

Appendix I

Example of OSH Capabilities Questionnaire

Company Name:

Date:

<i>Questions</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>	<i>Remarks</i>
A. Occupational Safety & Health (OSH) Policy				
1. Does company have OSH Policy? <i>(If yes, please provide/attached the evidence)</i>				
2. Does your company have a person responsible for OSH? <i>(Please provide the OSH organization chart)</i>				
3. Does company have a method in distributing OSH Policy to the employees?				
4. Does the company have OSH Committee? <i>(If yes, please provide the OSH committee organization chart)</i>				
5. Does your employee involved in OSH program/training related to the job tendered? <i>(If yes, please provide/attached the evidence)</i>				

Questions	YES	NO	N/A	Remarks
B. Organization, Responsibilities, Resources, Standard and Documentation				
<p>1. Does OSH committee meeting promote safe and healthy working culture? <i>(Please provide the company OSH committee minutes of meeting as evidence of promotion of safety and healthy working culture)</i></p>				
<p>2. Do manager and supervisor received formal OSH training in their responsibilities towards OSH? <i>(If yes, please provide the competencies and schedule training attended)</i></p>				
<p>3. Do you have competent personal for the job tendered? <i>(Please provide the name, position and their respective speciality/competency)</i></p>				
<p>4. Do you train or send for training your new employee in terms of basic industrial OSH? <i>(If yes, please provide general information about the training and its module)</i></p>				
<p>5. Do you have an arrangement to ensure competencies on OSH of your staff is up to date?</p>				
<p>6. Do your staffs have gone through medical surveillance program? <i>(If yes, please provide the evidence shows on the program)</i></p>				

Questions	YES	NO	N/A	Remarks
7. Do you have OSH reference document? Example: OSH Management Manual, etc. <i>(If yes, please provide the evidence)</i>				
8. Do you assess your contractor on OSH requirement and compliance? <i>(If yes, please summaries the method and evidence)</i>				
9. Do you have manual or standard operating procedure (SOP) related to the job tendered? <i>(If yes, please provide the evidence)</i>				
10. Does your company have a proven competence system in place such as ISO, OSHMS, etc.? <i>(If yes, please provide the evidence)</i>				
C. Planning and Implementation				
1. Do you conduct Hazard Identification, Risk Assessment and Risk Control? <i>(Please states the method and evidence)</i>				
2. Do you conduct health risks assessment ? <i>(Please summaries of the health hazards)</i>				
3. Do you have work procedure that (work at height, lifting, confined space etc.) are associated with the scope of your service? <i>(Please summaries of the safety hazards)</i>				

Questions	YES	NO	N/A	Remarks
4. Do you have standard Emergency Response Plan (ERP)? <i>(If yes, please provide the evidence)</i>				
D. Occupational Safety and Health (OSH) Performance				
1. Do you perform the investigation for accident? <i>(Please summaries the type of incidents)</i>				
2. Does your company have standard investigation procedure? <i>(If yes, please state the method of the investigation use and provide the evidence)</i>				
3. Do you have the investigation team/organization? <i>(If yes, please provide the chart)</i>				
4. Do you communicate finding/result of the investigation to relevant parties? <i>(If yes, please summaries the way that you communicate the finding/result)</i>				
5. Your company have no fatalities incident previously. <i>(If yes, please provide the number of fatalities)</i>				
6. Your company have no Lost Time Injury (LTI) previously. <i>(If yes, please provide the numbers of Lost Time Injuries (LTI))</i>				

Questions	YES	NO	N/A	Remarks
7. Your company have no medical treatment cases previously? <i>(If yes, please provide numbers of medical treatment cases)</i>				
8. Your company have no near miss incident previously? <i>(If yes, please provide numbers of near miss incident)</i>				
9. Do you keep all the OSH performance record? <i>(If yes, please provide the evidence)</i>				
10. Your company has not received any non-compliance notice from any agencies relating to OSH? <i>(If yes, please summarize the agencies)</i>				

Form fills in by:

Name: _____

Identity Card No: _____

Position: _____

Chop/Stamp of the company:

<u>OFFICE USE ONLY</u>	
Company score: _____ %	Qualified for the tender bidding: YES / NO
Checked by: _____	
Signature: _____	