CONTRACTOR PRE-APPROVAL QUESTIONNAIRE

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The Contractor Pre-approval Program is used for screening out contractors who may pose an apparent threat to the **Environmental, Health and Safety (EHS)** concern's of the hospital's employees, guests, visitors and property.

Name of Contractor :

Address :

Telephone Number : Facsimile Number :

Type of Service :

Name of Organization's Representative(s) :

Date of Submission :

By completing the questionnaires of this form, the contractor is undertaking any training responsibilities and warranting to the contractor's workforce, to its sub-contractors, to applicable governmental agencies, or to the general public, that the contractor's programme fulfills any duties or responsibilities owed to these individuals.

For official use only

This is to certify that the application of contractor approval is (approved / not approved) NOTE.

Further review of the contractor's performance is needed during the period of engagement.

Checked by

Approved by

_____
Project Owner Rep

_____
Project Manager

NOTE:
Please cancel where appropriate.

SAFETY RECORDS

1. List your company's accident/injury information for the last three years.

Characterization of accident/injury	This year (e.g. 20___)	Last year (e.g. 20___)	Year before last (e.g. 20___)
a) Number of accidents reportable to MOM			
b) Number of lost days (total)			
c) Number of fatality cases			

ENVIRONMENTAL, HEALTH AND SAFETY (EHS) INSPECTIONS

Please tick "√ "where appropriate

2. Do you conduct site EHS inspections to determine compliance with applicable regulations/procedures/contract requirements?

   ❑ YES

   ❑ NO

   If yes, who conducts the inspection?

   Designation of Site Inspector _____

   a) Are inspection reports generated?

      ❑ YES

      ❑ NO

   b) Do you have a follow-up system to track and correct items identified during EHS inspections or in inspection reports?

      ❑ YES

      ❑ NO

   c) How often are these inspections conducted? Please indicate the frequency.

      _____

3. Do you have written EHS training programme for your employees?

   ❑ YES

   ❑ NO

   a) How many hours of EHS training are conducted? _____

   b) What is the frequency of this training? _____

   c) Does the training/orientation cover the following topics?

   Please tick "√ "where appropriate

Training/orientation topics	YES	NO	N.A.
1. Walking-working surfaces			
2. Means of egress			
3. Powered platforms, man lifts, vehicle-mounted work platforms			
4. Occupational health and environmental Control			
5. Hazardous materials			
6. Personal Protective Equipment			
7. Medical and First Aid			
8. Fire protection			
9. Compressed gas and compressed air equipment			
10. Materials handling and storage			
11. Machinery and machine guarding			
12. Hand & portable powered tools & other handheld equipment			
13. Welding, cutting and brazing			
14. Electrical			
15. Toxic and hazardous substances			

4. Does your company transport, store or use chemicals/toxic substance at any of its facilities?

   ❑ YES

   ❑ NO

DECLARATION

I understand the questions above and have answered truthfully and to the best of my knowledge.

Name : _____

Job title (designation) : _____

Signature : _____

Date : _____