

# CONTRACTOR SAFETY COMPLIANCE QUESTIONNAIRE

The object of the questionnaire is to provide an overview of the status of the contractors Occupational Health and Safety Management System. Contractors may be required to verify their responses noted in their questionnaire by providing evidence.

Company       Sole Trader       Partnership

**Contractor's / Supplier's Name:** .....

**Contractor's Address:** .....

**Telephone:** ..... **Mobile Phone:** .....

**Contractor's Representative/Contact:** .....

**Employees Name/s:** .....  
*(Please provide additional sheet of names if required)*  
 .....  
 .....

1. Do you understand your responsibilities under the Victorian Occupational Health and Safety Act 2004 and your responsibilities to your employees, site personnel and your subcontractors and its significance to you as an employer, including Public Safety?      Yes       No

**2. Safety Systems Analysis:**

Do you have safe working procedures; ie. Safe Work Method Statement/s?      Yes       No

Are these reviewed regularly?      Yes       No

**Does the system include procedures for:**

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| • Induction                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| • Risk Management                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| • Incident Reporting                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| • OHS Training                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| • Hazardous Substances / Dangerous Goods | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| • Manual Handling                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| • Electrical Safety                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |

- Personal Protective Equipment (PPE) Yes  No  N/A
- Work Permits Yes  No  N/A
- Record Keeping Yes  No

**Does your company have a system for plant and equipment that includes:**

- Hazard Assessment Yes  No  N/A
- Written Safe Operating Procedures Yes  No  N/A
- Maintenance Logbooks Yes  No  N/A
- Operators Manual Yes  No  N/A
- Measurement of Noise Levels Yes  No  N/A
- Certification of Operators Yes  No  N/A
- Training Records Yes  No  N/A

3. Provide details of you and your employees OHS Industry Induction Training Course:

<b>Name:</b>	<b>Card No.</b>	<b>Date of Issue:</b>
.....	.....	.....
<b>Name:</b>	<b>Card No.</b>	<b>Date of Issue:</b>
.....	.....	.....
<b>Name:</b>	<b>Card No.</b>	<b>Date of Issue:</b>
.....	.....	.....
<b>Name:</b>	<b>Card No.</b>	<b>Date of Issue:</b>
.....	.....	.....
<b>Name:</b>	<b>Card No.</b>	<b>Date of Issue:</b>
.....	.....	.....

Booking date if training is not yet completed: .....

4. Provide details of Electrical Compliance with safety standards relating to the testing and

---

tagging of power tools, electrical equipment and leads. Please attach details of testing procedure.

**Contact details of Electrical Testing Company:**

**Company Name:** ..... **Phone No:** .....

---

5. Are you fully aware of your obligations relating to cleanliness of sites and housekeeping as to JG King Projects Waste Management System?      Yes       No
- 

6. **Licenses and Qualifications:**  
Do you maintain records of your employee and/or subcontractor licenses and qualifications?      Yes       No   
Please **attach copies** of employee and/or subcontractor licenses relevant to this contract.
- 

7. **Manual Handling:**  
Does the company have documented procedures in place for safe manual handling?      Yes       No       N/A
- 

8. **Site Supervision:**  
Who will have safety and supervision responsibility at the job site?  
**Given name and position:**
- .....
- 

9. **First Aid:**  
Do any of your employees hold a First Aid Certificate?      Yes       No       N/A   
(If **YES** describe type and expiry date)

**Level:** ..... **Expiry Date:** .....

Contractor Safety Compliance Questionnaire  
Page 3 of 3

---

10. **Safety Inspections:**  
Do you conduct project safety inspections?      Yes       No       N/A
- 

11. **Public Liability Insurance:**  
.

Do you have a Public Liability Insurance cover? Please attach a copy of the **Certificate of Currency**.

Yes  No

**Insurance Provider:** .....

**Policy No.:** .....

**Expiry Date:** .....

12. Have you ever been convicted for offences under the Victorian Occupational Health and Safety Act? Yes  No   
If **YES**, please provide full details:

.....

.....

.....

**Contractor Name:** .....

**Contractor Signature:** ..... **Date:** .....

**Company Name:** .....

**(OFFICE USE ONLY)**

<b>REVIEWING SUPERVISOR:</b>	
<b>Name:</b> .....	
<b>Signature:</b> .....	<b>Date:</b> .....
<b>APPROVED MANAGER:</b>	
<b>Name:</b> .....	
<b>Signature:</b> .....	<b>Date:</b> .....