

Health, Safety & Environment (HSE) Qualification Form

Grand Bahama Power Company is committed to providing a safe and healthy workplace for its employees, contractor personnel, subcontractor personnel, vendors and the general public, and seeks to ensure work activities are conducted in an environmentally responsible manner.

Safety and Health performance is a major criteria utilized in the selection of contractors performing work on behalf of Grand Bahama Power Company. Awarding of contracts will not only be on grounds of price and technical ability, but also on a bidder's safety and health performance and ability to carry out the work safely and without risk to health, safety or environment.

All Bids will be evaluated on the basis of the Bidder's ability to satisfy the safety standards and requirements of Grand Bahama Power Company, and any applicable law, regulation or standard. The information provided in the Bidder Health, Safety & Environment (HSE) Qualification Form will be used by Grand Bahama Power Company to determine each Bidder's eligibility to be considered for further evaluation.

1.0 Bidder Information

Company Name:	Company Address:	
Total # of employees expected to work on this job:	Telephone:	Fax:
Email Address:		
Company's Main Activities:		



2.0 Bidder Health And Safety Program Information:

* Section 2.0 is to be completed in its entirety. Failure to answer any questions may lead to the rejection of the bid.

2.1.0	Health and Safety Policies	Yes	No
2.1.1	Does your company have a written health and safety policy/Commitment?		
2.1.2	Does the health and safety policy clearly outline management’s commitment to cooperate with the occupational health and safety committee and workers in the workplace in carrying out their collective responsibility for occupational health and safety?		
2.1.3	Does the health and safety policy outline the respective responsibilities of the employer, supervisors and workers in carrying out their collective responsibility for occupational health and safety?		
2.1.4	Is the health and safety policy communicated to all employees?		
2.2.0	Hazard Recognition, Evaluation and Control	Yes	No
2.2.1	Does your company have a formal process/procedure for the recognition, evaluation and control of hazards in the workplace?		
2.2.2	Does your company have a risk assessment process to evaluate identified hazards and their control measures?		
2.2.3	Does your company require the prompt reporting of hazardous practices and/or conditions at the worksite?		
2.2.4	Does your company conduct Job Hazard Assessments and Risk Assessments (Tailboard Talks or equivalent processes)?		
2.2.5	Are hazards prioritized?		
2.2.6	Is there a list of identified critical tasks?		
2.2.7	Does your company have documented safe work procedures for the work activities performed by your company?		
2.2.8	Is there a preventative maintenance program for facilities, tools, equipment and vehicles?		
2.3.0	Personal Protective Equipment (PPE)	Yes	No
2.3.1	Does your company have a policy or specific rules with respect to the use of PPE?		
2.3.2	Does your company have a formal process addressing the selection, use, care and maintenance requirements for PPE?		
2.3.3	Does your company have a process for identifying PPE requirements and for providing that equipment to workers?		
2.3.4	Are employees provided instruction and training in the proper use and care of PPE?		

2.6.0	Incident Reporting and Investigations	Yes	No
2.6.1	Does your company have a written policy and procedure for the reporting of incidents and proactive/at risk reporting?		
2.6.2	Does your company have a written policy and procedures for the prompt investigation of hazardous occurrences to determine the cause of the occurrence and the actions necessary to prevent reoccurrence?		
2.6.3	Does your company review and follow-up all incident reports?		
2.6.4	Are incident reports reviewed by Senior Management?		
2.6.5	Have supervisors been trained in investigation and reporting procedures?		
2.6.6	Is incident data recorded and evaluated for the identification of trends to facilitate system improvement?		
2.7.0	Emergency Preparedness	Yes	No
2.7.1	Does your company have an Emergency Response Plan related to its activities and specific locations?		
2.7.2	Does the plan include a requirement for training in emergency procedures, roles and responsibilities?		
2.8.0	Training and Communication	Yes	No
2.8.1	Does your company have a formal orientation program?		
2.8.2	Does your company have a plan for training workers and supervisors in workplace and job-specific safe work practices, plans, policies and procedures?		
2.8.3	Does your company have specific requirements regarding training (for example, First Aid, Fall Protection, Transportation of Dangerous Good (TDG), etc.)		
2.8.4	Are orientation and training records maintained?		
2.8.5	Are Risk Assessment (tailgate or toolbox) meetings held regularly and documented?		
2.8.6	Is there and process for communicating health and safety information to the workforce?		
2.9.0	JOHS Committee or Equivalent	Yes	No
2.9.1	Does your company have a Joint Occupational Health & Safety (JOHS) Committee or Worker Safety Representative for each worksite?		
2.9.2	Are your JOHS Committee members or Worker Safety Representatives trained?		
2.9.4	Do the JOHS Committee, workers and management participate in workplace inspections?		
2.9.5	Does your JOHS Committee hold scheduled safety meetings?		
2.11.0	Environmental Management	Yes	No
2.11.1	Does your company have an Environmental Management Program?		
2.11.2	Does your company train your managers/supervisors in Environmental?		
2.12.0	Sub-Contractor Management	Yes	No



