



**SUPPLIER/CONTRACTOR HEALTH, SAFETY, ENVIRONMENT AND  
QUALITY (HSEQ) QUESTIONNAIRE**

**INSTRUCTIONS FOR COMPLETING THIS PRE-QUALIFICATION FORM**

- You are required to answer all questions.
- Where appropriate please include copies of documents and records requested.

<b>SCORING KEY</b>					<b>FOR OFFICIAL USE ONLY</b>	
1. No information	2. Meets expectation		3. Above expectation			
	<b>QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS / ANSWERS</b>	<b>SCORE</b>	<b>MAX</b>
1	Do you have a documented Health, Safety and Environment policy or management system? If yes please provide signed policy statement or contents of manual.					<b>3</b>
2	State who is ultimately responsible for HSE matters within your company at the most senior level of management. Please provide their contact details below : Name : Job Position : Phone : Fax : Email Address :					<b>n/a</b>
3	Do your operations employees are trained with a level of HSE? If yes, please state the details of the training.					<b>3</b>
4	Do you have any documented accidents preceding two years? If yes, please state your accident figures.					<b>3</b>

5	What is your company's legal history? Please state whether there are any prosecution or law enforcement against your company.					<b>3</b>
6	Do you have a formal risk assessment process that identifies hazards, risks and ensures the implementation of the associated control measures? If yes please submit a copy.					<b>3</b>
7	Do you regularly communicate Health and Safety matters to all staff? If yes, how often (daily, weekly, fortnightly or monthly).					<b>3</b>
8	Do you have a documented Drugs / Alcohol abuse policy? If yes please provide a signed copy.					<b>3</b>
9	List any citations, notices of prohibitions, or other form regulatory non-compliance.					<b>3</b>
10	Do you conduct inspections on operating equipment e.g. Manlifts, scaffolds, harness, etc. in compliance with the manufacturer and or regulatory recommendation?					<b>3</b>
11	Do you maintain the applicable inspection and maintenance certification records for operating equipment? Please provide copies.					<b>3</b>
12	Is your company ISO 9001 / 14001 and or 18001 certified? If yes please provide certificate. If no, please state your status regarding your intention towards certification.					<b>3</b>
13	Is your company STOW certified? If yes please provide certificate. If no, please state your status regarding your intention towards certification.					<b>3</b>
14	Do you conduct on-site HSE inspections? If yes, please state who conducts the inspections, how often and supply a copy of the inspection form.					<b>3</b>
15	Do you have a "new employee" or "visitor" orientation program (Safety briefings, muster point roll outs, etc.)? If yes, please explain.					<b>3</b>
16	Do you have a safe system of work (SSOW) policy? If yes, please provide a copy.					<b>3</b>
17	Does the SSOW include working at Heights?					<b>3</b>
18	Does the SSOW include confined space work?					<b>3</b>
19	Does the SSOW include Hot Work?					<b>3</b>

20	Do you have a documented Quality Policy and or a Quality Management system? If yes please provide signed policy statement or contents of manual.					<b>3</b>
21	Do you have a process for the identification of Environmental Aspects and Impact arising from your operations/undertakings?					<b>3</b>
22	Do you have a Hazardous Communication Program in place? If yes, please provide a copy.					<b>3</b>
23	Do you have a Waste Management Program in place? If yes, please provide a copy.					<b>3</b>
24	Do you properly store, handle and dispose of hazardous materials?					<b>3</b>
25	Do your company engage in site supervision for the duration of the project?					<b>3</b>
26	Do you have any reference from previous jobs? If yes, please attach supporting information or documentation.					<b>3</b>
					<b>SCORE/TOTAL</b>	<b>75</b>

The undersigned hereby certifies that the information submitted in this application is complete and true in all respects and that he/she is authorized to execute and submit this application form on behalf of the company/organization.

**Signature:** .....

**Name of Signatory:** .....

**Position in the Company:** .....

**Company Stamp:** .....

**For any queries: Please contact Angostura Limited, HSSE Department Tel: (868) 623-1841 ext. 330, 182, 402**