

**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

**Introduction:**

The purpose of this questionnaire is to provide an overview of the status of the respondent's WHS management system. This is a mandatory requirement of the tender evaluation process.

Respondents may be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters.

By submitting the questionnaire, the respondent confirms, all details are true and correct.

**Instructions:**

Complete all sections and ensure copies of relevant documents are attached as required.

**Respondents Details:**

<b>Company Name:</b>	
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**Part A: MRC WHS Requirements**

**1. MRC WHS Guidelines for Consultants and Contractors**

The minimum work health and safety (WHS) requirements for undertaking work on behalf of Mackay Regional Council (MRC) are detailed in *GUI-10.011 MRC WHS Guidelines for Consultants and Contractors*.

**2. WHS Induction**

MRC requires that all workers must complete the MRC online WHS contractor induction, prior to commencing work. MECC performers, Principal Contractor sites and MRC contractor operated facilities (eg waste facility, swimming pool) are not required to complete this induction.

2.1	Does your company maintain a system that monitors the currency of workers (including sub-contractors) who have completed the MRC online WHS induction requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**3. Alcohol and other Drugs**

MRC requires that all consultants and contractors must, as a minimum, comply with the MRC *POL-64.011 Alcohol and other Drugs Policy*.  
This policy includes conducting pre-employment, random, suspicion, and post-incident testing. MRC may undertake random and suspicion testing on an MRC site where consultants and contractors are working; and consultants and contractors will be included in this testing.

	Does your company undertake the following tests?	
3.1	Pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Random?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Suspicion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post-incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part B: WHS Performance**

**4. Regulator Notices**

4.1	In the last three years, has your company or any of its employees or officers been issued any of the following by WHS Queensland or the Electrical Safety Office: <ul style="list-style-type: none"> <li>• Improvement Notice;</li> <li>• Prohibition Notice;</li> <li>• Infringement Notice;</li> <li>• Suspension or cancellation of a licence or accreditation?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

	<i>If YES, please provide notice type, number and details:</i>	
4.2	In the last three years, has your company or any of its employees or officers been prosecuted by, or entered into an Enforceable Undertaking agreement with, WHS Queensland or the Electrical Safety Office, or have any proceedings underway or pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If YES, please provide details:</i>	

5. WHS Incident Records					
5.1	Please detail your company incident records for the last three years. If your company doesn't maintain frequency rates, please provide total number of lost time injuries, recordable injuries, and workers for the last three years.				
	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Lost time injury frequency rate (LTIFR)</th> <th style="width: 50%;">Total recordable injury frequency rate (TRIFR)</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Lost time injury frequency rate (LTIFR)	Total recordable injury frequency rate (TRIFR)		
Lost time injury frequency rate (LTIFR)	Total recordable injury frequency rate (TRIFR)				

<b>Part C: WHS Management</b>
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6. WHS Management System		
6.1	<p>Does your company have a current third party certified WHS management system? <i>If NO, go to Q 6.4, and then continue to complete the form.</i> <i>If yes, please attach a copy of your certificate, complete Qs 6.2 &amp; 6.3, and then go to Part D.</i></p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
6.2	License number: _____	
	Expiry: _____	
	Issuing body: _____	
6.3	Do you have the following evidences of compliance? <i>Respondents may be required to provide copies to MRC if requested.</i>	
	WHS Policy, signed by Senior Management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Most recent third party audit report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Most recent surveillance (internal) audit report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	<p>Does your company have a WHS Policy, signed by Senior Management? <i>If yes, please attach a copy.</i></p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
6.5	<p>Does your company have a WHS management system? <i>If yes, please attach a copy of the contents page.</i></p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
6.6	<p>Does your company have an organisational chart which identifies key health and safety roles and responsibilities, with names of incumbents? <i>If yes, please attach a copy.</i></p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

6.7	<p>How does your company:</p> <ul style="list-style-type: none"> <li>• Keep up to date with changes in WHS legislative requirements (including codes of practice), Australian Standards and industry specific requirements;</li> <li>• Ensure all changes are incorporated in the work procedures and practices?</li> </ul> <p><i>Please provide &amp; / or attach details:</i></p>	
6.8	<p>Does your company have procedures for the review of the WHS management system and associated documents, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness?</p> <p><i>If YES, please provide &amp; / or attach details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. WHS Consultation and Communication</b>		
7.1	<p>Are workers involved in decision making on WHS matters (eg Health and Safety Representatives, Health and Safety Committees)?</p> <p><i>If YES, please provide &amp; / or attach details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	<p>Does your company have methods for addressing and communicating the following?</p> <p><i>If YES, please check the relevant box(es):</i></p>	
	Identification of major contract hazards and control of the associated risks.	<input type="checkbox"/>
	WHS information shared with all workers, such as site safety rules, toolbox meetings and reporting requirements.	<input type="checkbox"/>
	Site inductions for all workers and other persons.	<input type="checkbox"/>
	Incident management (eg response, investigation, reporting and closeout).	<input type="checkbox"/>
Communication and updating of Safe Work Method Statement (SWMS) and safety management plan (if required) to all workers during the course of the work.	<input type="checkbox"/>	
<b>8. WHS Training and Supervision</b>		
8.1	<p>Describe how your company provides workers with suitable information, instruction, training and supervision which is specific to the work undertaken and which addresses the WHS hazards and risks that will or may be encountered.</p> <p><i>Please provide &amp; / or attach details:</i></p>	
8.2	Does your company maintain a record for your workers covering WHS training and induction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

