

CONTRACTOR HSE CHECKLIST

Please respond to the following questions.

Relevant documentation in support of your responses should be attached.

Company Name:	
Type of Services Offered:	
Address / Tel / Fax / Email	
Contact person Name/ Position/ Tel/ Email	

1.0 POLICY STATEMENT		YES	NO	N/A
1.1	Do you have a written statement of your HSE policy? (Please provide a copy if "Yes")			
1.2	Is the HSE policy communicated to all your personnel?			
1.3	Do you enforce all aspects of your policy on all sub-contractors?			
1.4	Do you agree that all sub-contractors will adhere to our Company policy?			
2.0 HSE MANAGEMENT MANUAL		YES	NO	N/A
2.1	Does your Company have an HSE Management System?			
2.2	Does your Company have an HSE Manual or Program?			
2.3	Do all your sub-contractors have an HSE Management System or HSE Program, or do they use your HSE Systems and/or programs?			
3.0 RISK MANAGEMENT		YES	NO	N/A
3.1	Do you have a method/process to identify risks to personnel, the environment or assets to mitigate or avoid these risks?			
3.2	Does your company use a behavior based safety observation system?			
4.0 BASIC SAFETY RULES		YES	NO	N/A
4.1	Do you communicate work practices, safety instructions and emergency response procedures to your personnel?			
4.2	Is the HSE Management System Manual or Program and emergency response plan available to all your personnel?			
4.3	Do you have a safety awareness program for your employee's?			
5.0 EMERGENCY RESPONSE PLAN		YES	NO	N/A
5.1	Does your Company have an emergency Response plan or Program?			
5.2	Are your managers trained and experienced in the use of ERP?			
6.0 INCIDENT INVESTIGATION & REPORTING		YES	NO	N/A
6.1	Does your company have an incident/accident reporting program for incidents that occur to company personnel or property?			
6.2	Do incidents and near misses get reported to your Company's management?			

6.3	Do you have a procedure for the investigation, reporting and follow-up of accidents, dangerous occurrences or occupational illness?			
6.4	Do you communicate the results of accident investigations to your personnel?			
6.5	Provide details of your annual safety record for the previous three years for all recordable incidents (including motor vehicle accidents, fatalities, lost time injuries, medical treatment cases, first aid cases)			
7.0 EMPLOYEE HSE ORIENTATION PROGRAM		YES	NO	N/A
7.1	Do you have a HSE orientation program?			
7.2	Does your company conduct HSE orientation's of you sub-contractor's personnel?			
8.0 MEETING PROGRAM		YES	NO	N/A
8.1	Do you hold regular in-house HSE meetings?			
8.2	Do you have an established system for communicating with personnel on HSE matters?			
9.0 TRAINING PROGRAM		YES	NO	N/A
9.2	Have your personnel who will undertake the work for the Company received formal training in safe working practices and in the use of protective equipment relating to the potential hazards of that work?			
9.3	Do you have a competency training scheme for your employees and subcontractors?			
9.4	Does your Company conduct driver training for employees who drive company vehicles?			
10.0 OCCUPATIONAL HEALTH		YES	NO	N/A
10.1	Does your company perform any employee pre-employment medical evaluations?			
10.2	Does your Company perform any employee pre-employment Drug Testing?			
10.3	Does your company have an Employee Health Insurance Program?			
11.0 QUALITY SYSTEMS		YES	NO	N/A
11.1	Does your Company have a quality management system (QMS) or program in place for company goods or materials?			
11.2	Does the QMS meet ISO 9001 Requirements?			
11.3	Is your Company ISO 9001 certified or registered?			
12.INSPECTION/AUDIT PROGRAM		YES	NO	N/A
12.1	Does your Company have a planned inspection or audit Program?			
12.2	Has your Company conducted an audit of its HSE Program in the last 3 years?			
13.0 PROGESSIONAL SAFETY SUPPORT		YES	NO	N/A
13.1	Does your Company have dedicated office and/ or field HSE supervisors?			