

Health, Safety and Environment (HSE) Staffing			
1. Highest ranking HSE professional in the Company:			
Name:		Title:	
Qualifications:		Reporting to:	
Phone: ()	Fax: ()	Email:	
2. Does the Company have or provide a full-time HSE representative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, include resume as part of the Company's supporting documentation submittal			
3. Does the Company have or provide a full time site / project HSE representative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Identify the person within the Company directly responsible for administration of the HSE Management System			
Name:		Title :	
HSE Authority			
5. Name of the Health and Safety Authority or Regulatory Agency in the Company's jurisdiction.			
6. The Company's registration number with its Health and Safety Authority or Regulatory Agency.			
7. Name of the Company's Workers Compensation Insurance.			
8. The Company's registration number or policy number with its Workers Compensation Insurance.			
9. List the Countries and/or regions in which the Company is registered with a Health and Safety Authority or Regulatory Agency.			
10. Does the Company have a system or procedure for determining applicable Environmental laws and regulations?			
11. Which source does Company use as reference to the latest applicable Environmental laws and regulations? a) Web sites (b) legal department of the company c) other (specify)			
12. Does the Company conduct Environmental Compliance Audit (ECA)? If so, at which frequency? If so, please provide a copy of the latest ECA			
13. Does the Company require permits or authorizations from the authorities to conduct its activities (Dangerous Goods transportation, air emission, water intake, batchplant, etc.) in accordance with laws and regulations?			
If yes, please provide, permits or authorizations name, number and issuance date			
Statistics			
14. Please insert HSE Statistics for the last 3 years. (Year 3 being the most recent full year of statistics available) :			
	Year 1	Year 2	Year 3
Hours worked			
# of Recordable Incidents			

# of Lost Time Incidents			
# of Medical Aids			
# of Modified Work Cases			
# of First Aid Cases			
# of High Potential Incidents			
# of Serious Environmental Incidents			
Summary record of any HSE penalties levied/notice of violation by the Government/Regulator against the contractor (attach separately)			
HSE Manual			
15. Does the Company have a written HSE manual? If yes, please provide copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, does the manual contain:			
Written HSE Policy Statement, signed and dated annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Accountabilities and responsibilities for managers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Accountabilities and responsibilities for supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Accountabilities and responsibilities for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Management commitment and expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Standards for employee participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Periodic employee HSE performance appraisals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Resources required to meet HSE requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hazard recognition and control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reference to legislation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Right to dangerous work requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Address the Company Suppliers and Sub-Suppliers HSE Management Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Do managers / executives visit worksites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes. how often, provide details:			
17. How are employees informed of job hazards?			
18. Upon Request, can copies of the Company Suppliers and Sub-Suppliers HSE Management System policy, program, manuals, plans, specifications, procedures, audit reports and performance records be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

19. Is the HSE manual updated annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. What is the date of the last revision for the HSE manual?			
21. Please list all languages the HSE Manual is available in?			
22. Does the Company have HSE objectives?			
Risk Management			
23. Does the Company use a HSE Risk Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Does the Company follow a risk management process on their projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Training			
25. Does the Company have a Training policy and programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Does the Company have a system to identify and provide appropriate HSE training for all personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Are there regulatory HSE training requirements for employees in the Company's jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Are your Company employees job skills and competency certified, where required, by regulatory or industry consensus standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, list crafts which should be certified by regulatory or industry consensus standards.			
If yes, list crafts which have been certified by your Company.			
29. Does the Company have a HSE Training Matrix? If yes, please attach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Does the Company maintain records for its HSE training programs for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Does the Company have a specific HSE training program for supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Does the Company have a specific environmental emergency training program for spills and environmental incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Does the Company have a specific HSE orientation program for new employees and workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formal Auditing			
34. Does the Company have a certificate for ISO 14001 / 45001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide the following specifics:			
Certificate Number:	Expiry Date:		
Last external audit score:	Date of last external audit:		
35. Does the Company conduct internal HSE audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide the following specifics:			

