

# VENDOR SAFETY QUESTIONNAIRE

A safety questionnaire checklist form for evaluating vendors and contractors. Sections include certification, policies, HSE management systems, risk-assessment, emergency response, incident reporting, and more.



* Your Name	* Date / Time

Date	Vendor
Supplier No.	

## 1. MANAGEMENT SYSTEM CERTIFICATION

1.1 Does the company operate a formal Quality Assurance System such as ISO 9000?

Yes       No

*This question only applies if 1.1 Does the company operate a formal Quality Assurance System such as ISO 9000? is Yes or No*

Comments

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1.2 Does the company hold any Environmental Management system accreditation such as ISO 14001?

Yes       No

*This question only applies if 1.2 Does the company hold any Environmental Management system accreditation such as ISO 14001? is Yes or No*

Comments

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1.3 Does the company hold any Occupational Safety Management System accreditation such as OHSAS 18000?

Yes       No

*This question only applies if 1.3 Does the company hold any Occupational Safety Management System accreditation such as OHSAS 18000? is Yes*

Enclose copies of all Registration Certificates. - Attach to this report.

*This question only applies if 1.3 Does the company hold any Occupational Safety Management System accreditation such as OHSAS 18000? is Yes or No*

Comments

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## 2. POLICY STATEMENT

2.1 Does the company have a written HSE policy?

Yes                       No

*This question only applies if 2.1 Does the company have a written HSE policy? is Yes*

Please provide a copy. - Attach to this report.

*This question only applies if 2.1 Does the company have a written HSE policy? is Yes or No*

Comments

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2.2 Is the HSE policy communicated to all Personnel?

Yes                       No

*This question only applies if 2.2 Is the HSE policy communicated to all Personnel? is No*

Comments

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*This question only applies if 2.2 Is the HSE policy communicated to all Personnel? is Yes*

By what means is the policy communicated?

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2.3 Any concerns or objections to the company HSE standards?

Yes       No

*This question only applies if 2.3 Any concerns or objections to the company HSE standards? is Yes or No*

Comments

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2.4 Are company policies enforced?

Yes       No

*This question only applies if 2.4 Are company policies enforced? is Yes or No*

Comments

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2.5 Are company policies enforced on all sub-contractors?

Yes       No

*This question only applies if 2.5 Are company policies enforced on all sub-contractors? is Yes or No*

Comments

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### 3. HSE MANAGEMENT SYSTEM

3.1 Does company have an HSE Management System?

Yes  No

*This question only applies if 3.1 Does company have an HSE Management System? is Yes*

Please provide a copy of HSE Management System - Attach to this report.

Comments

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3.2 Is the management system compliant with an internationally recognized Management System standard?

Yes  No

*This question only applies if 3.2 Is the management system compliant with an internationally recognized Management System standard? is Yes or No*

Comments

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## 4. HSE MANAGEMENT MANUAL / PLAN

4.1 Does company have an HSE Management manual / plan?

Yes  No

*This question only applies if 4.1 Does company have an HSE Management manual / plan? is Yes*

Please provide a copy of HSE Management manual / plan - Attach to this report.

Comments

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4.2 Is there a requirement for the Management manual/plan to be revised on a contract-by-contract basis?

Yes  No

*This question only applies if 4.2 Is there a requirement for the Management manual/plan to be revised on a contract-by-contract basis? is Yes or No*

Comments

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4.3 Are HSE key performance indicators (KPI's) measured?

Yes       No

*This question only applies if 4.3 Are HSE key performance indicators (KPI's) measured? is Yes*

Provide details of performance for these KPI's for the past five years.

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*This question only applies if 4.3 Are HSE key performance indicators (KPI's) measured? is No*

Comments

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## 5. SUB-CONTRACTOR MANAGEMENT

5.1 Does company have procedures for the control of HSE performance of subcontractors?

Yes       No

*This question only applies if 5.1 Does company have procedures for the control of HSE performance of subcontractors? is No*

Comments

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*This question only applies if 5.1 Does company have procedures for the control of HSE performance of subcontractors? is Yes*

Please provide details

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5.2 Do all Subcontractors have an acceptable HSE Management manual/plan?

Yes       No

*This question only applies if 5.2 Do all Subcontractors have an acceptable HSE Management manual/plan? is Yes or No*

Comments

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## 6. RISK ASSESSMENT

6.1 Does company have a method to identify, assess and manage risks to personnel, the environment or assets?

Yes       No

*This question only applies if 6.1 Does company have a method to identify, assess and manage risks to personnel, the environment or assets? is Yes or No*

Comments

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6.2 Are identified risks addressed in the HSE Management System?

