

Town of Claremont WHS QUESTIONNAIRE

| | Question | Current Year | Current Year Minus 1 Year | Current Year Minus 2 Years |
|--------------------|---|--------------|------------------------------|-------------------------------------|
| | What is the total number of employee hours worked per annum? | | | |
| | Total number of *Personnel (as defined in the Contract) at your company? | | | |
| | Number of work-related fatalities? | | | |
| ETRICS | Number of injuries resulting in a medical treatment injury or an injury that caused Personnel to miss more than one day away from work? | | | |
| BACKGROUND METRICS | Number of Worksafe Notifiable injuries in the past 5 years? | | | |

| | Question | Response | Details Details / References to attachments / example documents / WHS Performance References, recent audits or accreditations (as required) | |
|----|--|----------|--|--|
| 1. | Has your business been WHS compliant for the last 36 months? If no, please summarise if your organisation and Personnel have received any regulatory citations (Pins, like a Prohibition Notice or Improvement Notice) and have been involved in any regulatory investigations or court litigation related to WHS or Environmental damage, spills or unauthorised discharges in the last 36 months? | | | |
| 2. | Does your organization have a director / officer responsible for WHS? If so please list their details and role in relation to this contract. | | | |
| 3. | Do you have a WHS plan? Please supply a copy with associated documentation. | | | |
| | If you have attached an approved WHS Plan, please proceed to question 14 | | | |
| 4. | Have you identified key WHS risks that may exist in your business and what are they (please list and summarize) as relevant to the work that you wish to tender to perform for the Town of Claremont? | | | |
| 5. | Do you have a process with which to assess risks and put in place appropriate controls that follow the Worksafe WA Hierarchy of Controls? Please list and summarize those processes | | | |

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|-----|--|----------|--|
| 6. | Do you have a Fitness for Work monitoring policy and program? e.g., Drug and alcohol screening | | |
| 7. | Do you evaluate the ability of subcontractors to comply with applicable WHS requirements as part of your selection process? If yes, please list and summarize | | |
| 8. | Do you have a documented process to identify work-related physical, environmental, or procedural hazards? (i.e. hazard inspection checklists, hazard reporting process or consultation method for Personnel to report hazards?) | | |
| 9. | Do you have a process to ensure that hazards are addressed in a timely manner? Please list and summarize your processes? | | |
| 10. | Do you have in place Safe Work Method Statements (SMWS) specific for your work / expertise? | | |
| 11. | Do you have a behaviour-based safety process in place? (e.g. Safe / unsafe observations checklists, Safe Start checks or similar) | | |

| | Question | Response | Details |
|-----|--|----------|---|
| | | | Details / References to attachments / example documents / WHS Performance References, recent audits or accreditations (as required) |
| 12. | Do you have a written process to report, investigate, record, and close out incidents, hazards and near misses? If yes, please summarize | | |
| 13. | Do you have an emergency response plan and procedure so that, should any emergency event occur on site that you are reasonably able to respond with a timely response (i.e. lists of nearest hospitals / medical providers, dealing with a serious incident like a collapse or plant roll-over.? | | |
| 14. | Do all your Personnel where required by regulatory or industry standards have the required qualifications? (Refer to above training related question. This may include Basic Worksite Traffic Management, EWP, Working at Heights, Load shifting tickets, earth moving equipment tickets, Worksafe Construction Safety (White card) etc. | | |
| 15. | If you work on a Road Reserve for the Town, you are required to ensure that Personnel are trained and hold a proper Basic Worksite Traffic Management ticket, Traffic Controller ticket etc In all instances a Traffic Guidance Scheme or plan is required to be available. | | |
| | Have you ever had to complete a Traffic Management Plan prior, have you ever engaged Traffic Management providers in the past? | | |
| | Are your Personnel trained? Do you have a traffic management plan? | | |
| 16. | Do you have trade / qualification training register that tracks licence/ ticket expiry dates? Please provide a copy | | |

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|-----|--|----------|--|
| 17. | Do you maintain operating equipment to demonstrate that the plant is maintained as fit for purpose (i.e. maintenance and servicing records) in compliance with regulatory requirements and / or plant manufacturer specification including certification, calibration, maintenance system, etc.? | | |
| 18. | Do you issue Personal Protective Equipment (PPE) to Personnel? How do you ensure that all Personnel have the appropriate PPE and that it is fit for purpose before commencing work on site? | | |
| 19. | Do you control unauthorized access to site and how will you ensure that the worksite is not accessed by unauthorized personnel? | | |
| 20. | How do you manage potential risks to the public arising from your work? | | |
| 21. | How do you ensure that the site is maintained with good house-keeping standards? | | |
| 22. | Do you have a Covid – 19 Management Plan and if yes please summarize how you would manage a Covid- 19 outbreak or high caseload on your site. | | |
| 23. | Do you consult with your Personnel on WHS matters? If yes please list how i.e. toolbox meeting, WHS committee meetings staff meetings | | |

Declaration

| I declare that this report is true and accurate and that I am *author | ised to provide this information on behalf of |
|--|---|
| I understand that the Town of Claremont is relying on the informati information or provide false information may result in legal action by | · |
| · | |
| Signed: | |
| Name: | |
| Position / Authority: | |
| Date: | |