

	<b>STANDARD CHECKLIST</b>	Document ID	TNCL-OHS-CHK-0011
		Document owner	OHS Manager
	<b>PRE-QUALIFICATION SUMMARY CHECKLIST</b>	Revision	01
		Approval Date	21 <sup>st</sup> March 2024

### PRE-QUALIFICATION SUMMARY CHECKLIST

Safety and Health Performance	Acceptable	Needs Improvement
Safety Performance	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Is the company ISO 45001:2018 (or equivalent) Certified	<input type="checkbox"/>	<input type="checkbox"/>
Environmental, Health and Safety Program	Acceptable	Needs Improvement
Safety Plan	<input type="checkbox"/>	<input type="checkbox"/>
OHS Policy	<input type="checkbox"/>	<input type="checkbox"/>
Manual / Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Safety Personal / Advisor	<input type="checkbox"/>	<input type="checkbox"/>
Skills Training and competence assurance	<input type="checkbox"/>	<input type="checkbox"/>
Audit / Inspection System	<input type="checkbox"/>	<input type="checkbox"/>
Health Surveillance	<input type="checkbox"/>	<input type="checkbox"/>
Incident Management, Investigation and follow up	<input type="checkbox"/>	<input type="checkbox"/>
HIRA and Management, including JSA / JHA / PTO's	<input type="checkbox"/>	<input type="checkbox"/>
Work Rosters	<input type="checkbox"/>	<input type="checkbox"/>
Fitness for Work Program, including skills	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
"Stop" Work Authority	<input type="checkbox"/>	<input type="checkbox"/>
Permit-to-Work Procedure (LOTO, Hot work, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Sub-contractor Management	<input type="checkbox"/>	<input type="checkbox"/>
Issuance and use of PPE's	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Safety	<input type="checkbox"/>	<input type="checkbox"/>
Management of Change	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>
Feedback provided to contractor:	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____ Comments: _____		
Reviewed by: _____	Date: _____	
Reviewed by: _____	Date: _____	