



**SUBCONTRACTOR
PREQUALIFICATION
QUESTIONNAIRE
FORM**

Date of Issue:	Feb 6 2012
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2. LEADERSHIP AND COMMITMENT

2.1	Does your company have a health and safety policy signed and endorsed by the highest level of leadership within your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.2	Is safety performance reviewed regularly by senior leadership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.3	Does your leadership on site have additional safety leadership training – e.g. LSE (Leadership for safety Excellence)	
2.4	Do managers/executives visit the worksites? If so, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.5	Do managers/executives review incident report findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:		

3. HEALTH AND SAFETY ROLES AND RESPONSIBILITY

3.1	Does your company have clearly defined HSE responsibilities for manager, supervisors and workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.2	Does your company provide HSE, technical and/or supervisory training to its supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.3	Is the training documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

4. AUDITS

4.1	Does your company perform self-audits of its HSE programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.2	Does your company audit safety performance on work sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.3	Have you had any external audits performed on your HSE program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Did the program pass the audit? (if "No", please provide explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.4	Have you had any external audits performed on your fleet program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Did the program pass the audit? (if "No", please provide explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.5	Has an action plan been developed to correct deficiencies noted on any of the above mentioned audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:		

5. OPERATIONAL CONTROLS – PROGRAMS AND PROCEDURES

5.1	Does your company have written safety procedures specific to your type of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company have specialized rules/practices in place for the following: (check all that apply)		
Compressed Gas Handling	<input type="checkbox"/>	Power line Clearances <input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	Power Tools <input type="checkbox"/>
Cranes Hoists and Lifting Devices	<input type="checkbox"/>	Powered Mobile Equipment <input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Rigging <input type="checkbox"/>
Fire Protection and Prevention	<input type="checkbox"/>	Rigging/Hoisting/Lifting <input type="checkbox"/>
General Safety Precautions	<input type="checkbox"/>	Scaffolding <input type="checkbox"/>
Ground Disturbance	<input type="checkbox"/>	Working Alone <input type="checkbox"/>