Striving to live and work injury-free

2.12.1	Are contractors and subcontractors provided with an orientation to your company's workplace and/or site conditions?		
2.12.2	Does your company have a system to ensure contractors and subcontractors comply with occupational health and safety requirements?		



3.0 Safety And Health Performance:

Please provide your safety performance record for **past three (3) years and current year to date**, referencing the attached incident definitions and frequency calculations. Use the reference information for guidance on completing this portion of the form.

Safety and Health Indicators	Current YTD	Year - 1	Year - 2	Year - 3
3.1 Number Total Person Hours Worked				
3.2 Number Fatalities (FAT)				
3.3 Number Lost Time Injuries (LTI)				
3.4 Number Medical Aid Injuries (MA)				
3.5 Number Restricted Work Cases (RWC)				
3.6 Lost Time Injury Frequency (LTF)*				
3.7 All Injury Frequency (AIF)*				
* See end of this form for the method to calculate these values				
NOTE: All recordable incidents shall be recorded once only within the categories provided and shall be recorded as the highest category reported. For example, a Medical Aid (MA) incident, which also results in a Restricted Work Case (RWC), shall be recorded as a Medical Aid only. A MA that subsequently results in a Lost Time Injury (LTI) shall be recorded as a LTI only.				
Date:				

All information received will be treated as strictly private and confidential. No information given will be shared with other parties or reproduced without the express permission of your company.

I certify that the information I have supplied on the form is complete, accurate and true.	
Print name:	Position:
Signature:	Telephone Number:
	Date:



Use the following Definitions to classify your incidents:

Total Person Hours Worked: The hours employees worked, includes regular time and over time. Excludes sick, leave or vacation time.

FAT – Fatality: Any work related death resulting from an injury/illness regardless of time intervening between injury/illness and death will be reported but no days will be charged to the event.

LTI – Lost Time Injury: A work related injury for which an employee requires medical attention and is unable to return to work for his/her next scheduled shift.

MA – Medical Aid Injuries: A work related injury for which an employee requires medical attention; however, he/she is able to return to work for the next scheduled shift.

RWC – Restricted Work Cases: When an employee, due to a work-related injury/illness, is medically determined to be unable to perform one or more routine functions or unable to work the normal time period of their pre-injury/illness work day, they are working in a “restricted” capacity. Routine functions are the work activities that employee regularly performs at least once a week.

Frequency Calculations: The Industry Standard for injury/ illness reporting is based on 200,000 hours. This base represents the equivalent of 100 employees working 40 hours per week for 50 weeks per year.

LTF - Lost Time Injury Frequency: This Frequency Rate is based on the total number of Lost-Time Injuries or Illnesses, which occurred in the calendar year.

The following formula shall be used:

$$\frac{\text{LTF} = \text{Number of Lost-Time Injuries} \times 200,000}{\text{Total Person Hours Worked}}$$

AIF – All Injury Frequency: This is based on the total number of fatalities and Lost-Time injuries, plus the total number of Medical Aid Injuries which occurred in a calendar year.

The following formula shall be used:

$$\frac{\text{AIF} = (\# \text{ of Fatalities} + \# \text{ of Lost-Time Injuries} + \text{No. of Medical Aid Injuries}) \times 200,000}{\text{Total Person Hours Worked}}$$