

**HEALTH, SAFETY AND ENVIRONMENT (HSE)
CONTRACTORS / SUPPLIERS PRE-EVALUATION**

Name of Contractor / Supplier :

No.	Items	Yes	No	NA	Remarks	Score (UMW PIC)
Part 1 (Organization & Competency)						
1.	Does the company have Health, Safety and Environment Policy Statement? If YES, please attach a copy of the policy.					
2.	Does the company has Occupational Health and Safety Management System (e.g. OHSAS 18001) / Environmental Management System ISO 14001 If YES, please attach a copy of the certificate.					
3.	Does the employee have attended any basic HSE training? Example: CIDB Green Card / NIOSH Passport etc. If YES, please attach copies					
4.	Does the employee have related qualification / competency in related field (related with their job scope) from the recognized institution? If yes, please attach a copy of the competency certificate. Example : Safety and Health Officer (SHO) / Welder / Electrician / Chargeman / Scaffolder / Crane Operator / Authorized Gas Tester (AGT) Others (Please specify & attach certificate) _____ _____ _____					
5.	Does the company have written safety practice, instructions or procedures? If YES, please attach copies					
6.	Does the company have appointed dedicated staff to coordinate and monitor safety at site? If yes, Name of staff : Position :					
Part 2 (Commitment)						
5.	How does the company demonstrate commitment on health, safety and environment? (please ✓ the commitment)					
	i. Provide adequate resources, including monitoring and supervision					
	ii. Provide adequate safety, health and welfare facilities					
	iii. Discuss / disseminate safety and health information to the staff					
	iv. Provide and wear adequate personal protective equipment Others (Please specify)					
Part 3 (HSE Performance)						
6.	Previous accident / incident record (for the past 3 years)					
	a. Number of accident / incident case(s)			_____ case(s)		
	b. No. of fatality case(s)			_____ case(s)		
	c. No. of lost time injury (LTI) case(s)			_____ case(s)		
	d. No. of lost work days			_____ day(s)		
7.	Does the company been penalized / compounded by the Authority e.g. Department of Occupational Safety and Health (DOSH) / Department of Environment (DOE)? If YES, please describe the non-conformity:			Yes / No		



Declaration

I hereby declare that the facts provided in this questionnaire are true and correct.

Signature :
Name of PIC :
Designation :
Company Name :
Date :

To be filled-up by UMW :

Percentage Pre-Evaluation Score : _____

Part 4A (For project under UMW Corporation Sdn. Bhd. / contractor appointed by UMW Corporation Sdn. Bhd.)

1st Evaluator (Group HSE)	
Name	
Designation	
Signature	
Date	
Remarks	

2nd Evaluator (Group Procurement)	
Name	
Designation	
Signature	
Date	
Remarks	

Approver (Head , Group HSE)	
Name	
Designation	
Signature	
Date	
Remarks	

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Part 4B (For project under SBU / contractor appointed by SBUs)

1st Evaluator (SBU Project PIC)	
Name	
Designation	
Signature	
Date	
Remarks	

2nd Evaluator (SBUs OHSMR / DOHSMR)	
Name	
Designation	
Signature	
Date	
Remarks	

Approver (SBU Project Head)	
Name	
Designation	
Signature	
Date	
Remarks	