|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date:…………………… **Questionnaire after completing to be returned with tender** | | | | | | | | | | | | | | | | |
| ***General information*** | | | | | | | | | | | | | | | | |
| **Comapny name / Address:** | |  | | | | | | | | | | | | | | |
| **Scope of works:** | |  | | | | | | | | | | | | | | |
| ***Person completing the questionnaire*** | | | | | | | | | | | | | | | | |
| **Name and surname** | | | **Job position** | | | | **E-mail** | | | **Telephone** | | | | | | |
|  | | |  | | | |  | | |  | | | | | | |
| 1. **HEALTH AND SAFETY** | | | | | | | | | | | | | | | | |
| ***I. Policy and Key Objectives*** | | | | | | | | | | | | | | | | |
| 1.1. | Does your company follow an H&S Management System (ISO)? | | | | | | | | | | | | Yes | | | No |
| 1.2. | 1.2. Has your company documented policy for H&S? | | | | | | | | | | | | Yes | | | No |
| ***II. Organisation and Resources*** | | | | | | | | | | | | | | | | |
| 2.1. | **2.1 Who has overall and final responsibility for EHS in your organisation?** | | | | | | | | | | | | | | | |
| Name Surname / Position / Telephone | | | | |  | | | | | | | | | | |
| 2.2. | **2.2 Does your organization have a part/full-time position assigned EHS responsibilities?** | | | | | | | | Internal | | | | | External | | |
| Name Surname / Position / Telephone | | | | |  | | | | | | | | | | |
| E-mail: | | | | |  | | | | | | | | | | |
| 2.3. | **How does your company conduct EHS training? *(please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 2.4. | **Please provide details of any specific area of EHS expertise or training received[[1]](#footnote-1) (*proszę opisać )*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| ***III. Subcontractors and HS Resources*** | | | | | | | | | | | | | | | | |
| 3.1. | **Will you be employing other contractors to conduct works included in the Agreement? *(If „Yes”- give names of subcontracted companies and scope of their works)*** | | | | | | | | | | | | Yes | | | No |
| Name of Subcontractor: | | | | **Scope of Works:** | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | |
| 3.2. | **How does your company ensure that sub-contractors allocate sufficient resources to health & safety issues? *(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| ***IV. Risk and Hazards Management:*** | | | | | | | | | | | | | | | | |
| 4.1. | **How does your company identify and control the risks associated with the work? *(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 4.2. | **How do you provide information regarding identify and control the risks to your employees? *(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| ***V. Monitoring*** | | | | | | | | | | | | | | | | |
| 5.1. | **What are the arrangements in your company regarding supervision and monitoring of activities? [[2]](#footnote-2) *(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 5.2. | **How are accidents and situations with potential to be accidents examined in your company? *(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 5.3. | **Please give detailed records of your incidents for the last three (3) years** | | | | | | | | | | | | | | | |
| **Type of Accident** | | | | **20\_\_** | | | | **20\_\_** | | | **20\_\_** | | | | | |
| Fatal: | | | |  | | | |  | | |  | | | | | |
| Major: | | | |  | | | |  | | |  | | | | | |
| Minor: | | | |  | | | |  | | |  | | | | | |
| ***VI. Experience & Special Achievements*** | | | | | | | | | | | | | | | | |
| 6.1. | **Describe your company professional experience regarding the offered scope of works within last three (3) years** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 6.2. | **Has your company received any awards or distinctions regarding H&S within last three years? *(If „Yes” – please describe)*** | | | | | | | | | | | Yes | | | No | |
|  |  | | | | | | | | | | | | | | | |
| 6.3. | **What kind of solutions, initiatives and good practices were implemented in your company?**  ***(Please describe)*** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 1. **ENVIRONMENTAL PROTECTION** | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| ***VII. Environmental Management*** | | | |
| **7.1.** | **Has Your Company introduced a certified/registered environmental management system?** | Yes | No |
| **7.2.** | **Has Your Company adopted a written environmental policy?** | Yes | No |
| **7.3.** | **Will your company generate construction waste and is it registered in the Waste Database (BDO)?** | Yes | No |
| **7.4.** | **Has Your company’s personnel received any environmental training?** | Yes | No |
| ***VIII. The impact of products and services on the environment*** | | | |
| **8.1.** | **Is the product / service restricted by environmental law or specific environmental legislation? (transport, use, maintenance, installation, disposal) *(If „Yes” – please describe)*** | Yes | No |
|  | | |
| ***IX. Operational Control*** | | | |
| **9.1.** | **Is a Material Safety Data Sheet available? (MSDS)?** | Yes | No |
| **9.2.** | **Are all chemicals correctly labeled stating for example potential risks?** | Yes | No |
| ***X. Built-in materials (Only in case of materials that can affect the indoor air of completed building)*** | | | |
| **10.1** | Are possible emissions from the material(s) known? | Yes | No |
| **10.2** | Does the product have approvals (e.g. polish PZH atest)? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **I hereby verify that our products/services follow national environmental legislation.** | | | |
| **Signature:** |  | **Date:** |  |
| **In case of any doubts or questionnaire, please contact directly with ECHO Project Manager** | | | |

1. eg sling / signaller, traffic management acc. to WORD, qualified First Aiders, safe works at heights, rope access acc. to IRATA/OTDL, assembling of edge protections, fitting safety nets, shuttering systems assembling. [↑](#footnote-ref-1)
2. eg. inspections, HS condition controls, constant supervision, internal and external audits. [↑](#footnote-ref-2)