

ANNEXURE C

Tenderer SHE Management System Questionnaire

Bidders must fully complete Annexure C, failure to do so will lead to disqualification.

This questionnaire forms part of the TFR tender evaluation process. It must be completed by all Tenderer's and submitted with their tender offer. The tenderer Health and Safety (SHE) Plan must also be submitted. The objective of the questionnaire is to provide an overview of the status of the Tenderer's SHE management system. Tenderers will be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters. The tenderer warrants that the information provided below is accurate and correct. **TFR may verify the accuracy of this information during the physical visit as part of the tender evaluation.**

The information provided in this questionnaire is an accurate summary of the company's occupational health and safety management system.		
Company Name:		
Signed:	Name:	
Position:	Date:	
Tender Description:		
Tender Number:		
Tenderer SHE Management System Questionnaire	Yes	No
1. SHE Policy		
- <i>Is there a written company SHE policy?</i>		
- If yes provide a copy of the policy		
2. SHE Management		
- <i>Does the company have an independently audited or accredited SHE Management system e.g NOSA, OHSAS, IRCA System etc</i>		
- If yes provide details or copy of accreditation		
3. SHE Organogram		
- <i>Is there a company organogram indicating key SHE personnel?</i>		
- If yes provide a copy		
4. Letter of good standing with COID		

Respondent's Signature

Date & Company Stamp

- Is company registered with the Compensation Commissioner under the COID Act and up to date? - If yes provide proof of letter of good standing		
5. SHE Cost		
- Has the tenderer made provision for the cost of safety in the tender price? If yes provide evidence		
6. Training Records		
- Is a record maintained of all training and induction programs undertaken for employees in your company? - If yes provide examples of safety training records		
7. Health and Safety Plan (SHE Plan) Are the following arrangements included and adequately addressed in the Health and Safety Plan:		
- Are SHE responsibilities clearly identified for all levels of Management and employees? - If yes provide details		
- Are Risk Assessments conducted and appropriate techniques used? - If yes provide details or copy of procedure		
- Are safe operating procedures or specific safety instructions relevant to its operations available? - If yes provide a summary listing of procedures or instructions		
- Description on how health and safety training is conducted in your company: -If yes provide details		
- Health and safety inspections at worksites undertaken? -If yes provide details		
- Health and Safety Communication i.e Safety talks, incident recalls? - If yes provide details		
- Workplace SHE Committee? - If yes provide details		
- Appointment of SHE Representatives? - If yes provide details		

Respondent's Signature

Date & Company Stamp

- SHE Incident Reporting and Investigation? - If yes provide details		
- Provision of Personal Protective Equipment (PPE)? - If yes provide details		
- Emergency Planning? - If yes provide details		
- Fall Protection? - If yes provide details		
- Project Security? - If yes provide details		
- Medical Surveillance? - If yes provide details		
- Substance abuse policy/procedure/testing? - If yes provide details		
- Selection, Procurement and management of Subcontractors? - If yes provide details		
- Operational Safety? - If yes provide details		
- Is there a system for recording and analysing health and safety performance statistics including injuries and incidents? - If yes provide details		
8. Health and Safety Violations		
- Has the company been fined or convicted of an occupational health and safety offence? - If yes provide details		

Respondent's Signature

Date & Company Stamp

Safety Performance Report

Monthly DIFR for previous months

Previous Year	No of Disabling Injuries	Total Number of employees	DIFR calculated over 12 months
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

DIFR = Number of Disabling injuries x 200000 divided by number of man-hours worked for the period

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Signed
(Tenderer)

Respondent's Signature

Date & Company Stamp