

Contractor EHS Screening Questionnaire

A	POLICY
	<p>1. Health, Safety and Environmental Policy</p> <p><i>Does your Company have specific policy statements(s) at senior and operational levels reflecting management's commitment to Safety, Health and Environment? (If Yes, please attach a copy).</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
	<p>2. Management Responsibility</p> <p><i>a) Who has overall responsibility for Health, Safety and/or Environmental protection matters in your organisation? (Please provide name, title and organisation diagram);</i></p> <p><i>b) Who is the proposed senior person/persons in your organisation responsible for compliance with Health, Safety and/or Environmental protection policy(ies) at your Company's premises and on site nominated for this Port.</i></p> <p>Name : _____</p> <p>Designation : _____</p> <p>Contact No : _____</p>
B	ORGANISATION
	<p>1 Structure</p> <p><i>Does your Company have an organisational chart showing your site-specific chain or command, plus the various responsibilities and duties of those involved? (If yes, please provide a copy).</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
	<p>2 HSE Responsibilities</p> <p><i>a) How are Health, Safety and Environmental responsibilities of your employees communicated to them?</i></p> <p>_____</p> <p>_____</p>
	<p>3 Company Manual(s)</p> <p><i>a) Does your Company have a HSE manual which describes your approved safe working practices and other arrangements to control the hazards associated with your work?(Please provide contents list with your submission if you have one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
	<p>4 Workforce Involvements</p> <p><i>Please describe the process of which your employees are consulted on Health, Safety and Environmental issues.</i></p> <p>_____</p> <p>_____</p>

5 Emergency Responsibilities

a) Does your Company have a clear chart showing the specific chain of command plus the various responsibilities and duties of those involved in the emergency response organisation? Please provide a copy with your submission.

Yes No

b) Does your Company have office and worksite 'Emergency Response' Procedure(s)? Briefly describe the scope of the Procedure.

Yes No

6 Management Commitment

a) Does senior management of your Company demonstrate their commitment to Health, Safety and Environmental matters by making site visits and conducting inspections? If YES, please state frequency of such visits.

Yes No

b) Are Health, Safety and Environmental (HSE) meetings held with Management, Safety Representatives, the workforce and any sub-contractors? If YES please provide date of last meeting and copy of agenda.

Yes No

7 Training

a) Do you provide your employees and or your sub contractors with HSE training?, if So list the training topics.

C PLANNING RISK - ASSESSMENT

1 Major Hazards

a) How does your Company identify and assess the major hazards risk involved in your operations? Details of what those major hazards are and the typical controls employed to mitigate the effects should be provided.

	<p><i>b) What arrangements does your Company have for documenting such assessment?, e.g. JSA, Please provide a copy of the contents/structure of a typical document.</i></p> <hr/> <hr/>
	<p>2 Work Place</p> <p><i>a) How does your Company identify and assess the risks to Health and Safety of employees and others who may be affected by your undertakings?</i></p> <hr/> <hr/> <p><i>b) What arrangements does your Company have for documenting such risk assessments and for providing this information to others which may be affected by the hazards? Please provide a copy of the contents/structure of a typical document.</i></p> <hr/> <hr/> <p><i>d) What procedures or programmes does your company have for control or mitigation of hazards and for reduction of Work Place risk? How are they demonstrated?</i></p> <hr/> <hr/>
	<p>3 Contract Mobilization</p> <p><i>a) Does your Company hold pre -mobilisation meeting(s) with staff and any sub-contractors to specially discuss Safety, Health and Environmental aspects of the work? If YES please provide a typical agenda.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>4 Personal Protective Equipment</p> <p><i>What arrangements are in place for the selection, issue and use of personal protective equipment for employees carrying out routine work and those for specialised activities?</i></p> <hr/> <hr/>
	<p>5 Plant and Equipment</p> <p><i>How does your Company ensure that plant and equipment supplied and used at work sites are correctly selected, fit for purpose and maintained in a safe working condition?</i></p> <hr/> <hr/>

D	PERFORMANCE																																														
	<p>1. Supervision</p> <p><i>a) What arrangements does your Company have for supervision to monitor the safe execution of work at your premises, sites and other locations where your employees are working?</i></p> <p>_____</p> <p>_____</p> <p><i>b) What arrangements does your Company have for passing on any results and findings of this supervision and performance monitoring to senior management and to the employees?</i></p> <p>_____</p> <p>_____</p>																																														
	<p>2 Communication of Health and Safety Information</p> <p><i>a) How are the findings following an investigation, or a relevant incident occurring elsewhere in the Company, communicated to management and the workforce? Briefly describe the process or provide an example.</i></p> <p>_____</p> <p>_____</p> <p><i>b) How does the Company ensure that safety and issues arising from Safety inspections and meetings are satisfactorily action and communicated?</i></p> <p>_____</p> <p>_____</p>																																														
	<p>3 Reportable Incidents</p> <p><i>Has your Company suffered any Statutory Fortifiable Incidents or Dangerous Occurrences over the past three years? If YES, please provide details including dates, description, causes and preventive measures taken, etc. (Please see attached table)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Section</th> <th rowspan="2" style="width: 45%;">Incident Description and Total Number</th> <th colspan="4" style="text-align: center;">Year</th> </tr> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Fatalities</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Lost Time Injuries</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Restricted Work Injury</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">d.</td> <td>Medical Treatment Injury</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">e.</td> <td>First Aid Cases</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #00aaff; color: white;"> <td style="text-align: center;">f.</td> <td>Total Manhours worked (Exposure Hours)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Section	Incident Description and Total Number	Year								a.	Fatalities					b.	Lost Time Injuries					c.	Restricted Work Injury					d.	Medical Treatment Injury					e.	First Aid Cases					f.	Total Manhours worked (Exposure Hours)				
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	<p>Types of Injuries (If Any)</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
	<p>4 Health, Safety and Environment Performance Records</p> <p><i>Has your Company maintained records of your incident/accidents and other performance indicators during the last three year? If YES, please provide the following details for each year, number and type of injuries , total hours worked by the workforce for each corresponding year.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>5 Environmental Performance Records</p> <p><i>Does your Company maintain records of the industrial (solid) waste which has left your premises and has been disposed of on your behalf by third party?. If NO please state why and if YES would you be able to report how much waste has been recycled, land filled and / or incinerated?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>6 Performance Achievement Awards</p> <p><i>Has your Company received and award(s) for Health, Safety and/or Environmental performance achievement? If YES, please provide details.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>7 Initiatives</p> <p><i>Does your Company promote any HSE related initiatives? If YES, please provide details of your scheme/approach.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
E	REVIEW AND AUDIT
	<p>1 Management of Audits</p> <p><i>a) What arrangements does your Company have for reviewing the effectiveness of your safety management system?</i></p> <p>_____</p> <p>_____</p> <p>2 Audit Procedures</p> <p><i>What is the process for recording and monitoring implementation of recommendations from audits and reviews?</i></p> <p>_____</p> <p>_____</p>