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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Simplified Contractor Safety Review** | | | | | | | | |
| **Name:** |  | | **Mobile:** |  | | | | |
| **Business Name:** |  | | **Email:** |  | | | | |
| **Postal Address:** |  | | | | | | | |
|  |  | |  |  | | | | |
| 1. Does your company have a written H&S document? | | | | | Y |  | N |  |
| If yes, please provide an up-to-date copy | | | | |  |  |  |  |
| 1. Do you have a system for hazard identification and risk assessment? | | | | | Y |  | N |  |
| If yes please provide an example | | | | |  |  |  |  |
| 1. Will any hazardous substances be brought onto an Infratec worksite? | | | | | Y |  | N |  |
| If yes, please provide SDS. (Safety Data Sheet) | | | | |  |  |  |  |
| 1. Does your company have safety training systems? | | | | | Y |  | N |  |
| If yes, please provide details, including competencies and qualifications | | | | |  |  |  |  |
| 1. In the last 5 years, has your company had: | | | | |  |  |  |  |
| 1. Fatalities | | | | | Y |  | N |  |
| 1. Notifiable injury or illness | | | | | Y |  | N |  |
| 1. Notifiable event/incident | | | | | Y |  | N |  |
| 1. Incident involving public safety | | | | | Y |  | N |  |
| If yes, please provide details | | | | |  |  |  |  |
| 1. Has *Kementerian Ketenagakerjaan* taken any regulatory action against your company? | | | | | Y |  | N |  |
| If yes, please provide details | | | | |  |  |  |  |
| 1. Are you the only person who physically does the work? | | | | | Y |  | N |  |
| If yes, go to question 11 | | | | |  |  |  |  |
| 1. Do you sub-contract work? | | | | | Y |  | N |  |
| If yes, please provide details of Health and Safety control methods | | | | |  |  |  |  |
| 1. Do you have in-house safety meetings? | | | | | Y |  | N |  |
| * 1. Are all staff involved in safety meetings? | | | | | Y |  | N |  |
| * 1. Do you have procedures for worker participation and engagement? | | | | | Y |  | N |  |
| 1. Do you include your subcontractors and other relevant persons in safety awareness? | | | | | Y |  | N |  |
| 1. Is any health monitoring been carried out by your company? | | | | | Y |  | N |  |
| If yes, please provide details | | | | |  |  |  |  |
| 1. Public liability insurance | |  | | | |  |  |  |
| Insurer: | |  | | | | | | |
| Policy Expiry date: | |  | | | | | | |

**Declaration**

I understand our company will need to comply with the following;

* IFC General Environmental, Health, and Safety Guidelines
* UU No. 50 Tahun 2012 “Implementation of Occupational Health and Safety Management System” (SMK3)
* PUIL2000 – Electricity Installation standard
* All other relevant Statutes and Legislation.

I/We have read and understood the Infratec standards and agree to comply in good faith with these. I declare, to the best of my knowledge that the information provided in this document is true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print Name: |  | | Position: | |  |
| Company (signing on behalf of): | |  |  | | |
| Signed: |  | | | Date: |  |

**Check List**

Check you have provided the following documentation:

* Copy of your H&S documents
* Copy of Hazard management process or system
* SDS (Safety Data Sheets) for hazardous substances
* Details of formal training
* Details on incidents and accidents
* Details of any WorkSafe regulatory action taken
* Details of sub-contractor management
* 3 examples of recent safety meetings
* Details of any health monitoring
* Copy of your Public Liability Insurance

***AEL Office Use Only***

*Received Date:*

*Approved: Yes No*

*Comments:*