

Workplace Health & Safety Management

Vendor Registration – Form 4

1. WHS policy and management		Yes	No	N/A
1.1	Is there a written Company Workplace Health and Safety (WHS) Policy? If Yes, provide copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
1.2	Is there a company WHS Management System manual or plan? If Yes, provide copy of Contents Page The company WHS Manual or Plan should include as a minimum: <ul style="list-style-type: none"> • management health and safety responsibilities; • WHS Consultation Arrangements; • general occupational health and safety procedures; • safe work procedures relevant to the company operations; • public safety procedures; • induction and training procedures; • issue resolution and WHS consultation mechanisms. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
1.3	Does the company have a documented WHS consultation procedure? If Yes, provide details within comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
1.4	Does the company have a WHS Committee or a similar WHS consultation mechanism? If Yes, provide details within comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
1.5	If Yes to 1.4, do Senior Managers attend committee meetings? If Yes, provide details within comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				

2. Procedures and practices		Yes	No	N/A
2.1	Has the company prepared Safe Operating Procedures or specific WHS instructions relevant to the company operations? If yes, provide a summary listing of procedures or instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.2	Are employees involved in development of Job Safety and Environmental Analysis? If Yes, provide example.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.3	Does the company have any permit to work systems? (e.g.: Hot Work, Confined Space Entry) If Yes, provide example.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.4	Is there a documented Hazard Reporting and Corrective and Preventative Action procedure? If Yes, provide a copy of completed Hazard report form and a Corrective and Preventative Action Request form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.5	Is there a documented incident investigation procedure? If Yes, provide a copy of a standard incident report form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.6	Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/ owned by the company? If Yes, provide example. This may include: <ul style="list-style-type: none"> • documented risk assessments for relevant plant or risk assessment procedure; • copy of plant operator licences, permits; • plant maintenance and inspection forms; • pre-start daily safety inspection forms for plant. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				

2. Procedures and practices		Yes	No	N/A
2.7	<p>Are there procedures in place for the storage and handling of Hazardous Materials and Dangerous Goods?</p> <p>If Yes, provide example. This may include:</p> <ul style="list-style-type: none"> • manifest or register of chemicals used by the company; • Material Safety Data Sheets for chemicals used; • safe handling procedures, including personal protective equipment; • relevant training documentation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.8	<p>Are there procedures for identifying, assessing and controlling risks associated with manual handling, such as:</p> <ul style="list-style-type: none"> • documented risk assessments for manual handling hazards • systems used to control manual handling risks (e.g. lifting aids, work procedures) If Yes, provide details within comment. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.9	<p>Are WHS responsibilities clearly defined for all activities and roles? For example:</p> <ul style="list-style-type: none"> • responsibility statements • position descriptions <p>If Yes, provide details within comment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.10	<p>Are those allocated with specific WHS responsibilities suitably qualified and experienced? If Yes, provide details within comment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
2.11	<p>Is a Company Environmental/Waste Management Control System in place to regulate Supplier's internal procedures for waste disposal (e.g. do you have visibility of policies)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				

3. Training (WHS)		Yes	No	N/A
3.1	Is induction training conducted for all employees? If Yes, would you be able to provide a record of attendance for induction training if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
3.2	Are toolbox talks (or similar) conducted by your company to your personnel? If Yes, provide examples of such Toolbox Meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
3.3	Do employee records hold details of specific training and/or competencies (e.g. licences, permits, certificates)? If Yes, provide details within comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
3.4	Environmental Training: are staff trained in environmental impacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				

4. Workplace WHS inspections		Yes	No	N/A
4.1	Are WHS Inspections undertaken regularly at your work site / work area? If yes, provide a record of an inspection sheet or corrective action report resulting from named inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				

5. WHS performance		Yes	No
5.1	Has the company had any WHS related incidents/injuries within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details below (last 12 months):			
Lost Time Injuries		Lost Time Injury Frequency Rate	
Medical Treatment Injuries		First Aid Injuries	
Near Misses		Environmental Incidents	
5.2	Has the company had any WHS related fines, Prohibition/Improvement Notices or Regulatory Authority investigations within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details below:			

Questionnaire review/sign-off

(to be completed by FXNZ)

	Yes	No
Have all questions been answered?	<input type="checkbox"/>	<input type="checkbox"/>
Comment:		
Have all documents been supplied as required?	<input type="checkbox"/>	<input type="checkbox"/>
Comment:		
Questions marked 'No', has the comment been clarified with the Supplier?	<input type="checkbox"/>	<input type="checkbox"/>
Comment:		
Have missing documents and unanswered questions been discussed with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>
Comment:		
Have all outstanding issues be satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>
Comment:		

Reviewer:	Name:	Signature:	
First Review	Satisfactory: <input type="checkbox"/>	Further review required: <input type="checkbox"/>	Date:
Second Review	Satisfactory: <input type="checkbox"/>	Further review required: <input type="checkbox"/>	Date:

Commercial/Business Management Acceptance			
Position:	Name:	Signature	Date: