

Vendor Prequalification Questionnaire

FRM - Form



Critical Risk Products and Business Continuity	Yes	No	N/A
Will your Company be supplying products to SRG? If no, continue to Section C.			
Do you manufacture your own products for supply?			
Does your Company have an Inspection and Testing (Quality Management) System? If yes, provide more information below:			
Would a sudden and unexpected loss of a vendor or supplier cause a material disruption to your company?			
Would the time to recover from a disruption be greater than one business day or 24 hours?			
Please describe your recovery strategy to ensure the continued delivery of any products or goods:			
Please describe how your Company manages interruptions to the delivery of products or goods from your vendors (missed delivery dates and locations):			
Do you undertake tests of your continuity plans? If yes, please describe the frequency and learnings process:			

Critical Risk Activity	Yes	No	N/A
Will you be carrying out any of the following activities? If no, continue to Section D.			
Risk of a person falling more than 2 metres			
Work on a telecommunication tower			
Demolition of load-bearing structure			
Likely to involve disturbing asbestos			
Temporary load-bearing support for structural alterations or repairs, temporary works			
Work in or near a confined space			
Work in or near a shaft or trench deeper than 1.5 m or a tunnel, or the potential for slope failure			
Use of explosives or the release of energy			
Work on or near pressurised gas mains or piping			
Work on or near chemical, fuel or refrigerant lines			
Work on or near energised electrical installations or services			
Work in an area that may have a contaminated or flammable atmosphere			
Tilt-up or precast concrete elements,			
Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians			
Work in an area with movement of powered mobile plant, driving and road transport			
Working with cranes and lifting equipment			
Work in areas with artificial extremes of temperature			
Work in or near water or other liquid that involves a risk of drowning			
Diving work			
If you are involved in any of the above you are required to provide either a Management Plan, Safe Work Method Statement or similar to explain how you will manage the risks involved.			

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Management Systems	Yes	No	N/A
Does your Company have a certified Quality Management System? If yes, please provide a copy of your policy, certification certificate and management plan			
If no, will you agree to work under SRG's Quality Management System?			
Does your Company have a certified Environmental Management System? If yes, please provide a copy of your policy, certification certificate and management plan			
If no, will you agree to work under SRG's Environmental Management System?			
Does your Company have a certified Safety Management System? If yes, please provide a copy of your policy, certification certificate and management plan			
If no, will you agree to work under SRG's Safety Management System?			
Has your Company ever received any regulatory warnings from Work Safe or similar in the last three years? If yes, please provide full details including incident details, Company response/improvements made to prevent reoccurrence, any penalties imposed or status if in progress.			
Has your Company ever received any regulatory warnings from the Environmental Protection Agency or similar in the last three years? If yes, please provide full details including incident details, company response/improvements made to prevent reoccurrence, any penalties imposed or current status if in progress.			
Are you required to be accredited under any Australian legislation? If yes, provide more information below:			

Health, Safety and Environment Statistics	Year:	Year:	Year:
Provide the following statistics for the last 3 years:			
Number of work-related deaths			
Number of LTIs			
LTIFR per 1,000,000 hrs			
Number of Medical Treatment Injuries			
Total Recordable Injury Frequency Rate (Fatal+LTIs+MTIs) per 1,000,000 hrs			
Number of Environmental Incidents			

Legislation	Yes	No	N/A
Are you excluded from tendering on Government funded building and construction work under any applicable government "codes of practice" (for building and construction work e.g., the Australian Building Code)?			
Do you comply with applicable government codes of practice for procurement (for building and construction work) and associated implementation guidelines (in Australia the Fair Work Act, Building Code)?			
Please provide the details of the Modern Award or Enterprise Agreement that you will be using, including the name of the instrument, if other, provide details:			
Do you have a grievance/ dispute settlement procedure? If yes, please provide a copy			
Do you have a right of entry procedure?			
In the last three (3) years have you lost time due to industrial action? (if yes, please attach a page outlining the reasons for the industrial action and the steps you have taken to address any issues)			

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Rope Access	Yes	No	N/A
Will your Company be undertaking rope access works? If no, proceed to Section J.			
Is your company a certified member of IRATA? If yes, list your member numbers: Members number:			
If you are not an IRATA member, please provide a copy of your Company's Rope Access Management Plan (which shall incorporate risk management process, operational requirements and emergency response).			
Do all your employees hold IRATA certification? If no, please provide a summary of each employee detailing their experience and level of training (including total rope hours):			
Is your Company prepared to utilise SRG equipment for any project activities?			
Will your Company be providing rope access equipment?			
As per the IRATA Code of Practice, all SRG rope access equipment is subject to a detailed, documented inspection every 6 months. Do you have an effective routine maintenance and service of equipment process? If yes, please provide a copy of your documented process			

Plant and Equipment Operations	Yes	No	N/A
Do you train operators in the use of equipment?			
Do you have a Fatigue Management policy in place complete with monitoring program?			
Do you consult the local authority and assess suitable routes in regards the source, destination, load size?			
Do you develop and submit a travel plan for loads where required by local legislation?			
Do you use designated heavy load routes where possible?			
Do you carry out driver health assessments?			
Do you measure your Company's compliance to Chain of Responsibility & Work Health and Safety?			
Do you track corrective actions related to non-conformances?			
Do you have a speeding policy? If yes, is it effectively monitored			
Do you have a Safe Driving Plan or similar inclusive of remote area activities?			

Plant and Equipment Maintenance	Yes	No	N/A
Is there a plant and equipment register in place to manage the servicing and maintenance of plant and equipment?			
Are there procedures in place for maintaining plant, equipment and vehicles in a safe condition?			
Can certificates of registration be provided for any plant that must be registered e.g., cranes?			
Is plant and equipment used on site(s) inspected prior to transport to site?			

Training and Supervision	Yes	No	N/A
Is formal safety training provided to employees? If yes, attach supporting information.			
Does your Company have an induction/orientation program for new employees?			
Does your Company have an Employee Representatives/H&S Representatives?			
Are all employees fully trained and/or supervised to carry out their duties?			

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Hazard Management	Yes	No	N/A
Do you have a Hazard Management System (HMS) to identify, record, assess and manage significant hazards?			
Are your employees trained in your hazard identification and management procedures?			
Does any of your activities involve the use of hazardous substances or materials? If yes, please provide a List of Hazardous Substances and up to date SDS for each substance or material.			

Accident Reporting and Investigation	Yes	No	N/A
Do you have an Accident Reporting and Investigation process?			
Are employees encouraged to report all accidents and incidents (including near miss/hit incidents)?			

Personal Protective Equipment	Yes	No	N/A
Do you provide personal protective equipment (PPE) for all employees (where required for their task)?			
Are all employees trained in the use of PPE?			
Do you educate your employees on their responsibilities for the use of PPE in their tasks?			

Drugs and Alcohol	Yes	No	N/A
Does your Company have a drug and alcohol policy?			
Do you undertake pre-employment drug/alcohol testing?			
Would you consent to including all your staff in TBS' D&A testing program while working for us on a site?			

Applicant Checklist of documents to be provided	Yes	No	N/A
Copy of Certified Management System			
Copy of Modern Award or Enterprise Agreement			
Copy of grievance/ dispute settlement procedure?			
Copy of Licenses/Training/Induction Cards			
Copy of Verification of Competencies			
List of Hazardous Substances			
SWMS or similar (one example of)			
Risk Assessment for Machinery/equipment			

Applicant Sign off			
Name:	Position:	Signature:	Date

By signing this application you are declaring that all the information provided is true and correct