



# Prequalification Questionnaire

## Introduction

### Contractor Compliance – Health and Safety at Work Act 2015

The Eastern Institute of Technology (EIT) has an ongoing commitment to provide a safe and healthy work environment for not only its employees, students and general public but also to other companies or individuals who carry out work or provide services for or on behalf of the Institute. This commitment includes the implementation of training programmes in safe work practices and involvement in the development of a systems approach to health and safety management in response to legislative requirements.

We as a PCBU are required to consult, cooperate with and coordinate activities with other PCBUs (contractors, subcontractors and service providers) who work on our sites to ensure that the primary duty of care for these companies or individuals are clearly understood and in compliance with the Act. We therefore require evidence of compliance, which can be provided by means of the returned questionnaire and supporting documentation.

Approved contractors will be entered onto our Contractor Register and where appropriate onto our Building & Engineering Information Management database as preferred contractors.

In addition to the contractor registration all workers of the contractor or self-employed PCBU individuals who work on our sites must complete an EIT General Health & Safety Information paper and attend an appropriate site specific safety induction on site safety procedures and safe work systems.

Thank you for your assistance in this process. Please complete as much as possible of this questionnaire and supply copies of policy, procedures and safety documentation.

## 1. PCBU Officers & Management

- 1.1 List the names and positions of Officers of your company
- 1.2 How are Health and Safety matters co-ordinated in your company?
- 1.3 Are your systems or programmes auditable? | Yes | No
- 1.4 How often are the audits conducted?
- 1.5 What are your Health & Safety objectives or targets for the next 12 months (in order of priority)?

## 2. Roles and Responsibilities

- |     |  |     |    |
|-----|--|-----|----|
| 2.1 | How is worker participation managed in your company?                             |     |    |
| 2.2 | Do all roles understand their responsibilities with regard to Health and Safety? | Yes | No |
| 2.3 | Does Health and Safety form part of the Job Descriptions?                        | Yes | No |
| 2.4 | What safety responsibilities are built into Job Descriptions?                    |     |    |
| 2.5 | How are managers informed of their responsibilities?                             |     |    |
| 2.6 | What are your 'workers' safety responsibilities?                                 |     |    |
| 2.7 | How are workers informed of their responsibilities?                              |     |    |
| 2.8 | Do you have an appraisal system to measure and monitor responsibilities?         | Yes | No |

## 3. Health and Safety Regulations

- |     |   |     |    |
|-----|---|-----|----|
| 3.1 | What approved codes of practice relate to your company's operations?  |     |    |
| 3.2 | What other legal obligations apply to your company (Acts, Regulations, and Certificates of compliance etc)? |     |    |
| 3.3 | Does your company take responsibility for public and visitors?  | Yes | No |
| 3.4 | Other PCBU's?   | Yes | No |
| 3.5 | Consumers?  | Yes | No |
| 3.6 | If so, please provide details:  |     |    |
| 3.7 | Has your company or any staff member ever been convicted of any Health and Safety offence?                  | Yes | No |
| 3.8 | If so, please provide details:  |     |    |

## 4. Worker Engagement, Participation and Representation

4.1	Do you have elected Health and Safety representatives?	Yes	No
4.2	Is there a Health and Safety Committee?	Yes	No
4.3	What is the function of your Health and Safety Committee?		
4.4	How often does the Safety Committee meet?		
4.5	Are minutes generated from the meetings?	Yes	No
4.6	Do you have agenda's for the meetings?	Yes	No
4.7	How do you involve all your workers in the development of Health and Safety Systems?		

## 5. Training

5.1	What is your approach to Safety Training?		
5.2	What form does your Safety Training take?		
5.3	Do you have a Safety Training plan?	Yes	No
5.4	What areas does it cover?		
5.5	Who is responsible for Safety Training?		
5.6	Do you use external training providers?	Yes	No
5.7	Do you have training for the following (Please tick):		
	• Manual Training		• First Aid Training
	• Chemical Handling		• Use of Lifting Gear
	• Driver Training		• Product Knowledge
	• Fire Extinguisher		Other:

## 6. Supportive Documentation

6.1	Is there a published organisation Health and Safety Policy and Procedures? (If yes, include a copy and/or examples as Appendix 1 with this document.)	Yes	No
6.2	Is there a Governance or Directors Plan to ensure the policy happens? (If yes, include an outline plan as Appendix 2 with this document.)	Yes	No
6.3	Does the H & S Policy and Plan have management commitment?	Yes	No
6.4	If so, please provide details:		
6.5	Have you developed short and long term objectives to initiate safety continuous improvement?	Yes	No
6.6	How often do you review your Health and Safety Policy and procedures?		

## 7. Incident Management

7.1	Do you have an incident reporting procedure?	Yes	No
7.2	Are workplace incidents and near misses investigated?	Yes	No
7.3	Who investigates incidents?		
7.4	Do investigations include remedial action plans to initiate prevention?	Yes	No
7.5	Does your company provide first aid facilities?	Yes	No
7.6	If so, please provide details:		
7.7	Does your company record first aid treatments?	Yes	No
7.8	Has your company reported any notifiable event to Work Safe in the last two years?	Yes	No
7.9	If so, please provide details:		
7.10	Has your company had any ACC claims in regards to workplace accidents or injury in the last two years?	Yes	No

## 8. Risk and Hazard Management

8.1	Is the workplace inspected regularly to identify hazards?	Yes	No
8.2	How do you record identified hazards?		
8.3	Who completes the inspection and how often?		
8.4	What happens once the inspections are carried out?		
8.5	Do you use checklists? And what type of checklists are used?	Yes	No
8.6	What is the purpose?		
8.7	Do you have an internal audit programme?	Yes	No
8.8	How does it work?		
8.9	Does your company use external personnel to assist with your Health and Safety Management Systems?	Yes	No
8.10	If so, please provide details:		

## 9. Specific Practices

9.1	Does your company have a procedure for managing chemicals?	Yes	No
9.2	If so, please provide details:		
9.3	Do you have material data sheets for each chemical?	Yes	No
9.4	How do you develop safe systems of work?		
9.5	Do you comply with Tag and Testing requirements?	Yes	No
9.6	What systems approach do you use to maintain your portable electrical equipment? • Checks by qualified electrician? • Employee reports of faulty equipment? Other:		
9.7	Do you supply personal protective equipment (PPE)?	Yes	No
9.8	How did you identify the PPE needs and types?		
9.9	Do you conduct pre-employment medicals for new workers?	Yes	No

9.10	Do you use RCD protection?	Yes	No
9.11	Does your organisation conduct company vehicle WOF and registration checks? If so, how often	Yes	No
9.12	What is the procedure?		
9.13	Do you have documented emergency procedures?	Yes	No
9.14	Do you carry out drills?	Yes	No

## 10. Sector Experience

10.1	Do you have experience working with EIT or a similar adult education provider? OR Experience working with other similar facilities?	Yes	No
10.2	If so, please provide details:		

## Prequalification Completion Details

This questionnaire is in response to:

Tender (Title):

Type of service:

Location of Service:

Company Name:

Physical Address:

Postal Address:

Email Address:

Contact Numbers:

Contact Person:

This questionnaire was completed by:

Name:

Position:

Date

Signed:

All questions answered Yes or No? If not, please give details:

Copy of Health and Safety Policy attached?

Copy of the supporting evidence attached?

Yes No