|  |  |
| --- | --- |
| Company name |  |
| Company address |  |
| Telephone number |  |
| Facsimile number |  |
| Email address |  |
| Type of business |  |

|  |  |
| --- | --- |
| Abbreviation: |  |
| HSE | Health, Safety & Environment |
| DOSH | Department of Occupational Safety & Health |
| DOE | Department of Environmental |
| NA | Not applicable |
| HIRARC | Hazard Identification, Risk Assessment and Risk Control |
| JSA | Job Safety Analysis |
| PPE | Personal Protective Equipment |
| TRCF | Total Recordable Case Frequency |
| LTIF | Lost Time Injury Frequency |
| CePSWAM | Certified Environmental Professional in Scheduled Waste Management |
| NC | Non-conformity/ Non-compliance |
| GHE | Greenhouse Emission |
| ERT | Emergency Response Team |
| GHS | Global Harmonized System |

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| Criteria | | YES | NO | NA | Remarks |
| **Section 1: Quality Assurance** | | | | | |
|  | Is your Company certified as ISO 9001 accreditation? If “Yes”, please submit a copy of the certificate/s. |  |  |  |  |
|  | Does your Company have a written Quality Policy?  If “Yes”, please submit a copy of the policy. |  |  |  |  |
|  | Is there a person responsible for Quality related matter?  If “Yes”, please state the name and position. |  |  |  |  |
|  | Does your Company have a written Quality or QHSE manual or procedures? If “Yes”, please submit a copy of the manual or procedure. |  |  |  |  |
|  | Is there a documented procedure for audits and reviews of Quality System?  If “Yes”, please submit a copy of the procedure. |  |  |  |  |
|  | Does your company have quality audit plan?  If “Yes”, please submit a copy of the quality audit plan. |  |  |  |  |
|  | Does your company conducted Quality Internal and External audit?  If “Yes”, please submit the evidence of last record of Quality Internal and External audit. |  |  |  |  |
| **Section 2: HSE Policy & Management System** | | | | | |
|  | Does your Company certified as OSHAS 18001 accreditation? If “Yes”, please submit a copy of the certificate. |  |  |  |  |
|  | Does your Company have a written HSE Policy?  If “Yes”, please submit a copy of the policy. |  |  |  |  |
|  | Does your Company have a written HSE manual or procedures? If “Yes”, please submit a copy of the manual or procedure. |  |  |  |  |
|  | Does your company have a HSE audit plan?  If “Yes”, please submit a copy of the Health and Safety audit plan. |  |  |  |  |
|  | Does your company conducted HSE Internal and External audit?  If “Yes”, please provide the last record of HSE Internal and External audit. |  |  |  |  |
|  | Does your Company have a HSE Committee? What is the frequency of your HSE meeting?  If “Yes”, please submit the HSE Committee Org. Chart and last record of HSE Committee MOM. |  |  |  |  |
|  | Does your company have a certified Safety & Health Officer registered with DOSH?  If “Yes”, please provide evidence of the person competency record. |  |  |  |  |
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| Criteria | | YES | NO | NA | Remarks |
|  | Do you have a written procedure and are your employees trained on HIRARC/ JSA?  If “Yes”, please submit a copy of HIRARC/ JSA. |  |  |  |  |
|  | Does your company have a HSE Program and/ or HSE Day in place at the facility?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
|  | Does your company identify, maintain and implement legal and statutory requirements?  If “Yes”, please provide your legal register. |  |  |  |  |
|  | Does your company conduct Health Surveillance to all employees?  If “Yes”, please submit latest plan/ record of employees Health Surveillance. |  |  |  |  |
|  | Does your company provide PPE such as:   |  |  | | --- | --- | | * Safety helmets | * Safety shoes | | * Safety harness | * Eye protection | | * Ear protection | * Face mask | | * Coverall | * Others: Please state |   If “Yes”, please provide record of issuance. |  |  |  |  |
|  | Does your Company have an Incident Investigation procedure?  If “Yes”, please submit a copy of the procedure. |  |  |  |  |
| **Section 3: Safety Performance Indicator** | | | | | |
|  | Please provide the following statistics for the last three years:   * Number of Fatality * Number Lost Time Injury * Number of Lost Workday Case * Number of Restricted Work Day Case * Number of Medical Treatment Case * Number of First Aid Cases * Number of Near Misses Occurrence * TRCF * LTIF |  |  |  |  |
| **Section 4: HSE Training & Competency** | | | | | |
|  | What arrangements does your company have to ensure new employees have knowledge of basic industrial HSE, and to keep this knowledge up to date?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
|  | Does your company provide HSE training to the employees?  If “Yes”, please submit a copy of last record of HSE training. |  |  |  |  |
|  | How do you ensure the effectiveness of your employees in handling scheduled wastes? |  |  |  |  |
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| Criteria | | YES | NO | NA | Remarks |
|  | Does your company have competent person in handling scheduled wastes? i.e., CePSWAM.  If “Yes”, please submit a copy of competency certificate. |  |  |  |  |
| **Section 5: Environmental** | | | | | |
|  | Does your Company certified as ISO 14001 accreditation? If “Yes”, please submit a copy of the certificate. |  |  |  |  |
|  | Does your company have an environmental policy?  If “Yes”, please submit a copy of the policy. |  |  |  |  |
|  | Does your Company have a scheduled wastes management procedure? If “Yes”, please submit a copy of the procedure. |  |  |  |  |
|  | Does your company have Environmental audit plan?  If “Yes”, please submit a copy of the Environmental audit plan. |  |  |  |  |
|  | Does your company conducted Environmental Internal And External audit?  If “Yes”, please provide the last record of Environmental Internal And External audit. |  |  |  |  |
|  | Have there been environmental non-compliance issues in the last three years?  If “Yes”, please submit a copy of Notice of NC Issuance by government agencies. |  |  |  |  |
|  | Are there any documented procedure in place to prevent spill and/ or leak incident?  If “Yes”, please submit a copy of the procedure. |  |  |  |  |
|  | Does your company conduct Environmental Planning and Monitoring Committee meeting/ any meeting related to environmental?  If “Yes”, please provide the Org. Chart of the committee and last record of committee meeting. |  |  |  |  |
|  | Does your company monitor GHE?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
|  | Does your company have an Environmental Program and/ or Environmental Day in place at the facility?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
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| Criteria | | YES | NO | NA | Remarks |
| **Section 6: Emergency Preparedness & Response** | | | | | |
|  | What arrangements does your company have for emergency preparedness and response and which emergency situation are included?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
|  | Does the on-site ERT available at all facility?  If “Yes”, please submit a copy of the on-site ERT establishment. |  |  |  |  |
|  | Does the Emergency Response Plan/ GHS available at the storage area as to ensure there will be an appropriate/ adequate response toward unexpected incidents?  If “Yes”, please provide any evidence to support your statement. |  |  |  |  |
| **Prepared by:**  Signature:  Name:  Position:  Date: | | | | | |
| *For Velesto Use:*  **Comments by Reviewer:**  To be include in Approved Supplier/ Subcontractor YES NO  Signature:  Name:  Position:  Date: | | | | | |