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| Sub-Contractor Company Name: |  | |
| ABN: |  | |
| Contact Name: |  | |
| Contact Number: |  | |
| 1. **Policies & Management Responsibilities** | | |
| 1.1 Does your Company hold certification to any management system standards for EHS (e.g. AS/NZS 4801, OHSAS 18001, ISO 14001)?  *If yes, provide copies of certificates.* | | Y / N |
| 1.2Provide details of who has overall responsibility for Environment, Health and Safety (EHS) in your Company (advise name and job title). | |  |
| 1. **Planning** | | |
| 2.1 Does your Company set EHS objectives and targets?  *If yes, provide details of what the current objectives and targets are.* | | Y / N |
| 1. **Communication & Consultation** | | |
| 3.1 Are regular toolbox talks (or similar) conducted by your company?  *If yes, provide evidence (e.g. Minutes) of such Toolbox Talks. If you have not worked at a Schindler site before, provide a copy of the template that will be used.* | | Y / N |
| 3.2 Are workers (e.g. employees) consulted where there are any changes that affect workplace EHS?  *If yes, explain how workers are consulted.* | | Y / N |
| 1. **Risk Management / Operational Control** | | |
| 4.1 Does the work you perform on behalf of Schindler involve the use of plant/equipment (e.g. forklifts, lifting equipment)?  *If yes, provide a copy of your Plant/Equipment Register. If you have not worked at a Schindler site before, provide a copy of the template that will be used.* | | Y / N |
| 4.2 Does the work you perform on behalf of Schindler involve the use of Hazardous Chemicals?  *If yes, provide a copy of:*   * *Your Hazardous Chemical Register. If you have not worked at a Schindler site before, provide a copy of the template that will be used.* * *Safety Data Sheets for the hazardous chemicals.* | | Y / N |
| 4.3 Does the work you perform on behalf of Schindler involve the use of plug-in electrical equipment on site?  *If yes, provide a copy of your Electrical Equipment Register. If you have not worked at a Schindler site before, provide a copy of the template that will be used.* | | Y / N |

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| 1. **Training and Competency** | |
| 5.1 Has your Company identified training needs in relation to performing work activities competently, including EHS training?  *If yes, provide a copy of your Training Register.* | Y / N |
| 1. **Monitoring & Inspection** | |
| 6.1 Does your Company have procedures in place for conducting regular Workplace Inspections?  *If yes, provide a copy of an inspection completed within the last 6 months. If you have worked for Schindler in the last 6 months, you must provide a copy of an inspection performed at a Schindler site.* | Y / N |
| 6.2 Does your Company have a documented process in place for reporting and investigating EHS incidents (including near misses).  *If yes, provide a copy of relevant procedures/forms* | Y / N |
| 1. **EHS Performance** | |
| 7.1 Has your Company had any EHS related fines, prosecutions, prohibition/improvement notices or Regulatory Authority investigations within the last 5 years?  *If yes, provide details of the notices/investigations and a summary of the action(s) taken to improve EHS following the prosecution/fine/notice.* | Y / N |
| 7.2 Has your company recorded a fatality?  *If yes, provide details of the incident and the action(s) taken following the incident to improve WHS.* | Y / N |
| 7.3 Outline the number of injuries recorded at Schindler sites over the past year.  *Note – a Lost Time Injury (LTI) is an injury that causes a person to miss one full shift of work, not including the day of the injury. A Medical Treatment Injury (MTI) is an injury where the injured person has obtained further treatment from a medical professional (e.g. a GP).*  *For new sub-contractors, enter a figure of Zero for each category.*  Number of Lost Time Injuries:\_\_\_\_\_\_  Number of Medical Treatment Injuries:\_\_\_\_\_\_\_  Number of First Aid Injuries:\_\_\_\_\_\_\_ | Y / N |
| 7.4 Does your company track proactive measures (lead indicators) to monitor EHS performance (e.g. Safety Walks, safety training, near miss reporting, audits, corrective action close-out)?  *If yes, outline the indicators measured.* | Y / N |
| 1. **Fitness for Work & Injury Management** | |
| 8.1 Does your Company have a process in place for ensuring your workers are fit for work (including managing fatigue, influence of drugs and alcohol, pre-existing conditions, injury management and rehabilitation etc.)?  *If yes, provide details of how this is managed.* | Y / N |