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**Project Health and Safety (HS) Questions for Contractor**
**1 PURPOSE**


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The purpose of this questionnaire is to gather and evaluate detailed information about a contractor's health and safety management systems, policies, and past safety performance.

**2 INSTRUCTIONS**


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Responsibility	Steps (Tasks)
Contractor	Complete and submit this form back to Fortescue, as part of the tender submission requirements.

**3 CONTRACTOR DETAILS**


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Contacts and Contractor Information			
Contractor		Contract No.	
Project		Location	

**4 CONTRACTOR QUESTIONS**


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1. Does the Contractor have a documented WHS System that includes a WHS Policy that is authorised and signed by senior management?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, please provide Contractor's:

1. Health and Safety Policy, and
2. Health and Safety Management Plan, and
3. A list of all current safety programs.

If **NO**, provide justification:

Provide details here.

2. Does the Contractor have a documented process for the management of emergency response that is suitable for the scale of operations and potential risks associated with the scope of work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, provide a copy of Contractor's documented process.

If **NO**, provide justification:

Provide details here.

3. Does the Contractor have any known pending/impending legal proceedings, investigations and or prosecutions related to Health and Safety legislation and regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If **YES**, provide details:

Provide details here.

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Squad Check

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- 4. Does the Contractor have a documented process that ensures workers are educated and trained in safety practices?**  YES  NO

If **YES**, provide a copy of Contractor's documented process.

If **NO**, provide justification:

Provide details here.

- 5. Can the Contractor provide a documented plan that demonstrates how workers' health, safety, and well-being will be managed for this scope of works (or example plan from similar previous scope of works), including any works contracted to a third party.**  YES  NO

If **YES**, provide a copy of Contractor's documented plan.

If **NO**, provide justification:

Provide details here.

**6. Contractor's History – 4 Most Recent Years**

Note: The number of injuries and fatalities must be in whole numbers

HSES Performance Item	Year End (1)	Year End (2)	Year End (3)	Year End (4)
Number of hours worked	Details here	Details here	Details here	Details here
Number of Fatalities	Details here	Details here	Details here	Details here
Number of Critical Incidents	Details here	Details here	Details here	Details here
Number of Lost Time Injuries	Details here	Details here	Details here	Details here
Number of Medically Treated Injuries	Details here	Details here	Details here	Details here
Number of Restricted Work Injuries	Details here	Details here	Details here	Details here
Total Recordable Injury Frequency Rate (TRIFR) Calculation: (Total Number of Recordable Injuries / Total Hours Worked) × 1,000,000 work hours	Details here	Details here	Details here	Details here
Number of Significant Incidents				
Number of Notifiable Incident	Details here	Details here	Details here	Details here
Number of Fines, Infringements, Citations, Notices, and Prosecutions	Details here	Details here	Details here	Details here
Workers Compensation Premium (% of Payroll)	Details here	Details here	Details here	Details here
Annualised Turnover %	Details here	Details here	Details here	Details here
Third Party OSH accreditation				
Third Party Environmental accreditation				
Other accreditations (e.g. Risk / Quality / Federal / Industry)				
If not accredited, do you operate a system that is compliant to a standard, if yes please specify and attach accreditation certificates	Details here	Details here	Details here	Details here

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Independent environmental management system certification (e.g. ISO 45001 certified by an accredited certification organization)	Details here	Details here	Details here	Details here
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**7. Contractor to provide contact details for the individual employee who is responsible for the management of safety within the Contractor's company.**

Name:	Provide details here.
Position:	Provide details here.
Email:	Provide details here.
Phone:	Provide details here.

**8. Contractor confirms it has completed and attached the requested documentation outlined in this document and summarised below.**

- 
- YES
- 
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- NO

Contractor confirms it has attached:

- Contractor's Health and Safety Policy
- Contractor's Health and Safety Management Plan
- Evidence of independent certification for its health and safety management system

If **NO**, provide justification:

Provide details here.

## DEFINITIONS

Where provided, definitions are aligned to the [Group Health and Safety Definitions Register](#).

Word/Term	Definition
Notifiable Incident	Statutory reporting requirement to relevant external parties such as government bodies, regulators and other legislated reporting specific to the work locations and scope of work being performed.
Annualised Turnover %	<p>Turnover is equal to the number of employees leaving, divided by the average total number of employees, multiplied by 100 (percentage value). The number of employees leaving and the total number of employees are measured over one year. Calculation is below:</p> <p><i>((No. Employees who left during the 12-month Period) ÷ (No. of Employees at the beginning of the year + number of employees at the end of the year) ÷ 2) x 100</i></p> <p>For example, at the start of the year a business had 40 employees, but during the year 9 staff resigned with 2 new hires, thus leaving 33 staff members at the end of the year. Hence this year's turnover is 25%. This is derived from, <math>(9 \div ((40+33) \div 2)) \times 100 = 24.66\%</math>.</p>