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**INSTRUCTIONS FOR COMPLETING THIS FORM**

- All questions must be answered and
- Copies of relevant records, certificates, documents, and procedures are required.

Please complete the information on Section 1 of this form before proceeding to the next page.

**SECTION 1.0 GENERAL INFORMATION**

<b>Company Name:</b>	<b>Email:</b>
<b>HSE Representative/Contact Person:</b>	<b>Contact Number:</b>

**1.1 BRIEF DESCRIPTION OF SERVICES**

**1.2 Can there be potential injury, environmental harm and/or property damage associated with hazards in your work activities?  Y  N**


If **YES**, please proceed to identify the duration of your works and your level of risk exposure using the Table below. Kindly tick your respective response.

If **NO**, please proceed directly to Section 3.0.

		DURATION OF WORKS		
		Non-Routine	Routine	Resident
		Contracted works with duration not exceeding one month (not recurring)	Contracted works with duration more than 1 month but less than one year (recurring intervals or continuous)	Contracted works with duration more than 1 year of continuous work at the site
RISK EXPOSURE	<b>Low hazard exposure</b> Activities involving only common, simply, day to day hazards that may result in minor incidents such as first aid cases, minor spills.	<input type="checkbox"/> C1	<input type="checkbox"/> C1	<input type="checkbox"/> C2
	<b>Medium hazard exposure</b> Activities involving less common workplace hazards that may result in serious incidents requiring off site medical attention. (e.g., using powered equipment, industrial chemicals, SIMOPS by multiple teams, large spills [controlled]).	<input type="checkbox"/> C2	<input type="checkbox"/> C2	<input type="checkbox"/> C3
	<b>High hazard exposure</b> Activities that involve hazards that may result in critical/fatal injuries, loss of limbs, and major spills. (e.g., working at heights, confined space, hot works, electrical, major spills [uncontrolled]).	<input type="checkbox"/> C3	<input type="checkbox"/> C3	<input type="checkbox"/> C3

**If you have selected:**

C2 or C3, please proceed to complete Section 2.0.  
 C1, please proceed directly to Section 3.0.

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## SECTION

### 2.0 CONTRACTOR HSE MANAGEMENT SYSTEM – ASSESSMENT CRITERIA

Scoring to be completed by Angostura Holdings Limited using the criteria below

0 – No


2 – Yes, Supporting Information supplied but does not meet requirements

1 – Yes, No Supporting Information supplied

3 – Yes, Supporting Information supplied and meets requirements

2.1 Contractor Approvals and Insurances	Yes/No	Comments	Score
Do you have workmen compensation and public liability insurances coverage in the event of accidents/incidents?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have any licences, accreditation, permits and certifications for specialised services? (i.e., CEC for specific service, equipment certifications as per OSH Act, specialised certification for personnel, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		
2.2 Accident/ Incident History	Yes/No	Comments	Score
Total number of incidents for the preceding two (2) years has been provided?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Total number of <u>critical</u> incidents for the preceding two (2) years has been provided?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Total number of fatalities for the preceding two (2) years been provided? <sup>1</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N		
Have you received any citations, notices of prohibitions or other HSE regulatory non-compliance within the last three years? <sup>1</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N		
2.3 HSE Certifications	Yes/No	Comments	Score
Are you ISO 9001/14001/ 45001 or STOW certified?	<input type="checkbox"/> Y <input type="checkbox"/> N		
If no, please continue unto Section 2.4			
If yes, please proceed to Section 2.5			
2.4 HSE Management System	Yes/No	Comments	Score
Are there implemented HSE controls, systems and procedures that address:	<input type="checkbox"/> Y <input type="checkbox"/> N		
a) Hazard identification, risk assessment and establishment of a control program?	<input type="checkbox"/> Y <input type="checkbox"/> N		
b) The HSE intent of the organisation and have defined roles and responsibilities for HSE (i.e., HSE Policy or Plan)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
c) Training needs, training plans and competency assessments for employees and/or subcontractors?	<input type="checkbox"/> Y <input type="checkbox"/> N		
d) Safe work methods /procedures specific to the activities being performed?	<input type="checkbox"/> Y <input type="checkbox"/> N		
e) The communication and general awareness for HSE within the organisation (i.e., Orientation/ Induction Programme, safety briefings, toolbox talks, etc)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
f) Employee participation and feedback (i.e., staff meetings, HSE Committee meetings, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
g) Completion of workplace inspection/planned audits?	<input type="checkbox"/> Y <input type="checkbox"/> N		
h) The management of Infectious diseases?	<input type="checkbox"/> Y <input type="checkbox"/> N		
i) The upkeep and maintenance of Equipment/ Machinery (i.e., maintenance programme)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
j) Preparedness and response arrangements for emergencies/ upset conditions at your client's location/facility?	<input type="checkbox"/> Y <input type="checkbox"/> N		
k) Incident/Accident Reporting and conducting of investigations?	<input type="checkbox"/> Y <input type="checkbox"/> N		
l) The implementation of an effective corrective action process for identified unsafe conditions and breaches of HSE requirements	<input type="checkbox"/> Y <input type="checkbox"/> N		
m) The provision of adequate on-site supervision and HSE site inspections for related projects. (In addition to the procedure, please provide a sample of the inspection form)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
n) Drug and Substance abuse amongst employees?	<input type="checkbox"/> Y <input type="checkbox"/> N		
o) Waste Management in accordance with statutory requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N		
2.5 Does the HSE program include specific work systems and procedures related to: -	Yes/No	Comments	Score
a) Safe Systems of Work (e.g., Permit to work system, SIMOP)	<input type="checkbox"/> Y <input type="checkbox"/> N		
b) Vehicle Safety	<input type="checkbox"/> Y <input type="checkbox"/> N		
c) Chemical safety	<input type="checkbox"/> Y <input type="checkbox"/> N		
d) Power tools	<input type="checkbox"/> Y <input type="checkbox"/> N		
e) Covid-19 Management	<input type="checkbox"/> Y <input type="checkbox"/> N		
f) Hot Work	<input type="checkbox"/> Y <input type="checkbox"/> N		

