s) in an attachment:		
7) In the previous 12 months, has your organisation incurred any injuries of a lost time nature?		
7a) If yes, please state the number of lost time injuries incurred:		
8) In the previous 12 months, has your organisation incurred any injuries of a medical treatment nature?		
8a) If yes, please state the number of medical treatment injuries incurred:		
9) In the previous 12 months, has your organisation incurred any injuries of a first aid nature?		
9a) If yes, please state the number of first aid injuries incurred:		
10) Does your organisation intend to utilise subcontractors in the performance of any part of the scheduled scope of works?		
10a) If yes, please provide details of subcontractors as an attachment:		
11) Is your organisation aware of the WA legislation that is applicable to the performance of the scope of works?		
11a) If yes, please list below by Act and Regulation:		
Act	Regulation	
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Insurance Requirements		
Element	NO	YES
12) Does your organisation have current Workers Compensation Insurance? (Note – Sole Traders require Personal Accident Illness Insurance or Income Protection Insurance)		
12a) If yes, please supply a copy of your Workers Compensation Insurance certificate of currency:		
13) Does your organisation have a current Public Liability Insurance Policy relevant to the scope of works*? (see note below)		
13a) If yes, please supply a copy of your Public Liability Insurance certificate of currency*:		
14) If applicable, does your organisation have a current Professional Indemnity Insurance Policy relevant to the scope of works*? (see note below)		
14a) If yes, please supply a copy of your Professional Indemnity Insurance certificate of currency*:		
15) Does your organisation have current Motor Vehicle Insurance policy covering vehicles to be used in the delivery of scope of works?		
15a) If yes, please supply a copy of your Motor Vehicle Insurance certificate of currency:		

*Public Liability Insurance Policy - Note	
Public Liability Insurance Policy Cover is to be for a minimum amount of:	\$20 Million
Shire Responsible Officer should refer to LGIS Broker to confirm Public Liability Insurance Policy relevance required for the scope of works and that standard \$20 Million coverage is adequate prior to issue of this questionnaire.	

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Management Systems		
Element	NO	YES
16) Do your staff hold all of the appropriate and required qualifications / licences associated with the performance of the scope of work?		
16a) Please attach completed Contractor Employee Registration Form for each staff member who are intended to perform work:		
17) Does your organisation have a formal OSH Induction Program in place?		
17a) If yes, please provide details of your induction program as an attachment:		
18) Does your organisation have a process to identify and manage workplace hazards?		
18a) If yes, please attach a summary of your hazard management process:		
19) Are Safe Work Method Statements (SWMS) required to complete the scope of works?		
19a) If yes, please attach all relevant SWMS:		
20) Does your organisation have safe work procedures (SWP's) in place to manage potential workplace hazards?		
20a) If yes, please attach a list of SWP's that you have in place:		
21) Does your organisation have a system in place to formally record hazards, incidents and injuries?		
21a) If yes, please attach an hazard / incident report form and associated procedure:		
22) Does your organisation have an injury management and return to work process in place?		
22a) If yes, please attach your injury management procedure:		
23) Does the scope of works require a traffic management plan (TMP) to be in place?		
23a) If yes, please attach the TMP (or an example from previous works conducted):		
24) Does your organisation have an emergency management plan / procedure in place?		
24a) If yes, please attach the emergency management plan / procedure:		
25) Does your organisation have trained first aiders and first aid kits in place?		
25a) If yes, please provide details in an attachment:		
26) Does your organisation conduct OSH Committee meetings, toolbox meetings, workplace inspections and observations?		
26a) If yes, please describe in an attachment and provide a copy of recent examples of minutes or outcomes for these:		
26b) If yes, please list below the titles of those involved: (e.g. Manager / Supervisor / Safety and Health Representative / Employee)		