



Description of the Works: Supply and Delivery of Radio planning and spectrum management tool to transnet freight

rail for a period of 5 years -

T2.2-XX: Health and Safety Questionnaire





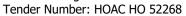
Description of the Works: Supply and Delivery of Radio planning and spectrum management tool to transnet freight

rail for a period of 5 years -

Health, Safety Questionnaire

Description	1.	SAFE WORK PER	FORMANCE						
Number of medical treatment cases Number of restricted work day cases Number of lost time injury cases Number of lost time injury cases Number of fatal injuries Number of fatal injuries Number of fatal injuries Number of state injury cases Number of worker manhours Number of worker from performing any of his/her craft jurisdiction duties Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Number of worker from performing any work for at least one day Nu	1A.	Injury Experience / His	torical Performance - Al	berta					
Number of medical treatment cases Number of restricted work day cases Number of fost time injury cases Number of soft time injury cases Number of soft medical treatment case Number of soft medical frequency Number of worker manhours 1 - Medical Treatment Case 2 - Restricted Work Day Case Any occupational injury or illness requiring treatment provided by a physician or treatment provided under the direction of a physician Any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdiction duties 3 - Lost Time injury Cases Any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdiction duties 3 - Lost Time injury Cases Any occupational injury that prevents the worker from performing any of his/her craft jurisdiction duties 3 - Lost Time injury Cases Any occupational injury that prevents the worker from performing any of his/her craft jurisdiction duties 3 - Lost Time injury Cases Any occupational injury that prevents the worker from performing any of his/her craft jurisdiction duties 3 - Lost Time injury Cases Any occupational injury that prevents the worker from performing any of his/her craft jurisdiction duties 4 - Total Recordable Frequency Total number of Medical Treatment, Restricted Work and Lost Time Injury cases multiplied by 200,000 then divide by total manhours 1B. Workers' Compensation Experience Use the previous three years injury and illness records to complete the following (if applicable): Industry Rate Contractor Rate Industry Rate C	Use t								
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Does your company have a Certificate of Recognition?	•	/ /							
Does your company have a Certificate of Recognition?	-								
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Does your company have a Certificate of Recognition?	•								
Does your company have a Certificate of Recognition?	3 CERTIFICATE OF RECOGNITION								







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rail for a period of 5 years -

4. SAFETY PROGRAM								
Do you have a written safety If Yes, provide a copy for review	program	manua	?	No				
Do you have a pocket safety	booklet fo	or field	distribution?	☐ No				
If Yes, provide a copy for review								
Does your safety program contain the following elements:								
CORPORATE SAFETY POLICY	YES	No □	FOLIDMENT MAINTENANCE	YES	No □			
			EQUIPMENT MAINTENANCE					
INCIDENT NOTIFICATION POLICY	Ш	Ш	EMERGENCY RESPONSE		Ш			
RECORDKEEPING & STATISTICS			HAZARD ASSESSMENT					
REFERENCE TO LEGISLATION			SAFE WORK PRACTICES					
GENERAL RULES & REGULATIONS			SAFE WORK PROCEDURES					
PROGRESSIVE DISCIPLINE POLICY			WORKPLACE INSPECTIONS					
RESPONSIBILITIES			Investigation Process					
PPE STANDARDS			TRAINING POLICY & PROGRAM					
ENVIRONMENTAL STANDARDS	NTAL STANDARDS COMMUNICATION PROCESSES		COMMUNICATION PROCESSES					
Modified Work Program								
5. TRAINING PROGRAM								
5A. Do you have an orientation program for new hire employees? Yes No								
If Yes, include a course outline. Do			• •					
	YES	No		YES	No			
GENERAL RULES & REGULATIONS			CONFINED SPACE ENTRY					
EMERGENCY REPORTING			TRENCHING & EXCAVATION					
INJURY REPORTING			SIGNS & BARRICADES					
LEGISLATION			DANGEROUS HOLES & OPENINGS					
RIGHT TO REFUSE WORK			RIGGING & CRANES					
PERSONAL PROTECTIVE EQUIPMENT			MOBILE VEHICLES					
EMERGENCY PROCEDURES			PREVENTATIVE MAINTENANCE					
PROJECT SAFETY COMMITTEE			HAND & POWER TOOLS					
HOUSEKEEPING			FIRE PREVENTION & PROTECTION					
LADDERS & SCAFFOLDS			ELECTRICAL SAFETY					
FALL ARREST STANDARDS			COMPRESSED GAS CYLINDERS					
AERIAL WORK PLATFORMS								





Description of the Works: Supply and Delivery of Radio planning and spectrum management tool to transpet freight

	period of 5 years -							
5B. Do you have a program for training newly hired or promoted supervisors? Yes No								
(If Yes, submit an outline for evaluation. Does it include instruction on the following:								
F		Yes	No	00	Yes	No		
	YER RESPONSIBILITIES			SAFETY COMMUNICATION				
	YEE RESPONSIBILITIES			FIRST AID/MEDICAL PROCEDURES				
DUE D	ILIGENCE			New Worker Training	Ш			
SAFET	Y LEADERSHIP			ENVIRONMENTAL REQUIREMENTS				
Work	REFUSALS			HAZARD ASSESSMENT				
INSPEC	CTION PROCESSES			PRE-JOB SAFETY INSTRUCTION				
EMERG	GENCY PROCEDURES			DRUG & ALCOHOL POLICY				
INCIDE	NT INVESTIGATION			PROGRESSIVE DISCIPLINARY POLICY				
SAFE V	Work Procedures			SAFE WORK PRACTICES				
SAFET	Y MEETINGS			NOTIFICATION REQUIREMENTS				
6. S	AFETY ACTIVITIES							
	Do you conduct safety insp	ections?		Yes No Weekly Month	ly (Quarterly		
_								
	escribe your safety inspection llow-up, report distribution).	process (ii	nclude	participation, documentation requiremer	its,			
Who follows up on inspection action items?								
Do you hold site safety meetings for field employees? If Yes, how often? Yes No Daily Weekly Biweek								
					ч	Biweekly		
Do	o you hold site meetings wher	e safety is	addres	sed with management and field supervis	sors?	_		
		•		Yes No Weekly Biwe	ekl	Monthly		
				<u>y</u>				
Is pre-job safety instruction provided before to each new task?								
Is the process documented?								
Who leads the discussion?								
	Do you have a hazard assessment process?							
 Are hazard assessments documented? If yes, how are hazard assessments communicated and implemented on each project? Who is responsible for leading the hazard assessment process? 								
				ocedures for environmental protection,	spill	clean-up,		
		ind recyclin	ig as pa	ocedures for environmental protection, art of the Health & Safety Program?	spill	clean-up,		
		ind recyclin	g as pa	art of the Health & Safety Program?	spill	clean-up,		

Attach separate sheet to explain





Description of the Works: Supply and Delivery of Radio planning and spectrum management tool to transnet freight rail for a period of 5 years -

	or a period of 5 years -						
7.	SAFETY STEWARDSHIP						
7A	e incident reports and report summaries sent to the following and how often?						
	Project/Site Manager	Yes	s No □	Monthly	Quarterly	Annually	
	Managing Director						
	Safety Director/Manager						
	/Chief Executive Officer						
7R	How are incident records and summaries kept?	How often are	they re	പ norted inter	rnallv?		
, 0	Thow are including resorted and summaries repri-	Yes	-	Monthly	Quarterly	Annually	
	Incidents totaled for the entire company						
	Incidents totaled by project						
	Subtotaled by superintendent						
	Subtotaled by foreman						
7C	How are the costs of individual incidents kept?						
	Costs totaled for the outine community	Yes	No	Monthly	Quarterly	Annually	
	Costs totaled for the entire company						
	Costs totaled by project						
	Subtotaled by superintendent						
7D	 Subtotaled by foreman/general foreman Does your company track non-injury incidents? 	ı 🗆				Ш	
70	Does your company track non-injury incidents:	Yes	No	Monthly	Quarterly	Annually	
	Near Miss					П	
	Property Damage						
	Fire						
	Security						
	Environmental						
8	PERSONNEL						
	List key health and safety officers planned f			resume.			
	Name	Position	n/ I itle		Designat	ion	
	Supply name, address and phone num	ber of vour o	ompan	/'s corpora	ate health a	and safety	
	representative. Does this individual have re	sponsibilities o	her tha	n health, sa	afety and env	rironment?	
	Name	Addr	ess		Telephone N	lumber	
	Other responsibilities:						
9	REFERENCES						
	List the last three company's your form has worked for that could verify the quality and management						
	commitment to your occupational Health & Name and Company	Safety program Addr		ĺ	Phone Nu	mher	
	тать ана острану	Audi	JJJ		i none mu	IIIDOI	