<sup>1</sup> In the case of fatalities, scoring rating is different i.e., No – 3 pts, Yes – 0 pts

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g) Confined Space	<input type="checkbox"/> Y <input type="checkbox"/> N		
h) Electrical Safety	<input type="checkbox"/> Y <input type="checkbox"/> N		
i) Hazardous Line Breaking	<input type="checkbox"/> Y <input type="checkbox"/> N		
j) Lock out and Tag out	<input type="checkbox"/> Y <input type="checkbox"/> N		
k) Working at heights (i.e., use of Scaffolding, Mobile cranes, lifts, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		
l) Powered Industrial trucks (PITs) and other heavy equipment	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>2.6 Subcontractors</b>			
Do you use sub-contractors?	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>If yes, proceed to Subparts 2.6 a - c</b>			
a) Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?	<input type="checkbox"/> Y <input type="checkbox"/> N		
b) Do your sub-contractors have a written HSE program?	<input type="checkbox"/> Y <input type="checkbox"/> N		
c) Is HSE performance used as a criterion for the selection of sub-contractors?	<input type="checkbox"/> Y <input type="checkbox"/> N		

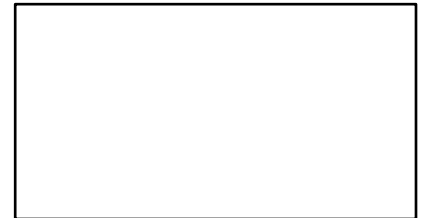
**SECTION 3.0 Declaration of Information Provided**

I, the undersigned, hereby declare that to the best of my knowledge and belief that the details provided in this application and supplied documents are accurate and true. I also authorize Angostura Holdings Limited and/or their representatives to undertake further investigation, if so desired, into the validity and accuracy of the information contained herein. I understand that any incorrect or false statements made on this form may render our application invalid and rejected.

Authorized Representative Name: \_\_\_\_\_  
(Cap. Letters)

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yy)



Authorized Company Stamp

**SECTION 4.0 EVALUATION SUMMARY – for official use only**

4.1 Contractor meets criteria for the following contractor risk categorization level <sup>2</sup>	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	
<b>Comments:</b>		
<b>Evaluator Name:</b>	<b>Evaluator Signature:</b>	<b>Date:</b>

For any queries: Please contact The Group's HSSE Department Tel: (868) 623-1841

<sup>2</sup> Categorization of contractors based on their HSE arrangements, maturity, and ability to manage various risk levels associated with contracted activities  
 C1 - Low hazard exposure, activities in which potential interactions with hazards that can result in minor incidents (first aid cases).  
 C2 - Medium hazard exposure, activities in which its interactions can result in medical attention or minor environmental harm (spills) as well as low hazard exposure in the case of a resident contractor.  
 C3 - High hazard exposure, activities which are likely to produce critical injuries/fatalities and/or major environmental damage as well as medium hazard exposure in the case of a resident contractor..