

# Vendor Assessment Questionnaire for Health and Safety Standards

A **vendor assessment questionnaire** for health and safety standards is a crucial tool used to evaluate the compliance and risk management of suppliers. It ensures that vendors adhere to required safety regulations, minimizing potential hazards in the supply chain. Implementing this questionnaire promotes a safer workplace and regulatory accountability.

*Please complete all sections. Attach supporting documents where required. All information will be treated as confidential.*

| Section 1: Vendor Information  |   |
|--|---|
| Company Name:  |   |
| Address:   |   |
| Contact Person:  |   |
| Phone/Email:   |   |
| Nature of Products/Services Provided:  |   |
| Section 2: Health and Safety Compliance  |   |
| 1. Does your company have a written health and safety policy?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please attach a copy.                         |
| 2. Are your employees provided with regular health and safety training?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please describe frequency and topics covered. |
| 3. Are risk assessments conducted for your operations?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please attach recent examples.                |
| 4. Do you have incident/accident reporting procedures in place?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please describe the process.                  |
| 5. Are you compliant with all applicable local and national health and safety regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, list certifications or licenses held.         |
| Section 3: Workplace Controls and Management   |   |
| 6. Are personal protective equipment (PPE) provided and used by staff as required?         | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. Are safety audits conducted regularly?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, provide audit frequency and last audit date.  |
| 8. Are hazardous materials properly labeled, stored, and handled?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9. Do you have procedures for emergency response and evacuation?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. Have there been any significant health and safety incidents in the past 3 years?       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please provide details.                       |
| Section 4: Declarations and Sign-off   |   |
| Name and Title of Person Completing the Questionnaire:                                     |   |

|            |  |
|------------|--|
| Date:      |  |
| Signature: |  |