	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	<b>Document No.:</b> HSF-PUR-01
		<b>Revision No.:</b> 00
	<b>FORMS</b>	<b>Effective Date:</b> 20-10-2016
	<b>TITLE: OCCUPATIONAL HEALTH AND SAFETY ASSESSMENT SHEET FOR SUPPLIER/CONTRACTOR</b>	<b>Page</b> 1 <b>of</b> 3

(Mr/Mrs/Miss) .....

..... Ltd.

.....

.....

Dear Mr/Mrs/Miss

### OHS management

PGCB is committed to the preservation of the OHS system through out the organisation and the avoidance of incidents/illness. To improve the control of the OHS of our business we are introducing OHS management system which meets the requirements of OHSAS 18001.

It is important to us that our Suppliers and Sub-contractors whose products, services or activities are likely to impact on the OHS are themselves likewise concerned about the OHS.

We should therefore be pleased if you would kindly complete and return the attached form to us.

If you have any queries or need assistance please contact .....

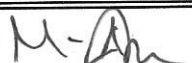
Yours sincerely


(Job title)



Reviewed by (MR):

Approved by (MD):



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## HEALTH & SAFETY MANAGEMENT SUPPLIER/SUBCONTRACTOR QUESTIONNAIRE


**Table I**


Name of Company:	
Address:	
Tel No:	Fax No:
Products or services to which this reply applies:	
Name of the person who has prime responsibility for OHS performance:	
Position:	
Are you registered to OHSAS 18001?	YES/NO

**Table II**

<p>If "yes", state which Standard, and number of the certificate. Please supply a copy showing the scope of your certification.</p>  <p>If OHSAS 18001, please send us a copy of your OHS Policy.</p>  <p><i>Then please turn over to sign the form and return it to us.</i></p>
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Reviewed by (MR):

Approved by (MD): 

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<b>If you are not certified, please answer the following questions:</b>	
<b>Do you have an OHS Management System?</b>	
<b>Do you have an OHS Policy?</b> If "yes", please send us a copy.	YES/NO
<b>Are you currently preparing for OHSAS 18001?</b>	YES/NO
<b>If "yes", when do you expect to be approved?</b>	
<b>If "no":</b>	
<b>Have you defined the OHS Regulations which apply to your organisation</b>	YES/NO
<b>If you are a construction firm, do you comply building code and electrical code (BNBC code)?</b>	YES/NO
<b>Do you measure OHS performance,</b>	YES/NO
<b>Is OHS performance regularly reviewed by senior management</b>	YES/NO
<b>Do your training plans include OHS training,</b>	YES/NO
<b>Please send us a copy of your statement of Hazard Identification &amp; Risk Analysis, if available</b>	ENCLOSED/ NOTAVAILABLE
<b>Please send us a copy of your list of relevant OHS Regulations, if available.</b>	ENCLOSED/ NOTAVAILABLE

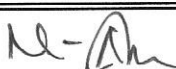
Signed: .....


Position in Company: .....

Date: .....

Please return to:

Reviewed by (MR):

Approved by (MD): 

	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	Document No.: HSF-PUR-02
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### SUPPLIER/CONTRACTOR OCCUPATIONAL HEALTH AND SAFETY ASSESSMENT SHEET

Maximum Risk	5	4	3	2	1	Minimum Risk
Work Permits Required						Permits Not Required
Complex Work						Simple Work
Electricity						No Electricity
Hazardous						Non Hazardous Area
Confined Space						Open Area
Work at Heights						Ground Level Work
Isolation Required						No Energy Can Be Released
Hazardous Substances						No Hazardous Substances
Heat/Sun						Covered Work Area
Gases/Dust/Odour Emissions						No Emissions
Noise						No Noise
Exposure to Machinery						No Machinery Hazards
Complex Traffic Management Required						No Traffic Management Required
Ergonomic Hazards						Satisfactory Ergonomic
Fatigue (Shift Patterns)						Low Fatigue Risk
Driving Long Distance						Minimal Driving
Training Required						Fully Competent
Animal/Insect Exposure						No Animal/Insect Exposure
Add Points Allocated						← Total Points (Add All)
Comments:						
Points Score: <input type="text"/>						
<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>						
Contract OHS Classification                      High                      Medium                      Low						
Guideline: Points Score Boundaries						
Points			Risk Classification			
Above 50			High Risk			
30-50			Medium Risk			
Less than 30			Low Risk			

Prepared by:

Checked by:

Approved by:

Designation:

Date:



Purchase Executive

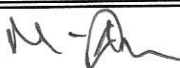
Date:


Managing Director

Date:

Reviewed by (MR):

Approved by (MD):



	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	Document No.: HSF-PUR-03
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	<b>TITLE: SUPPLIER/CONTRACTOR INDUCTION CHECKLIST</b>	Effective Date: 20-10-2016
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## SUPPLIER/CONTRACTOR INDUCTION CHECKLIST

Supplier/Contractor Induction Checklist		Remarks
Contract Name:		
Contract Number:		
Name of Plant:		
Contract .....	Officer:	
1	Suppliers/Contractors introduced to contract action officer?	
2	Suppliers/Contractors provided with a copy of PGCB Integrated Management System (IMS) Policy?	
3	Principles of PGCB OHS Policy explained to suppliers/contractors?	
4	OHS&E responsibilities explained to contractors ?	
5	Site tour completed with suppliers/contractors?	
6	Site hazards discussed with suppliers/contractors?	
7	Site rules explained to suppliers/contractors ?	
8	PGCB safety and environmental standards explained to suppliers/contractors?	
9	SNPL permit to work system explained?	
10	SNPL emergency procedures explained?	
11	Contractors identity card issued?	
12	Copy of contractors risk assessment sighted?	
13	Copy of contractors JSEA process sighted?	
14	Copy of contractors safe work and environmental procedures/plan sighted?	
15	Copy of contractors incident investigation procedure sighted?	
16	Contractors tools and equipment inspected?	
17	Competencies of contractor and employees checked?	
18	MSDS for chemicals used by suppliers/contractors available?	
19	Suppliers/Contractors hazardous materials procedure sighted?	
20	Suppliers/Contractors safety and environmental training / meetings schedule sighted?	
21	Suppliers/Contractors workplace inspection schedule sighted?	
22	Suppliers/Contractors hazard reporting procedure sighted?	
23	Suppliers/Contractors statistical reporting system sighted?	
24	Pollution incident reporting system sighted?	
Required      ✓		Not Required      ✗
Checked by:		DMR OHS:

Reviewed by (MR):

Approved by (MD):

