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FORM

SECURITY PROFILE CONTRACTOR

HSEQ management for contractors (health, safety, environment and quality)
 Please answer these pages only if you want to provide technical services or personnel services for RED!

A. ORGANIZATION, RESPONSIBILITY, PRINCIPLES

		YES	NO
1	Is your company certified according to SCC** (Safety Certificate Contractors) or an equivalent or higher safety management standard?		
	Is your company certified to SCC* (Safety Certificate Contractors) or an equivalent or higher safety management standard?		
	<ul style="list-style-type: none"> If so: Please enclose / send a copy of the certificate. The answers to questions 2 to 7 and question blocks B, C and D can be omitted. Please continue with E) "Accident frequency of your company"! 		
	<ul style="list-style-type: none"> If not: Are you planning to have your HESQ management system certified? If yes: Until when? Month: _____ Year: _____ 		
2	Does your company have an HSE management system? Or does your company have a comparable documentation that shows how your company has organized itself to implement the legal regulations (e.g. according to Employee Protection Law) for the safety and health protection of your employees?		
3	Is the HSE management system documented and up-to-date?		
4	Does your management / your top management show a clear, visible responsibility for health, safety and environmental protection?		
5	Does your company follow a documented HSE policy (HSE principles) which is known by all employees?		
6	Have you defined goals for the improvement of occupational safety in your company (e.g. reportable accidents per 1 million working hours - LTI -, number of reportable accidents, accident frequency) and do you document their fulfilment?		
7	Does your company set targets for improving its environmental performance (e.g. reducing waste and air pollutants)?		

B. STANDARDS AND PROCEDURES

		YES	NO
1	Does your company have a defined procedure for reporting, recording and investigating accidents?		
2	Does your company have a procedure for recording near-accidents, critical situations and potential hazards?		
3	Are the investigation results of accidents and near-accidents or the causes identified communicated to employees by their superiors?		
4	Are your managers regularly trained in HSEQ topics?		
5	Are hazardous substances used in your work?		
	if so: Have you drawn up operating instructions for handling hazardous substances according to §20 Ordinance on Hazardous Substances?		
6	Have you defined guidelines for the proper disposal of waste?		
7	Is it ensured that your subcontractors also comply with your HSE requirements?		

C. IMPLEMENTATION AND PROCESSING

		YES	NO
1	Are you familiar with the handling of work permits for hazardous work?		
2	Are your employees instructed at least once a year in accordance with Employee Protection Law on the safety and health hazards arising in their activities?		
3a	Do all your employees have a safety pass and the instructions required according to point 2 are documented in this safety pass;		
3b	Would you be prepared to have such a safety pass issued to all employees in the event of an order?		
4	Are HSEQ issues discussed in regular meetings, meetings with the operating personnel? Are so-called Toolbox Meetings held regularly?		
5	Do you employ foreign employees in our facilities? If so, Is it ensured that they understand the German language to the extent that instructions by our employees are correctly understood, or do you employ multilingual supervisors accordingly if foreign employees do not have a sufficient command of the German language?		

D. REVIEW AND EVALUATION

		YES	NO
1	Have you ensured that the machines and equipment you use are regularly checked in accordance with the applicable accident prevention regulations?		
2	Do the responsible supervisors (e.g. foremen) carry out regular inspections of the workplaces?		
3	Does your management (executive, owner or representative) carry out HSE inspections on site?		
4	Have risk assessments according to Employee Protection Law been carried out and documented for the activities to be performed by you?		

E. ACCIDENT FREQUENCY OF YOUR COMPANY

Please provide information on the frequency of accidents in your company:

	Current financial year _____	Last financial year _____	Penultimate financial year _____
Number of employees (full-time workers)			
Reportable accidents (lost time > 3 days)			
Accidents with lost time ≥ 1day			

Name of company	
Name of agent	
Date	

Hereby we confirm the accuracy of the information and sign on behalf of the company:

Stamp, Signature

Full name and function of the signatory in BLOCK CAPITAL