

**THE UNIVERSITY OF WAIKATO
CONTRACTOR AND SUBCONTRACTOR PRE-SELECTION
HEALTH AND SAFETY QUESTIONNAIRE**

Name of Company: _____ Date: _____

Work to be Carried Out: _____

For: _____

Number of Employees: _____

Tenderers (Contractors) who wish to be awarded Contracts with the University of Waikato are asked to provide the following documentation when this questionnaire is returned so that their compliance with the requirements of the Health and Safety in Employment Act 1992 and amendments can be assessed:

ENCLOSED

- a) relevant records of the company's health and safety performance over the last year;

- b) a listing of all accidents that have caused serious harm (as defined in the Health and Safety in Employment Act 1992) and other injury records in relation to health and safety (ACC claims) without the names attached;

- c) a listing of all safety performance improvement or prohibition notices issued by Labour Department Inspectors to the Contractor including the actions subsequently taken by the Contractor;

- d) a listing of insurance claims made on the Contractor's "All-Risks" or Public Liability insurance policies in relation to Health and Safety; and

- e) a listing of all incidences of damage to high voltage power cables, gas mains, or to the environment.

Please complete the following health and safety questionnaire. Where the answer is “yes” to a question about documentation, the University reserves the right to request a copy for inspection.

	YES	NO
1. Health and Safety Policy and Procedures		
a) Do you have a written safety policy?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you have written safety rules?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have a safety manual containing safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you have written emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>
e) Are all the above communicated to employees?	<input type="checkbox"/>	<input type="checkbox"/>
f) Is appropriate Personal Protective Equipment available for your staff as required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazard Identification		
a) Do you have a system to identify hazards during the term of a contract?	<input type="checkbox"/>	<input type="checkbox"/>
b) Where hazards have been identified, does your system determine:		
i) Significant hazards?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Methods for control?	<input type="checkbox"/>	<input type="checkbox"/>
iii) Reporting of new hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety Training		
a) Is relevant safety training given to employees?	<input type="checkbox"/>	<input type="checkbox"/>
b) Have individual employees, who will undertake specific work related to this contract, received formal training in safe working practices and in the use of personal protective equipment (PPE) relating to the potential hazards of that work?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you keep records of training content?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you keep records of training attendance?	<input type="checkbox"/>	<input type="checkbox"/>
e) Please provide any further details of your training programme below:	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
4.	Accident Recording and Investigation		
a)	Do you have a procedure for the reporting, recording, investigation and follow-up of serious harm accidents, incidents or occupational illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are the results of an accident investigation communicated to the affected employee(s)?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Percentage of <u>hours lost due to accidents</u> _____ % <u> total hours worked</u> Period covered from _____ to _____		
d)	Have you ever been prosecuted on health or safety grounds by OSH?	<input type="checkbox"/>	<input type="checkbox"/>
	If 'yes', please give full details: _____ _____ _____		
5.	Safety Awareness		
a)	Do you have a Health and Safety Committee?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are employees represented on this Committee?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Are all staff involved in safety programmes?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Do you conduct safety inspections on your operations?	<input type="checkbox"/>	<input type="checkbox"/>
	If 'yes', please give full details: _____ _____ _____		
6.	Subcontractors		
a)	Will you be employing subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
	If 'yes', please answer the following questions:		
i)	Do you have procedures for assessing and monitoring the safety performance of a subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>
ii)	Do you ensure that subcontractors have received adequate safety training?	<input type="checkbox"/>	<input type="checkbox"/>

			YES	NO
7. Insurance				
Do you carry:				
a)	Public liability insurance?	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>
b)	Motor vehicle insurance?	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>
c)	Motor vehicle insurance (third party)	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>
d)	Third party property insurance?	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>
e)	Contractors' all risks insurance	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>
f)	Professional indemnity insurance	(\$_____)	<input type="checkbox"/>	<input type="checkbox"/>

8. Site Safety Officer

Name: _____ Title: _____

Qualifications: _____

Who is in charge of safety in the absence of the site safety officer?

Name: _____ Title: _____

Qualifications: _____

I certify that the details given in this assessment are correct and accurate.

Signature: _____

Name (Print): _____

Date: _____ Contact Telephone Number: _____

All details supplied by the Contractor or Sub-contractor shall remain continuously valid for all present or future contracts unless notified otherwise in writing by the Contractor or Sub-contractor to the University of Waikato.

It is the Contractor's responsibility to advise the University of Waikato if there have been any changes in procedures or standards.

This questionnaire, along with all related health and safety information, should be directed to: The Job Manager, Facilities Management, The University of Waikato.