CONTRACTOR QUESTIONNAIRE

1.	POLICY, ORGANISATION AND MANAGEMENT INVOLVEMENT	YES	NO	N/A
1.1	Does your company have a SHEQ Policy?			
1.2	Has a copy signed by the Chief Executive Officer / Managing Director been supplied?			
	Provide company organogram.			
1.3	Company Certified? i.e. ISO 14001, ISO 9001, OHSAS 18001 etc.			
	If yes, provide proof of periodical work area inspections and Regular Health and Safety meetings with personnel			
1.4	Does the company have OHSAct 16.2 Appointee?			
1.5	Is your company registered with the Compensation Commissioner (COID Act) or licenses compensation insurer? If so, please provide registration number.			
1.6	Do you have a copy of good standing certificate, confirming that your registration is paid up? If so, please provide copy thereof			
1.7	Does the company comply with the relevant legal appointees for this project i.e. Representatives, Environmental Control Officer, First Aiders, Risk Assessors, etc.?			
2.	**ACCREDITATION**	**YES**	**NO**	
2.1	Does the company have the auditable Management Systems in place?			
	If so, please provide proof of certificate issued by a credible external Assurance Auditor.			
3.	**TRAINING**	**YES**	**NO**	
3.1	Has the training based on risks/hazards that has been identified been done?			
3.2	Is training provided to employees at the following stages?			
	▪ When joining the company			
	▪ When changing jobs within the company			
	▪ When new plant or equipment needs to be operated			
	▪ As a result of experience of and feedback from an accident/incident reports			
3.3	Provide proof of specialist training provided such as training analysis, Certificates, Job Specific Training or Induction Training program?			
3.4	What legal or compliance training is provided specifically to			
	▪ First line supervisors?			
	▪ Middle and top management?			
3.5	Are all employees (including sub-contractors) instructed as to the application of rules and regulations within your organization?			
3.6	Does this training include the selection, use and care of personal protective equipment?			
3.7	What refresher training is provided and at what intervals?			
	Please list examples			
4.	**PURCHASE OF GOODS, MATERIALS AND SERVICES**	**YES**	**NO**	

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4.1	Do you have a system which ensures that all statutory inspections of plant and equipment are carried out?			
	Give examples of plant/equipment covered:			
4.2	Is there a record of inspections conducted above?			
4.3	Do you carry out plant and equipment inspections prior to work commencing to ensure the hazards are identified?			
	Please provide copies of these inspection reports.			
4.4	Do you evaluate the competence of all sub-contractors?			
	Please describe how this is achieved and how the results are monitored.			
5.	**INSPECTIONS**	**YES**	**NO**	
5.1	Are periodic work inspections carried out by first line supervisors?			
5.2	Are unsafe acts and conditions reported and remedial actions formally monitored?			
6.	**RULES AND REGULATIONS**	**YES**	**NO**	
6.1	Do organisational rules and regulations exist for personnel and subcontractors?			
	Do these cover			
	▪ General rules			
	▪ Project rules			
	▪ Specific task rules			
6.2	Do these rules include a permit to work system (as applicable)?			
6.3	Do you have experience of contractor execution plans?			
	Give examples of where these have been used			
6.4	Do you have a formal company guideline for holding pre-contract progress meetings with the client?			
7.	**RISK MANAGEMENT**	**YES**	**NO**	
7.1	Have you performed assessment of the risks involved in the execution of contract work?			
7.2	Do you have safe work procedure for all high risk/hazards identified?			
7.3	Are employees trained on Safe Work Procedures?			
7.4	Do you have a copy of the PPE needs analysis done and issue records kept?			
8.	**BUSINESS CONTINUITY AND EMERGENCY ARRANGEMENTS**	**YES**	**NO**	
8.1	Do you have an emergency plan AND business continuity plan in place?			
8.2	Are provision made for Trained First Aiders?			
8.3	Are employees trained on the emergency plan/procedure and business continuity plan?			
9.	**FALL PROTECTION**	**YES**	**NO**	
9.1	Are you able to demonstrate that work at heights undertaken under competent supervision, carried out by employees who are trained and medically fit?			
9.2	Does your fall protection plan include rescue plan, risk assessment, inspection, testing and maintenance of fall protection equipment?			
10.	**PROJECT SECURITY**	**YES**	**NO**	
10.1	Has the security assessment for the site been done?			
10.2	Are measures put in place to ensure security of the project personnel and equipment?			
11.	**RECRUITMENT OF PERSONNEL**	**YES**	**NO**	
11.2	Are medical examinations carried prior to employment, in all cases?			

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Contractor Questionnaire

11.3	Are exit medicals conducted on staff once they have resigned? e.g. via trade testing, reference checks, etc.			
11.4	How do you assess the competence of staff before an appointment is made?			
11.5	Is the substance abuse policy and testing procedure in place?			
12.	**REPORTING AND INVESTIGATION OF ACCIDENTS, INCIDENTS AND DANGEROUS CONDITIONS**	**YES**	**NO**	
12.1	Do you have a procedure for reporting, investigating and recording accidents and incidents?			
	Supply copy of this procedure and incident register including first aid and medical cases.			
12.2	Is there a standard report/investigation form used? If yes, supply copy.			
12.3	Do you have a formal system for reporting situations/near misses etc.? If yes, provide copy.			

	YEAR-1	**YEAR-2**	**YEAR-3**	**YEAR-4**	**YEAR-5**	
Lost time accidents per 100 employees						
Major/Reportable injuries per 100 employees						
Number of dangerous occurrences						
Lost man days due to accidents						

13.	**COMMUNICATION AND CONSULTATION**	**YES**	**NO**	
13.1	Are progress and other legal meetings held?			
13.2	Are minutes of the meetings recorded and results of these meetings communicated to all employees? If yes, please describe method			
13.3	Are daily talks meetings conducted to discuss hazards on site, incident recall, performance?			
14.	**COSTS**	**YES**	**NO**	
14.1	Has the Contractor made provision for the cost for IMS requirements for the project? Refer to Pricing Schedule Requirements (Annexure 8.4, TRN-IMS-GRP-PROC-014-8.4)			

Name of Transnet Contract Manager/Designated Transnet Person:		
Signature of Transnet Contract Manager/Designated Transnet Person:		
Date of Receipt of Documentation:		
Comments:		
Date of Endorsement of Documentation:		

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