

HSEQ PRE-QUALIFICATION QUESTIONNAIRE

This Questionnaire is designed to demonstrate if the Contractor has an effective Health, Safety, Environment & Quality (HSEQ) management system appropriate to its activities and has the ability to monitor HSEQ performance.

Please complete this form and return to **(Insert your business name)** contact person.

Contract Number:			
Contractors Name:			
Contact Name:		Contact No:	
Contact E-mail:			

Question	Tick For Yes			
1. Does the company have a HSEQ Policy in place?	<input type="checkbox"/>			
2. Does the company have a HSEQ Management System?	<input type="checkbox"/>			
3. Has an external party certified the Environment and/or Health and Safety Management System?	<input type="checkbox"/>			
3.a If so, who certified it?				
3.b If so, when was it certified?				
4. Does the company have HSEQ performance indicators?	<input type="checkbox"/>			
4.a LTIFR target:				
4.b MTIFR target:				
4.c FAIFR target:				
4.d Environmental Incidents:				
4.e Other (Please Specify):				
5. What is the company's safety & environmental incident statistics for the last 5 years?				
Prior Years 1-5	Lost Time Injury	Medical Treatment Injury	First Aid Injury	Environmental Incidents
Last full reportable year + 4 priors	Work related injury that results in the injured being absent from work	Work related injury that required medical treatment	Work related injury that is managed by first aid treatment only	
(Insert year)				
(Insert year)				
(Insert year)				

Document Title: Contractor HSEQ Prequalification Checklist			Authorised by:	
Document #:	Version #:1	This is a <input checked="" type="checkbox"/> controlled <input type="checkbox"/> uncontrolled copy	Issue Date:	Revision Date: