

Supplier Questionnaire

Part 3A – WHS Management

(Supplier to complete and return)

Suppliers/Subcontractors providing goods and/or services being incorporated into Fuji Xerox solutions should complete the attached detailed Health and Safety questionnaire. Also, suppliers providing contract labour based services to FXA may also be requested to complete the questionnaire.

1. WHS policy and management		Yes	No	N/A
1.1	Is there a written Company Workplace Health and Safety (WHS) Policy? If Yes, provide copy.			
Comment:				
1.2	Is there a company WHS Management System manual or plan? If Yes, provide copy of Contents Page The company WHS Manual or Plan should include as a minimum: <ul style="list-style-type: none"> • management health and safety responsibilities; • WHS Consultation Arrangements; • general occupational health and safety procedures; • safe work procedures relevant to the company operations; • public safety procedures; • induction and training procedures; • issue resolution and WHS consultation mechanisms. 			
Comment:				
1.3	Does the company have a documented WHS consultation procedure? If Yes, provide details within comment.			
Comment:				
1.4	Does the company have a WHS Committee or a similar WHS consultation mechanism? If Yes, provide details within comment.			
Comment:				
1.5	If Yes to 1.4, do Senior Managers attend committee meetings? If Yes, provide details within comment.			
Comment:				

2. Procedures and practices		Yes	No	N/A
2.1	Has the company prepared Safe Operating Procedures or specific WHS instructions relevant to the company operations? If yes, provide a summary listing of procedures or instructions.			
Comment:				
2.2	Are employees involved in development of Job Safety and Environmental Analysis? If Yes, provide example.			
Comment:				
2.3	Does the company have any permit to work systems? (e.g.: Hot Work, Confined Space Entry) If Yes, provide example.			
Comment:				
2.4	Is there a documented Hazard Reporting and Corrective and Preventative Action procedure? If Yes, provide a copy of completed Hazard report form and a Corrective and Preventative Action Request form.			
Comment:				
2.5	Is there a documented incident investigation procedure? If Yes, provide a copy of a standard incident report form.			
Comment:				
2.6	Are there procedures for maintaining, inspecting and assessing the hazards of plant operated/ owned by the company? If Yes, provide example. This may include: <ul style="list-style-type: none"> • documented risk assessments for relevant plant or risk assessment procedure; • copy of plant operator licences, permits; • plant maintenance and inspection forms; • pre-start daily safety inspection forms for plant. 			
Comment:				

2. Procedures and practices		Yes	No	N/A
2.7	<p>Are there procedures in place for the storage and handling of Hazardous Materials and Dangerous Goods?</p> <p>If Yes, provide example. This may include:</p> <ul style="list-style-type: none"> • manifest or register of chemicals used by the company; • Material Safety Data Sheets for chemicals used; • safe handling procedures, including personal protective equipment; • relevant training documentation. 			
Comment:				
2.8	<p>Are there procedures for identifying, assessing and controlling risks associated with manual handling, such as:</p> <ul style="list-style-type: none"> • documented risk assessments for manual handling hazards • systems used to control manual handling risks (e.g. lifting aids, work procedures) <p>If Yes, provide details within comment.</p>			
Comment:				
2.9	<p>Are WHS responsibilities clearly defined for all activities and roles?</p> <p>For example:</p> <ul style="list-style-type: none"> • responsibility statements • position descriptions <p>If Yes, provide details within comment.</p>			
Comment:				
2.10	<p>Are those allocated with specific WHS responsibilities suitably qualified and experienced?</p> <p>If Yes, provide details within comment.</p>			
Comment:				
2.11	<p>Is a Company Environmental/Waste Management Control System in place to regulate Supplier's internal procedures for waste disposal (e.g. do you have visibility of policies)?</p>			
Comment:				

3. Training (WHS)		Yes	No	N/A
3.1	Is induction training conducted for all employees? If Yes, would you be able to provide a record of attendance for induction training if required?			
Comment:				
3.2	Are toolbox talks (or similar) conducted by your company to your personnel? If Yes, provide examples of such Toolbox Meetings.			
Comment:				
3.3	Do employee records hold details of specific training and/or competencies (e.g. licences, permits, certificates)? If Yes, provide details within comment.			
Comment:				
3.4	Environmental Training: are staff trained in environmental impacts?			
Comment:				

4. Workplace WHS inspections		Yes	No	N/A
4.1	Are WHS Inspections undertaken regularly at your work site / work area? If yes, provide a record of an inspection sheet or corrective action report resulting from named inspection.			
Comment:				

5. WHS performance		Yes	No
5.1	Has the company had any WHS related incidents/injuries within the last 12 months?		
Please provide details below (last 12 months):			
Lost Time Injuries		Lost Time Injury Frequency Rate	
Medical Treatment Injuries		First Aid Injuries	
Near Misses		Environmental Incidents	
5.2	Has the company had any WHS related fines, Prohibition/Improvement Notices or Regulatory Authority investigations within the last 2 years?		
Please provide details below			

Questionnaire review/sign-off

(to be completed by FXA)

		Yes	No
Have all questions been answered?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Have all documents been supplied as required?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Questions with “No”: Has the Comment been clarified with the Supplier?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Have missing documents and unanswered questions been discussed with the Supplier?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Have all outstanding issues been satisfactorily addressed?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

Reviewer:	Name:		Signature:
First review	Date:	Satisfactory:	Further review required:
Second review	Date:	Satisfactory:	Further review required:

Commercial/business management acceptance			
Position:	Name:	Signature:	Date:



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