



CONTRACTORS AND SUBCONTRACTORS QUESTIONNAIRE

Name of company: _____ Date: __/__/__

Designated person responsible for health & safety: _____

Work carried out: _____

For: _____

No of Employees: 1-5 6-10 11-20 20+

Training

Yes

No

1. a) Do you give training in any areas related to your work? Yes No
- b) Do you keep records of training content? Yes No
- c) Do you keep records of training attendance? Yes No
- d) Details? _____

2. a) Do you require specific training and/or licences for any activities? Yes No
- b) If yes, what activities? _____

3. a) Do you give safety training? Yes No
- b) General? Yes No
- c) Specific? Yes No
- d) Training given (description) _____

By Whom: _____

Qualifications: _____



- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. a) Do you occasionally employ casual/temporary labour? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are your staff trained to use PPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Where required, is PPE usage enforced? | <input type="checkbox"/> | <input type="checkbox"/> |

Safety Policy and Management Commitment

1. Indicate which one of these are included in your health and safety programme:
- | | | |
|--|--------------------------|--------------------------|
| a) Do you have a written safety policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does your policy include commitment in safe and fuel efficient driving practices | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Do you have a safety committee or Representative? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Are workers represented on the safety committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Meeting frequency: Monthly <input type="checkbox"/> More Often <input type="checkbox"/> Less Often <input type="checkbox"/> | | |

2. a) Do you have qualified first aiders? Yes No

3. a) Do you keep accident/incident records and/or a register? Yes No

b) Who is responsible for investigation and reporting accidents and incidents?

(Title): _____

	Yes	No
4. a) Have you ever been prosecuted on health and safety grounds or been served with an improvement notice by Worksafe?	<input type="checkbox"/>	<input type="checkbox"/>

If so, please give full details: _____

b) Will you be employing sub-contractors? Yes No

c) Are they given the same training as your permanent staff? Yes No

If so, provide details of such staff and their training: _____



Yes

No

5. Do you have a company H&S Manager/Supervisor?

Name: _____

Title: _____

Qualifications: _____

6. Subcontractors

a) Do you specify safety requirements for sub-contractors?

b) Do you have procedures for the control and safety performance of a sub-contractor?

7. Contractors

a) Do you have public liability insurance?

b) Do you have motor vehicle insurance?

Hazard Management

1. a) Do you have any processes/materials which are hazardous?

If yes, what are they?

b) Do you have a file of material safety data sheets?

c) Do employees have access to these during contract hours?

2. a) Do you have a system to identify hazards during the period
Of this contract?

b) Does anyone conduct workplace inspections?

c) If so, is a checklist used?

d) Who carries out these inspections? _____

e) How often? _____

3. a) Is personal protective equipment (PPE) available for your staff such as
ear muffs, safety goggles, safety footwear, etc.?



CONTRACTORS INSURANCE INFORMATION

Name of Contractor: _____

Address: _____

Description of Work: _____

Location: _____

PUBLIC LIABILITY INSURANCE

Name of Insurer: _____

Policy Number: _____

Expiry Date: _____

Sum Insured: _____

Contractor Signature:

Date:

NOTE

1. This form must be completed and returned to the Company prior to the commencement of work with evidence of the currency of the above insurance(s). Should the Contractor perform work on an ongoing basis, evidence of the currency of insurance is only required once a year.
2. The Contractors Public Liability Insurance must include a principal's extension and cross liability clause.