1. Workplace Health and Safety (WHS)

| Certified WHS Management System |
| --- |
| Can you provide current evidence of an independently certified WHS Management System in accordance with AS/NZS 4801 or its equivalent? | [ ]  Yes | [ ]  No |
| If ‘yes’ please provide a copy of your certificate of conformity for the WHS Management System and continue to Section 3. |

| Non Certified WHS Management System |
| --- |
| Does your company have a WHS Policy? | [ ]  Yes | [ ]  No |
| Has the Policy been signed by senior manager(s) of the company? | [ ]  Yes | [ ]  No |
| Does your WHS Management System document the following: |
| 1. WHS roles and responsibilities
 | [ ]  Yes | [ ]  No |
| 1. Process for incident reporting and investigation
 | [ ]  Yes | [ ]  No |
| 1. WHS risk management/assessment methodology
 | [ ]  Yes | [ ]  No |
| 1. Emergency preparedness and response
 | [ ]  Yes | [ ]  No |
| 1. Control, safe handling and disposal of all hazardous chemicals
 | [ ]  Yes | [ ]  No |
| 1. Consultation and communication, including WHS committees
 | [ ]  Yes | [ ]  No |
| 1. Management of plant and equipment
 | [ ]  Yes | [ ]  No |
| 1. Injury management and rehabilitation
 | [ ]  Yes | [ ]  No |
| 1. Workplace inspection and performance monitoring
 | [ ]  Yes | [ ]  No |
| If ‘yes’, you may be required to supply a copy of your procedures or WHS Management Manual. |

| WHS Competency and Performance History |
| --- |
| Does your company have written procedures or processes for identifying and maintaining WHS training and competency requirements? | [ ]  Yes | [ ]  No |
| Does your company, employees and/or subcontractors have the relevant licences, permits, authorities, certificates, training, etc. required to provide the goods and/or services? | [ ]  Yes | [ ]  No |
| If ‘yes’ please attach certified copies of the relevant licences, permits, authorities, certificates, training, etc. |
| Have you ever had any of the following issued to you under any WHS legislation: |
| 1. Prosecutions
 | [ ]  Yes | [ ]  No |
| 1. Improvement notices
 | [ ]  Yes | [ ]  No |
| 1. Prohibition notices
 | [ ]  Yes | [ ]  No |
| 1. Enforceable undertaking
 | [ ]  Yes | [ ]  No |
| If ‘yes’ to any of the above please attach details. |
| Specify number of Fatalities for the last 5 financial years. | 2014/15 |       |
| 2015/16 |       |
| 2016/17 |       |
| 2017/18 |       |
| 2018/19 |       |
| Specify Lost Time Injury Frequency Rate for the last 3 financial years. | 2016/17 |       |
| 2017/18 |       |
| 2018/19 |       |
| Specify Medical Treatment Injury Frequency Rate for the last 3 financial years. | 2016/17 |       |
| 2017/18 |       |
| 2018/19 |       |

| High Risk Activities |
| --- |
| Does your proposed method of delivery of the goods and/or services include any activity that involves: |
| 1. Working at heights
 | [ ]  Yes | [ ]  No |
| 1. Electrical works
 | [ ]  Yes | [ ]  No |
| 1. Working with Live Electricity
 | [ ]  Yes | [ ]  No |
| 1. Demolition works
 | [ ]  Yes | [ ]  No |
| 1. Excavations and Trenches
 | [ ]  Yes | [ ]  No |
| 1. Working near Underground Services
 | [ ]  Yes | [ ]  No |
| 1. Working in or near Live Traffic
 | [ ]  Yes | [ ]  No |
| 1. Crane Lifting
 | [ ]  Yes | [ ]  No |
| 1. Working in Hazardous Gas Areas, including Hot work
 | [ ]  Yes | [ ]  No |
| 1. Working alone at a construction site
 | [ ]  Yes | [ ]  No |
| 1. Asbestos related work
 | [ ]  Yes | [ ]  No |
| 1. Hazardous substances / chemicals
 | [ ]  Yes | [ ]  No |
| 1. Confined Space Entry
 | [ ]  Yes | [ ]  No |
| 1. The use of explosives
 | [ ]  Yes | [ ]  No |
| 1. Carrying out services on or near pressurised gas mains or piping
 | [ ]  Yes | [ ]  No |
| 1. Engaging subcontractors to complete the goods and/or services
 | [ ]  Yes | [ ]  No |
| 1. Working with and around High Risk Plant
 | [ ]  Yes | [ ]  No |
| If ‘yes’ you may be required to supply a sample copy of your safe work method statement and risk assessment. |