Frequency of audits:	Audit protocol used:		
Date of latest audit:	Audit score achieved:		
36. Are areas for improvement identified and an action plan established available upon request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
37. If requested, can copies of the audit (first, second and third party) reports be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HSE Work Practices			
38. Does the Company HSE Management System include standards, procedures and practices such as:			
Barricades and flagging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Compressed gas cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Communications (meetings, written, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dangerous holes and openings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Electrical equipment grounding assurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment lock out and tag out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment safety devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Excavation and trenching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fall prevention and protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fire prevention and protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H2S Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hearing conservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Housekeeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Imminent danger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Manual materials handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal protective equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Portable electrical power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Powered industrial vehicles (cranes, forklifts, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Preventive / predictive maintenance / inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Respiratory protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rigging and cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Power line clearances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stacking materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Transferring materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Weather extremes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Workplace Hazardous Materials Information System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Atmospheric emission management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Noise and vibration management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Water management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Waste management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hazardous materials management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Refuelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Soil protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Standards and Programs			
39. Is the Company capable of identifying all hazardous materials that may be used or encountered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40. Will the Company provide Safety Data Sheets for all controlled products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
41. Does the Company provide (free of charge) applicable personal protective equipment for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
42. Does the Company have a program to ensure that personal protective equipment is regularly inspected and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
43. Does the Company have a fleet safety/ journey management program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
44. Does the Company have a Substance Abuse Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
45. Does the Company have personnel trained to perform First Aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
46. How will the Company-provide First Aid and other medical services for employees while on site?			
47. Does the Company have a formal risk management process for job and task hazard identification, risk assessment and control for each job description or type of operation performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

48.	Does the Company maintain and update, scheduled inspection and maintenance certification records for operating equipment (cranes, forklifts, JLGs, etc.), in accordance with laws and regulations, industry and Company standards and protocols?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
49.	Does the Company have a procedure for inspection/certification of tools, equipment and vehicles prior to arrival/use on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
50.	Does the Company have a procedure for positive identification and removal of defective tools, equipment and vehicles on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
51.	Does the Company have a Behaviour Based safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
52.	Are Positive Incentives used for HSE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
HSE Meetings							
53.	Does the Company hold HSE meetings to ensure proper communication of safety information to:						
	Yes	No	Daily	Weekly	Bi-weekly	Monthly	Quarterly
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Hires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Are HSE meetings documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Incident Management							
55.	Does the Company investigate first aid incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
56.	Does the Company investigate environmental incidents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
57.	Does the Company have a procedure to investigate and follow-up on all HSE incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
58.	Does the Company have an injury management program in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
59.	How are individual incidents totalled and how often are they reported?						
	Yes	No	Monthly	Quarterly	Annually		
Incidents totalled for entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Incidents totalled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotalled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotalled by supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
60.	Are incident reports and report summaries sent to the following within the Company and if so, how often are they reported?						

	Yes	No	Monthly	Quarterly	Annually
Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President / CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractors					
61. Does the Company use HSE performance criteria in the pre-screening and selection of subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
62. Does the Company evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the pre-screening and selection process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Inspections and Site Audits					
63. Does the Company conduct HSE inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If yes, what is the frequency of the inspections?					
64. Does the Company conduct internal HSE program audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If yes, what is the frequency of the audits?					
65. Does the Company have a standard form or checklist to conduct the inspections and audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
66. Are the, inspections and audits documented, including corrective actions (if any) of deficiencies noted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
67. Does the Company post or communicate the results of the inspections and audits to employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
68. Does the Company communicate the results of the inspections and audits to senior management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
69. Does the Company have a corrective action process for addressing individual HSE performance deficiencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Awards					
70. Has the Company received any awards for HSE performance achievement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If yes, please list all awards received.					