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| **Instructions** | | | | |
| It is Rosetti Pivot’s (RPL’s) policy that before a business can be engaged or maintained as an Approved Supplier, the following Supplier Evaluation Questionnaire must be completed and nominated documents provided by email to RPL Designated Procurement or Subcontract Administrator.  Please note, notwithstanding the goods and/or services being provided to RPL, all sections of the Supplier Evaluation Questionnaire are to be completed, in accordance with procedure RPL-PRO-HSSE-37. These pre-qualification questions are based on RPL's HSE requirements. They are intended to establish the content and maturity of a proponent’s HSE management system.  For any “Yes” answer provided, Rosetti Pivot requires a documented reference to a policy/procedure/standard and a copy of that supporting documentation which can be referenced as evidence to validate any “Yes” answers. Any “Yes” answers not supported by documentation and appropriate references cannot be evaluated and may result in disqualification. All answers may be subject to further verification efforts by RPL.  Depending on the level of review required for the scope of work the referenced documentation may not need to be submitted along with the questionnaire. In these cases, a Yes answer supported with a document reference will suffice. Any “Yes” answers not supported by the appropriate references cannot be evaluated and may result in disqualification. All answers may be subject to further verification efforts by Rosetti Pivot  The instructions on documentation requirements will be clarified by the RPL Procurement Representative. If there are any questions, please contact the RPL Procurement/ Subcontract Representative.  Specific examples of the types of documentation such as procedures, samples of records etc. are described below each question as a suggested way of satisfying the required supporting evidence.  All submitted documentation must be packaged in such a way as to facilitate the ease of review and evaluation of the contents. This includes specific document page and or section references for each question in the order they are presented i.e. a Procedure to support an answer for question 2 must come after a procedure to support 1  In many cases the same process may support multiple questions, please ensure the page or section reference is clear.  In some cases, a specific documented procedure may not exist to satisfy the question however a process may still exist. In such a case please provide a description of the process as it exists in your organization, these processes however will be subject to further verification as necessary. | | | | |
| **Supplier Type (definition can change based on current subcontract SOW/ services)** | | | | |
| **Definitions** | 1. **Product Supplier** – the provision of a tangible good to RPL. 2. **Professional Services & Consultant** – infrequent, technical, or unique service provided by a professional advisor whose occupation is the rendering of such services (e.g. lawyer, architect, accountant, etc.). 3. **Product & Service Supplier** – the supply, install and in some circumstances on-going maintenance of goods provided to RPL. 4. **Owner/Operator Contracting Arrangement** – an independent contracting arrangement for the provision of plant or machinery with operator on an ad hoc basis. *(Note: applies to Transports Services only)* 5. **Subcontractor** - Generally will be any person other than an RPL’s employee who is undertaking work on an RPL’s site using equipment, tools or plant and / or installing, modifying or operating plant, equipment or machinery. | | | |
| **Signed for and on behalf of the Supplier by:** | | | | |
| Name | |  | Date |  |
| Signed | |  | Position |  |

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| **Health, Safety and Environment- *TO BE COMPLETED BY SUPPLIER/ SUBCONTRACTORS ONLY.*** | | | |
|  |  | **Yes** | **No** |
| 1 | Does your Company have a documented Safety Management System and Safety policy? |  |  |
| 2 | Does your Company have a Safety Induction Process in place? |  |  |
| 3 | Has all of your site staff completed the mandatory Induction?  If *Yes*, please ensure a copy of verifiable attendance sheet is provided to RPL as Evidence |  |  |
| 4 | Does your company ensure that all employees undergo a pre-employment medical to deem they are fit for work? Evidence to be provided |  |  |
| 5 | Are employees trained and involved in processes that identify hazards on the job at the start of each day  or task? Provide Evidence of Training. |  |  |
| 6 | Are Safe Work Method Statements / Job Safety Analyses (JSA) developed and communicated for  all work activities?  If Yes, attach a copy of a JSA / Risk Assessment or Register for the Previous works. |  |  |
| 7 | Are relevant licenses, training and competency assessments to operate plant or equipment or perform  high risk work checked prior to commencement of the work activity?  If *Yes*, please ensure copies are provided to RPL as Evidence. |  |  |
| 8 | Are You using Hazardous Substances to carry out tasks on site?  If *Yes*, please ensure a copy of the relevant Material Date Safety Sheets (MSDS) is provided to the FG site supervisor prior to commencement. |  |  |
| 9 | Are on-going maintenance and inspection of machinery and equipment in place, as per statutory  inspection requirements. Provide Current Evidences of Statutory Inspection for assessment |  |  |
| 10 | Is all electrical equipment proposed for the works tagged and maintained? Show documented evidence/ pictures |  |  |
| 11 | Have you been issued with any prohibition/improvement notices or a safety offence within the last 3  years?  If *Yes*, please provide details |  |  |
| 12 | Do you have a system for the recording of safety performance statistics?  If *Yes*, please complete table below |  |  |

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| Provide the following Safety Statistics for the last three years . | Last Year | Year Before Last | 2 Years Before Last |
| Total Man-hours worked for each period |  |  |  |
| No. of Lost Time Injuries |  |  |  |
| Lost Time Injury Frequency Rate |  |  |  |
| No. of Medical Treatments |  |  |  |
| Medical Treatment Frequency Rate |  |  |  |
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1. **Lost Time Injury Frequency Rate (LTIFR) -** is the rate of all Lost Time Injuries (LTI) for each 1,000,000 hours worked over a 12-month period.

LTIFR = (LTI ‘s) x 1,000,000

No# of hrs. worked

1. **Medical Treatment Injury Frequency Rate (MTIFR) -** is the rate of all Medical Treated Injuries (MTI) (i.e. Any workplace injury that has resulted in the person requiring medical treatment from a practicing GP however does not result in a full working day lost from the injury) for each 1,000,000 hours worked over a 12-month period.

MTIFR = (MTI‘s) x 1,000,000

No# of hrs. worked