1. Environment

| Certified Environmental Management System |
| --- |
| Can you provide current evidence of an independently certified Environmental Management System (EMS) in accordance with AS/NZS ISO 14001? | [ ]  Yes | [ ]  No |
| If ‘yes’ please provide a copy of your certificate of conformity for the EMS and continue to Section 3. |

| Non Certified Environmental Management System |
| --- |
| Does your company have an Environmental and Sustainability Management Policy?If ‘Yes’ – please supply, and indicate an example of its implementation | [ ]  Yes | [ ]  No |
| Has the Policy been signed by senior manager(s) of the company? | [ ]  Yes | [ ]  No |
| Does your Environmental Policy demonstrate commitment to the environment and understanding of environmental obligations under legislation? | [ ]  Yes | [ ]  No |
| Does your company have qualified and experienced environmental resources that are responsible for ensuring compliance with environmental requirements? If ‘Yes’ please attach a brief resume of the nominated environmental resource/s | [ ]  Yes | [ ]  No |
| Do you have mitigation strategies in place to reduce environmental risks?If ‘Yes’ – what are some example mitigation strategies used by the company? Attach relevant supporting evidence with the tender submission | [ ]  Yes | [ ]  No |
| Do you have documented procedures to handle an environmental incident? | [ ]  Yes | [ ]  No |
| Do you undertake waste audits, environmental audits or monitoring programs to minimise environmental impacts? | [ ]  Yes | [ ]  No |
| Will all fuels, solvents, chemicals and materials to be used, be stored and disposed of in a manner complying with Environmental Legislation? | [ ]  Yes | [ ]  No |
| Does your company demonstrate a commitment to waste reduction, recycling, energy efficiency and greenhouse gas emissions reductions? Does your company collect, keep track of and report the information required in respect of its greenhouse gas emissions, energy production and energy usage?If ‘Yes’ please attached relevant supporting evidence | [ ]  Yes | [ ]  No |
| Does your company provide a material and/or product range that has an environmental label from sustainable supply chain?If ‘Yes’ you may be required to provide details of your environmental labelled products and/or sustainable supply chain | [ ]  Yes | [ ]  No |
| If your company a registered user of the sustainable Supply Chain Sustainability School?Has your company undertaken the online self-assessment tools to help you assess your company’s current sustainability knowledge and strengths, and to identify areas in which you can develop your competence?If ‘No’ please undertake the assessment and provide a copy of your “prioritised company action plan”If ‘Yes’ please provide evidence | [ ]  Yes | [ ]  No |
| Does your business have initiatives in place directed towards meeting social and ethical responsibilities (i.e. indigenous engagement, workplace diversity, community partnerships, etc.)If ‘Yes’ please provide details | [ ]  Yes | [ ]  No |
| If ‘yes’, you may be required to supply a copy of your procedures or Environmental Management Manual. |

| Non Certified Environmental Management System |
| --- |
| Does your company have written procedures or processes for identifying and maintaining Environmental training and competency requirements? | [ ]  Yes | [ ]  No |
| Does your company, employees and/or subcontractors have relevant Environmental Approvals, Licenses or Permits required to provide the Goods/Services? | [ ]  Yes | [ ]  No |
| Have you ever had any of the following issued to you under any environmental legislation: |
| 1. Prosecutions
 | [ ]  Yes | [ ]  No |
| 1. Improvement notices
 | [ ]  Yes | [ ]  No |
| 1. Prohibition notices
 | [ ]  Yes | [ ]  No |
| 1. Fines / Infringements
 | [ ]  Yes | [ ]  No |
| It is acknowledged by the Vendor that the following attachments to this document, being the: 1) Purchasing Data; 2) Waste Data and 3) Energy consumption Monthly Process Report as indicated in the Schedule Guidelines must be submitted to the Contractor on a monthly basis. The Vendor must tick the box in acknowledgement of the requirement. | [ ]  Yes | [ ]  No |
| If ‘yes’ to any of the above please attach details. |

1. Quality

| Certified Quality Management System |
| --- |
| Can you provide current evidence of an independently certified Quality Management System (QMS) in accordance with AS/NZS ISO 9001? | [ ]  Yes | [ ]  No |
| If ‘yes’ please provide a copy of your certificate of conformity for the QMS and continue to Section 3. |

| Non Certified Quality Management System |
| --- |
| Does your Quality Management System document the following procedures: |
| 1. Document and data control
 | [ ]  Yes | [ ]  No |
| 1. Purchasing Controls
 | [ ]  Yes | [ ]  No |
| 1. Control of client supplied product
 | [ ]  Yes | [ ]  No |
| 1. Product identification and traceability
 | [ ]  Yes | [ ]  No |
| 1. Quality Work Process controls
 | [ ]  Yes | [ ]  No |
| 1. Inspection and testing
 | [ ]  Yes | [ ]  No |
| If ‘yes’, you may be required to supply a copy of your procedures or Quality Management Manual. |

| Quality Competency and Performance History |
| --- |
| Does your company have written procedures or processes for identifying and maintaining Quality training and competency requirements? | [ ]  Yes | [ ]  No |
| Does your company have an understanding of, and can comply with, legislative requirements, standards and codes of practice relating to the good and/or services provided? | [ ]  Yes | [ ]  No |
| From a formal quality audit completed in the last financial year, how many of the following were identified: |
| (Major) Non Conformance Record (NCR) |       |
| Minor NCR |       |
| Observations |       |
| If ‘yes’ to any of the above, you may be required to provide a copy of the audit report. |

| Completed By |
| --- |
| Company: Click here to enter text. | Name & Title: Click here to enter text. |
| Date:       | Signature:       |

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