8.3	<p>Does your company assess the competency of workers? <i>If YES, please provide details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Subcontractor Management**

9.1	<p>Will your company engage subcontractors when work is undertaken on behalf of MRC? <i>If NO, go to Q 10.1</i> <i>If yes, please complete Qs 9.2 &amp; 9.3</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9.2	<p>Does your company have procedures to assess and control the WHS risks arising from the engagement of subcontractors? <i>Please provide &amp; / or attach details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9.3	<p>Describe how your company provides subcontractors with information on your company's and MRC WHS requirements. <i>Please provide &amp; / attach brief supporting details of how requirements will be communicated to subcontractors, as relevant:</i></p>	
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**10. Emergency Planning**

10.1	<p>Does your company have procedures to prepare for and respond to potential emergency situations, arising out of the workplace or work activities being undertaken? <i>Please provide &amp; / or attach details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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10.2	Do you workers have access to trained and currently certified First Aiders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**11. WHS Incident Management**

11.1	<p>Does your company have procedures for WHS incident management (including reporting and investigation) in accordance with MRC guidelines? <i>If YES, please provide a copy of an incident report form.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Part D: WHS Risk Management**

**12. Safe Work Method Statements (SWMS)**

12.1	<p>If your company is performing high-risk construction work, has / will your company develop SWMS for work to be undertaken on behalf of MRC?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

12.2	Does your SWMS contain all elements identified in <i>FRM-10.250 Safe Work Method Statement - Review of</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12.3	Does your company have a process to ensure all relevant workers at the workplace are inducted and following the requirements of applicable SWMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>13. Risk Management Tools</b>		
13.1	Has / will your company develop appropriate risk management tools (eg risk assessment, job safety analysis (JSA), standard operating procedure (SOP), safe work instruction (SWI) relevant to the work to be undertaken on behalf of MRC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.2	Risk management tools must contain all elements identified in <i>FRM-10.274 Risk Management Tool – Review of</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.3	Does your company have a process to ensure all relevant workers at the workplace are inducted and following the requirements of applicable risk management tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.4	Has your company implemented a permit to work system for relevant work (eg confined spaces, hot work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.5	Has your company implemented pre-start inspections for relevant vehicles, and mobile plant and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Hazard Management</b>		
14.1	Does your company have a procedure for the identification and reporting of WHS hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. WHS Management Plan</b>		
15.1	If your company is appointed as a Principal Contractor for a construction project, has / will your company prepare a site-specific WHS Management Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15.2	Does your WHS Management Plan contain all elements identified in <i>FRM-10.249 Review of WHS Management Plan for Principal</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>16. Workplace Inspections</b>		
16.1	Does your company undertake regular documented WHS inspections of the workplace and the work activities being undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part E: Operational Risk**

**17. Personal Protective Equipment (PPE)**

17.1	I have read, understood and will implement the minimum MRC PPE requirements, as detailed in <i>GUI-10.011 MRC WHS Guidelines for Consultants and Contractors</i> , when undertaking work at an MRC workplace.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**18. Licences**

18.1	Will your company be undertaking work on behalf of MRC that requires any of the following licences? <i>If NO, go to Q 19.1</i> <i>If YES, please check the relevant box(es):</i>	
	Asbestos removal class A.	<input type="checkbox"/>
	Asbestos removal class B.	<input type="checkbox"/>
	Demolition.	<input type="checkbox"/>
	Electrical.	<input type="checkbox"/>
	Other ( <i>please specify</i> ):	<input type="checkbox"/>
18.2	Does your company maintain a record of licences for these activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**19. High Risk Work Licences**

**CONTRACTOR**  
**WHS QUESTIONNAIRE FOR**

19.1	Will your company be undertaking work on behalf of MRC that requires an individual to have a current high risk work licence? <i>If NO, go to Declaration and Submission</i> <i>If YES, please check the relevant box(es):</i>	
	Scaffolding.	<input type="checkbox"/>
	Dogging.	<input type="checkbox"/>
	Rigging.	<input type="checkbox"/>
	Crane operation.	<input type="checkbox"/>
	Materials hoists.	<input type="checkbox"/>
	Boom-type elevating work platforms.	<input type="checkbox"/>
	Forklift truck.	<input type="checkbox"/>
19.2	Does your company maintain a record of licences for these activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**20. Heavy Vehicle (Chain of Responsibility) Operation**

20.1	Will your company be operating heavy vehicle(s) when work is undertaken on behalf of MRC? <i>If NO, go to Declaration and Submission</i> <i>If yes, please complete Q 20.2</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.2	Does your company have processes for managing the risks associated with the operation of heavy vehicles and chain of responsibility requirements, in relation to? <ul style="list-style-type: none"> <li>• Load restraint;</li> <li>• Mass;</li> <li>• Dimension;</li> <li>• Fatigue;</li> <li>• Speeding;</li> <li>• Vehicle standards (including maintenance)?</li> </ul> <i>Please provide &amp; / or attach details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration and Submission**

I have read, understood and will implement processes to ensure the content and requirements of GUI-10.011 MRC WHS Guidelines for Consultants and Contractors are adhered to.	<input type="checkbox"/>
<b>Name:</b> _____	<b>Date:</b> _____