



SUBCONTRACTOR SELECTION QUESTIONNAIRE

SUBCONTRACTOR NAME: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE/FAX: _____

Please provide the following information (circle Yes/No as appropriate):

1. Please provide an outline or copy of your health and safety management policies and procedures.

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2. Please briefly explain your programme for the safety training of your employees.

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3. Have you been prosecuted or cautioned for any offence under the Health and Safety in Employment Act, Electricity Act, Resource Management Act or any associated regulations in the last three years?

Yes No

If yes please provide full details including any penalties imposed.

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- 4. Please provide a list of all key employees who may work on this contract at any time. Include their occupation, title and provide details of any certificates, qualifications, warrants or permits they may have that are relevant to the proposed work. Include details of your subcontractor employees, where applicable (refer to clause 5 below).

Proof of training and qualifications will be required prior to commencing any work.

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- 5. Do you intend to employ subcontractors on this contract? **Yes No**
 If the answer is "yes", please provide details of the subcontractors and their key employees (as per clause 4 above), and describe how the subcontractors will be assessed and managed.

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- 6. Do you have a written system to identify and control hazards during a contract? **Yes No**
 Please provide us with your **hazard register** detailing the hazards and controls associated with your works on this type of contract, or complete the potential hazard register on page 4 of this form.

- 7. Please provide your company's accident records for the last 3 years.

Year:			
Number of accidents causing injury, damage or process loss			
Number of Lost Time Injuries			
Number of Fatalities			
Environmental Incidents			
Manhours worked			

- 8. Please provide details of your environmental management system, including evidence of certification to a recognised environmental standard, if applicable e.g. AS/NZS ISO14001. Alternatively, describe how any environmental risks associated with this contract will be managed.

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POTENTIAL HAZARD REGISTER

1. Electrical		6. Hazardous Environment	
1.1 High Voltage	<input type="checkbox"/>	6.1 Confined Space	<input type="checkbox"/>
1.2 Low Voltage	<input type="checkbox"/>	6.2 Working at Heights	<input type="checkbox"/>
1.3 Electrical Equipment	<input type="checkbox"/>	6.3 On Water (i.e. boats)	<input type="checkbox"/>
1.4 Other Electrical Hazards	<input type="checkbox"/>	6.4 Diving	<input type="checkbox"/>
2. Fire & Explosion		6.5 Remote sites	<input type="checkbox"/>
2.1 Flammable Substances	<input type="checkbox"/>	6.6 Weather Extremes	<input type="checkbox"/>
2.2 Explosives	<input type="checkbox"/>	6.7 Terrain	<input type="checkbox"/>
2.3 Welding	<input type="checkbox"/>	6.8 Tunnels and Shafts	<input type="checkbox"/>
2.4 Hot Work	<input type="checkbox"/>	6.9 Working Alone	<input type="checkbox"/>
2.5 Fire Risk	<input type="checkbox"/>	7. Site Management	
3. Mechanical		7.1 Contractors/Subcontractors	<input type="checkbox"/>
3.1 Vehicles	<input type="checkbox"/>	7.2 Access Control	<input type="checkbox"/>
3.2 Plant/Machinery/Equipment	<input type="checkbox"/>	7.3 Authorisations/Consents	<input type="checkbox"/>
3.3 Cranes/Lifting Devices	<input type="checkbox"/>	7.4 Licensed Operations	<input type="checkbox"/>
3.4 Noise	<input type="checkbox"/>	7.5 Permits and Certificates	<input type="checkbox"/>
3.5 Aircraft/Helicopter	<input type="checkbox"/>	8. Environment	
3.6 Vibration	<input type="checkbox"/>	8.1 Earthworks	<input type="checkbox"/>
3.7 Machine Guarding	<input type="checkbox"/>	8.2 Tree Felling/Bush Clearing	<input type="checkbox"/>
3.8 Scaffolding	<input type="checkbox"/>	8.3 Pollutants	<input type="checkbox"/>
3.9 Fluids under Pressure	<input type="checkbox"/>	8.4 Environmentally sensitive areas	<input type="checkbox"/>
3.10 Gases under Pressure	<input type="checkbox"/>	8.5 Water levels high/low	<input type="checkbox"/>
3.11 High Temperatures	<input type="checkbox"/>	8.6 Water flows high/low	<input type="checkbox"/>
3.12 Steam	<input type="checkbox"/>	9. Emergency Procedures	
4. Personal		9.1 Fire Fighting	<input type="checkbox"/>
4.1 Materials Handling	<input type="checkbox"/>	9.2 Evacuation	<input type="checkbox"/>
4.2 Slips/Trips/Falls	<input type="checkbox"/>	9.3 Rescue	<input type="checkbox"/>
4.3 Repetitive Movements	<input type="checkbox"/>	9.4 First Aid	<input type="checkbox"/>
4.4 Lift and Twist	<input type="checkbox"/>	9.5 Transportation to Hospital/ Medical Centre	<input type="checkbox"/>
4.5 Heat/Exhaustion	<input type="checkbox"/>	10. Work Practices	
4.6 Cold/Hypothermia	<input type="checkbox"/>	10.1 Housekeeping	<input type="checkbox"/>
5. Chemicals		10.2 Waste Disposal	<input type="checkbox"/>
5.1 Toxic/Poisons	<input type="checkbox"/>	10.3 Storage	<input type="checkbox"/>
5.2 Solvents	<input type="checkbox"/>		
5.3 Corrosives	<input type="checkbox"/>		
5.4 Generation of Dusts, Fumes, Vapours etc	<input type="checkbox"/>		
5.5 Material Safety Data Sheets	<input type="checkbox"/>		
5.6 Hazardous Substance Storage	<input type="checkbox"/>		