

	PRELIMINARY CONTRACTOR SELECTION & MONITORING AUDIT
	Questionnaire to be returned to the Purchasing department of INEOS Feluy sprl, Parc Industriel de Feluy-Nord – Zone C, B-7181 FELUY
Box to be fill in by the contractor company	<p>For the attention of the Prevention Advisor : Mr/Mrs:</p> <p>Company:</p> <p>Address: Street..... Nr: Postcode:..... Locality:</p> <p>Tel.: Fax: Mobile: E-mail:</p> <p>Type of service supplied:</p> <p>Registration Nr:</p> <p>VAT:</p>
Box reserved at Ineos Feluy	<p>Mailing date: Return date:</p> <p>IPPWD opinion:</p> <p>Purchasing Manager's opinion:</p> <p>Decision:</p> <p>Name of the Purchasing Manager : Date : Signature :</p> <p>Name of the IPPWD : Date : Signature :</p> <p>Criticality : cfr. ISRS - DOC - 0410</p>

PRELIMINARY CONTRACTOR SELECTION & MONITORING AUDIT					
Nr	Questions	Replies	Box reserved at INEOS Feluy		
			Documents received	Comments	
A. General Information					
A.1	NACE code	.....		
A.2	VCA Certification : <input type="checkbox"/> Yes – <input type="checkbox"/> No Type : Other: Validity :	..... ..... ..... Attach documents as appendix	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A.3	<ul style="list-style-type: none"> Company Organisation Chart. Number of people employed, NOSS return. Position of the head of the IPPWD. Other persons with HSE responsibilities. 	Attach documents as appendix	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A.4	% Staff renewal or Staff turnover (*) (**).	.....		
A.5	% Temps during the year (*) (**).	.....	Temps are not allowed on the INEOS Feluy site		
A.6	% Work turnover subcontracted (**).	Attach the list of the principal subcontracted specific to the type of works subcontracted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A.7	Legal insurance premium as % of payroll (**).	.....		
A.8	Number of serious or fatal accidents (detail and explain corrective actions) (**).	..... Attach documents as appendix	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(*) See definitions on page 7

(**) During the last 3 years and also the ongoing calendar year

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B. Safety Organisation & Policy					
B.1	Your Prevention Advisor's level of safety training.	<input type="radio"/> Level 1 <input type="radio"/> Level 2 <input type="radio"/> Basic level <input type="radio"/> No training			
B.2	Organisation of safety meeting, Tool box meetings, etc.	<input type="radio"/> Yes <input type="radio"/> No Frequency:			
B.3	Formalisation of the meetings.	<input type="radio"/> Report <input type="radio"/> Oral info <input type="radio"/> Posters <input type="radio"/> Nothing			
B.4	Attach : <ul style="list-style-type: none"> the copy of the last three annual reports with FR, SR and OSR trends; the comparative with the sector of activities (NACE code); the calculated rates for the ongoing calendar year. 		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B.5	Average rate of absenteeism of the last three years and also for the ongoing calendar year.	.....		
B.6	Who provide yours risk analyses ?	.....		
B.7	Name of your PPIS.	.....		
B.8	Medical examination of workers with risky jobs (Periodicity of the examination + list of risky jobs).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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B. Safety Organisation & Policy (Cont.)					
B.9	Mention four important actions of your annual or quinquennial Safety Plan.	1. 2. 3. 4.			
B.10	Means of communicating building site and HSEP openings to your staff.	<input type="checkbox"/> Paper copy <input type="checkbox"/> Meeting <input type="checkbox"/> Oral explanation on site <input type="checkbox"/> Meeting organised by Prevention Advisor			
B.11	Means of communicating building site and HSEP openings to your subcontractors.	<input type="checkbox"/> Paper copy <input type="checkbox"/> Meeting <input type="checkbox"/> Oral explanation on site <input type="checkbox"/> Meeting organised by Prevention Advisor			

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C. Safety Control					
C.1	Means of information and communication for making your Safety Policy known.	<input type="checkbox"/> Oral + posters + notes <input type="checkbox"/> Poster + note <input type="checkbox"/> Note <input type="checkbox"/> Oral			
C.2	Means of information about dangerous products.	<input type="checkbox"/> Labelling <input type="checkbox"/> Area signage <input type="checkbox"/> Written procedure <input type="checkbox"/> Oral instruction			
C.3	% of your staff trained as fire-fighters.	<input type="checkbox"/> > 15 % <input type="checkbox"/> 15 to 10 % <input type="checkbox"/> 10 to 5 % <input type="checkbox"/> < 5 %			
C.4	Individual protection for your staff.	<input type="checkbox"/> Hard hat <input type="checkbox"/> Shoes <input type="checkbox"/> Gloves <input type="checkbox"/> Overall <input type="checkbox"/> Goggles <input type="checkbox"/> Other :			
C.5	Equipment inspection : report provided by: (Provide list of equipment requiring inspection).	<input type="checkbox"/> SECT <input type="checkbox"/> Internal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C.6	Do you have an up-to-date copy of the wellbeing code and GHSR(*) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C.7	Do you have an up-to-date copy of the GEIR (Global Electrical Installations Rules) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C.8	Number of orders and/or written instructions regarding safety placed at the staff's disposal.				

(*) See definitions on page 7

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D. Environmental Policy & Control					
D.1	Do you have an environmental policy on the spot? (Tools management, etc.) (Please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D.2	Are you certified in accordance with the ISO standard? (Please attach a copy of the certificate).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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E. Trading					
E.1	Chemical activities references and types of works. Please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E.2	Similar companies. Please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Definitions : **Average turn over (%)** =
$$\frac{\text{Number of departures over the year} \times 100}{\text{Manpower average during this period}}$$

Absenteeism **rate (%)** =
$$\frac{\text{Number of days of absence} \times 100}{\text{Number of days worked} + \text{Number of days of absence}}$$

HSEP: Hygiene Safety & Environment Plan
HSE: Health, Safety and Environment
FR: Frequency Rate
SR: Seriousness Rate
OSR: Overall Seriousness Rate
GHSR: General Health & Safety Regulations
GEIR: General Electrical Industry Regulations

Information certified exact and complete.

Name :

Date :

Signature :