Yes       No

*This question only applies if 6.2 Are identified risks addressed in the HSE Management System? is Yes or No*

Comments

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*This question only applies if 6.2 Are identified risks addressed in the HSE Management System? is Yes*

If documented, please provide a copy - Attach to this report.

6.3. Is there a process to ensure that HSE requirements are complied with in the design phase?  
 Yes       No

*This question only applies if 6.3. Is there a process to ensure that HSE requirements are complied with in the design phase? is Yes or No*

Comments  
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6.4 Is there a process to manage risk assessment action tracking?  
 Yes       No

*This question only applies if 6.4 Is there a process to manage risk assessment action tracking? is Yes or No*

Comments  
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## 7. SAFETY CASE EXPERIENCE

7.1 Please provide examples of where safety case requirements have been incorporated into design and operations activities.  
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## 8. HSE COMMUNICATION, TRAINING & AWARENESS

8.1 By what means does company communicate work practices, safety instructions and emergency response procedures to personnel?

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8.2 Is the HSE Management manual/plan and emergency response procedure available to all personnel?

Yes                       No

*This question only applies if 8.2 Is the HSE Management manual/plan and emergency response procedure available to all personnel? is Yes or No*

Comments

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8.3 Does the company perform drills in emergency procedures?

Yes                       No

*This question only applies if 8.3 Does the company perform drills in emergency procedures? is Yes or No*

Comments

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8.4 Does company have a safety awareness program for all of personnel? (i.e. STOP or similar program.)

Yes                       No

*This question only applies if 8.4 Does company have a safety awareness program for all of personnel? (i.e. STOP or similar program.) is Yes or No*

Comments

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8.5 How often are personnel reinforced on safety issues and rules?

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8.6 Do personnel believe that safety has priority over production, schedule, performance and cost?

Yes                       No

*This question only applies if 8.6 Do personnel believe that safety has priority over production, schedule, performance and cost? is Yes or No*

Comments

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**9. EMERGENCY RESPONSE PLAN**

9.1 Does company have an Emergency Response Plan?

Yes                       No

*This question only applies if 9.1 Does company have an Emergency Response Plan? is Yes*

Please provide a copy Emergency Response Plan. - Attach to this report.

Comments

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**10. INCIDENT REPORTING PROCEDURE**

10.1 What types incident reporting records are kept, and how?

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Types of incidents tracked

Fatalities                       Injuries                       Dangerous occurrence/near misses

Environmental damage                       Unsafe practices and safety related incidences                       Reportable incidents

First Aid cases

10.2 Does company have a procedure for the investigation, reporting and follow-up of accidents, dangerous occurrences or occupational illnesses?

Yes                       No

*This question only applies if 10.2 Does company have a procedure for the investigation, reporting and follow-up of accidents, dangerous occurrences or occupational illnesses? is No*

**Comments**

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*This question only applies if 10.2 Does company have a procedure for the investigation, reporting and follow-up of accidents, dangerous occurrences or occupational illnesses? is Yes*

**Please provide details**

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**10.3 Does company communicate the results of incident investigations to all personnel?**

Yes

No

*This question only applies if 10.3 Does company communicate the results of incident investigations to all personnel? is No*

**Comments**

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*This question only applies if 10.3 Does company communicate the results of incident investigations to all personnel? is Yes*

**Please provide details**

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10.4 Please provide examples of investigation reports for the last twelve months.

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10.5 Please provide details of any significant HSE achievements or awards.

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10.6 Please provide details of annual safety records for the last three years (on a year by year basis) covering those detailed in 10.1 above.

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10.7 Please provide details of major Subcontractors used in the last three years and to advise as to their safety related data in accordance with 10.1 to 10.6 above.

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10.8 Does CEO (or near equivalent) participate in closeout of all HSE related reports and incidences?

Yes                       No

*This question only applies if 10.8 Does CEO (or near equivalent) participate in closeout of all HSE related reports and incidences? is Yes or No*

Comments

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## 11. EMPLOYEE ORIENTATION PROGRAM

11.1 Does company have a written orientation program?

Yes                       No

*This question only applies if 11.1 Does company have a written orientation program? is Yes*

Please provide a copy - Attach to this report.

*This question only applies if 11.1 Does company have a written orientation program? is Yes or No*

Comments

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11.2 Does orientation include subcontractor's personnel?

