



## Contractor Questionnaire

## CONTRACTOR QUESTIONNAIRE (Compliance to SHE Specification)

1.	<b>POLICY, ORGANISATION AND MANAGEMENT INVOLVEMENT</b>	<b>YES</b>	<b>NO</b>	
1.1	Does your company have a SHEQ Policy?			
1.2	Has a copy of SHEQ Policy signed by the Chief Executive Officer / Managing Director?			
1.3	Does the company have company organogram?			
1.4	Does your company have SHE Management Plan?			
1.5	Does the company have OHS Act 16.1 Legal Appointees?			
1.6	Is your company registered with the Compensation Commissioner (COID Act) or licenses compensation insurer?			
1.7	Will your company conduct periodic SHE inspections and Regular Health and Safety meetings with personnel?			
1.8	Does the company comply with the relevant legal appointees required for this project i.e. SHE Representatives, Incident Investigator, First Aiders, Risk Assessors, etc.?			
2.	<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	
3.1	Will your employees be trained based on risks/hazards that has been identified?			
3.2	Will training be provided to employees at the following stages?			
	<ul style="list-style-type: none"> <li>▪ When joining the company</li> </ul>			
	<ul style="list-style-type: none"> <li>▪ When changing jobs within the company</li> </ul>			
	<ul style="list-style-type: none"> <li>▪ When new plant or equipment needs to be operated</li> </ul>			
	<ul style="list-style-type: none"> <li>▪ As a result of experience of and feedback from an accident/incident reports</li> </ul>			
3.3	Will you be able to Provide proof of specialist training records that might be required for the project?			
3.4	Will all employees (including sub-contractors) be instructed as to the application of rules and regulations within your organization?			
3.5	Will you train employees on the selection, use and care of personal protective equipment?			
4.	<b>PURCHASE OF GOODS, MATERIALS AND SERVICES</b>	<b>YES</b>	<b>NO</b>	
4.1	Will you carry out plant and equipment inspections prior to work commencing to ensure the hazards are identified?			
4.2	Will you evaluate the competence of all sub-contractors if required?			
5.	<b>INSPECTIONS</b>	<b>YES</b>	<b>NO</b>	
5.1	Will periodic work inspections be carried out by first line supervisors?			
5.2	Will unsafe acts and conditions reported and remedial actions formally monitored?			
6.	<b>RULES AND REGULATIONS</b>	<b>YES</b>	<b>NO</b>	
6.1	Will your company agree to sign Section 37.2 agreement with Transnet before the commence of work?			
6.2	Will your company sign section 37.2 agreement with subcontractors if needed/required during the contract?			



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6.3	Will your company provide legal permits if required by work (as applicable)? e.g. Hot work Permit, Cold work permit etc.					
6.4	Will your company be able to provide copy of notification for construction work to Department of labour or any other notification that may be required by legislation?					
<b>7.</b>	<b>RISK MANAGEMENT</b>	<b>YES</b>	<b>NO</b>			
7.1	Will you perform assessment of the risks involved in the execution of contract work and document them on a Risk Assessment Register?					
7.2	Do you have safe work procedure for all high risk/hazards identified?					
7.3	Will employees be trained on Safe Work Procedures?					
7.4	Do you have a copy of the PPE needs analysis done and issue records kept?					
<b>8.</b>	<b>BUSINESS CONTINUITY AND EMERGENCY ARRANGEMENTS</b>	<b>YES</b>	<b>NO</b>			
8.1	Do you have an emergency plan AND business continuity plan in place?					
8.2	Are provision made for Trained First Aiders and fire fighters?					
8.3	Will employees be trained on the emergency plan/procedure and business continuity plan?					
<b>9.</b>	<b>FALL PROTECTION</b>	<b>YES</b>	<b>NO</b>			
9.1	If required to work at heights, are you able to demonstrate that work at heights undertaken under competent supervision, carried out by employees who are trained and medically fit?					
9.2	If required to work at heights will your fall protection plan include rescue plan, risk assessment, inspection, testing and maintenance of fall protection equipment?					
<b>10.</b>	<b>PROJECT SECURITY</b>	<b>YES</b>	<b>NO</b>			
10.1	Will the security assessment for the site be done?					
10.2	Will measures be put in place to ensure security of the project personnel and equipment?					
<b>11.</b>	<b>RECRUITMENT OF PERSONNEL</b>	<b>YES</b>	<b>NO</b>			
11.1	Are medical examinations carried prior to employment, in all cases?					
11.2	Are exit medicals conducted on staff once they have resigned?					
11.3	Is the substance abuse policy and testing procedure in place?					
<b>12.</b>	<b>REPORTING AND INVESTIGATION OF ACCIDENTS, INCIDENTS AND DANGEROUS CONDITIONS</b>	<b>YES</b>	<b>NO</b>			
12.1	Do you have a procedure for reporting, investigating and recording accidents and incidents?					
12.2	Is there a standard report/investigation form used?					
12.3	Do you have all forms required to report an incident to compensation and department of labour?					
		<b>YEAR-1</b>	<b>YEAR-2</b>	<b>YEAR-3</b>	<b>YEAR-4</b>	<b>YEAR-5</b>
	<b>Provide number of Lost time accidents reported</b>					
	<b>Major/Reportable injuries to DoL in the past</b>					
	<b>Number of dangerous occurrences reported in past?</b>					
	<b>Lost man due to accidents (Number of Fatalities)</b>					
<b>13.</b>	<b>COMMUNICATION AND CONSULTATION</b>	<b>YES</b>	<b>NO</b>			
13.1	Are daily talks meetings conducted to discuss hazards on site, incident recall, performance?					
<b>14.</b>	<b>COSTS</b>	<b>YES</b>	<b>NO</b>			



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14.1	Will the Contractor make provision for the cost for SHERQ requirements for the project?			
<b>15</b>	<b>Documents to be attached/Provide with the Questionnaire</b>			
15.1	Please provide / Attach a copy of Letter of Good Standing that expires on the current year or the following year.			
15.2	Provide Qualification of Safety Officer (Minimum Qualification Semtrac Certificate)			
<b>Name of Company Managing Director/Designated Contractor:</b>				
<b>Signature of Company Managing Director/Designated Contractor:</b>				
<b>Date of Documentation:</b>				
<b>Any additional Comments:</b>				
<b>Signature of Transnet Contract Manager/Designated Transnet Person &amp; Date of Endorsement of Documentation:</b>				