Yes  No

*This question only applies if 11.2 Does orientation include subcontractor's personnel? is No*

Comments

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*This question only applies if 11.2 Does orientation include subcontractor's personnel? is Yes*

Please provide details

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## 12. HEALTH

12.1 Does company have a drug and alcohol (substance abuse) policy?

Yes  No

*This question only applies if 12.1 Does company have a drug and alcohol (substance abuse) policy? is Yes*

Drug & Alcohol policy - Attach to this report.

*This question only applies if 12.1 Does company have a drug and alcohol (substance abuse) policy? is Yes or No*

Comments

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12.2 Does company have an injury case management procedure?

Yes  No

*This question only applies if 12.2 Does company have an injury case management procedure? is No*

Comments

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*This question only applies if 12.2 Does company have an injury case management procedure? is Yes*

Please provide details

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## 13. SAFETY MEETING PROGRAM

13.1 Does company conduct safety meetings?

Yes       No

*This question only applies if 13.1 Does company conduct safety meetings? is No*

Comments

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*This question only applies if 13.1 Does company conduct safety meetings? is Yes*

Please provide details including frequency

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13.2 Does company conduct training to stimulate safe working practices?

Yes       No

*This question only applies if 13.2 Does company conduct training to stimulate safe working practices? is No*

Comments

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*This question only applies if 13.2 Does company conduct training to stimulate safe working practices? is Yes*

What methods are used and what have been the results?

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13.3 Does company have an established system for communicating with personnel directly on safety matters?

Yes       No

*This question only applies if 13.3 Does company have an established system for communicating with personnel directly on safety matters? is No*

Comments

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*This question only applies if 13.3 Does company have an established system for communicating with personnel directly on safety matters? is Yes*

Please provide details

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## 14. HSE TRAINING PROGRAM

14.1 What HSE training is provided personnel and up to which level of management is it provided?

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14.2 Does company have a training matrix to identify training requirements based on specific job tasks and hazards?

Yes       No

*This question only applies if 14.2 Does company have a training matrix to identify training requirements based on specific job tasks and hazards? is No*

**Comments**

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*This question only applies if 14.2 Does company have a training matrix to identify training requirements based on specific job tasks and hazards? is Yes*

**Please provide details**

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**14.3 Is there a competency assessment program for subcontractors?**

Yes       No

*This question only applies if 14.3 Is there a competency assessment program for subcontractors? is Yes or No*

**Comments**

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## **15. HSE INSPECTION PROGRAM**

**15.1 Does company conduct HSE inspections and audits of operations?**

Yes       No

*This question only applies if 15.1 Does company conduct HSE inspections and audits of operations? is No*

**Comments**

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*This question only applies if 15.1 Does company conduct HSE inspections and audits of operations? is Yes*

Please provide details of type, frequency and who is involved

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## 16. PROFESSIONAL HSE SUPPORT

16.1 Please provide an organization chart - Attach to this report.

Description of HSE responsibilities within the organization

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16.2 Please provide details of HSE officer's experience

16.3 Please provide details of HSE resources available

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## 17. LANGUAGE

17.1 Does company have personnel available to deal with all communication requirements, written and verbal, arising during qualification, commitment and execution?

Yes       No

*This question only applies if 17.1 Does company have personnel available to deal with all communication requirements, written and verbal, arising during qualification, commitment and execution? is Yes or No*

Comments

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## 18. BUSINESS CONDUCT & ETHICS

18.1 Does company have a documented ethics / business conduct policy?

Yes       No

*This question only applies if 18.1 Does company have a documented ethics / business conduct policy? is No*



Comments

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*This question only applies if 18.1 Does company have a documented ethics / business conduct policy? is Yes*

**Please provide a summary statement for this policy** - Attach to this report.

**18.2 Does company adhere to the Universal Declaration of Human Rights?**

Yes       No

*This question only applies if 18.2 Does company adhere to the Universal Declaration of Human Rights? is No*

Comments

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*This question only applies if 18.2 Does company adhere to the Universal Declaration of Human Rights? is Yes*

**Please provide details**

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**18.3 Does company comply with the Voluntary Principles on Security and Human Rights?**

Yes       No

*This question only applies if 18.3 Does company comply with the Voluntary Principles on Security and Human Rights? is No*

Comments

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*This question only applies if 18.3 Does company comply with the Voluntary Principles on Security and Human Rights? is Yes*

Please provide details

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## 19. SECURITY

19.1 Is company required to have a security plan (eg ISPS)?

Yes

No

*This question only applies if 19.1 Is company required to have a security plan (eg ISPS)? is No*

Comments

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*This question only applies if 19.1 Is company required to have a security plan (eg ISPS)? is Yes*

Please provide a summary

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