



# Contractor Safety Management Program Document

## PRE-QUALIFICATION FORM

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This form (3 pages) must be filled and sent to: **The Procurement Manager, Bamburi Cement Limited, Nairobi Grinding Plant, Athi River ,P.O. Box 524-00204, Athi River.**

<b>1. REGISTERED COMPANY NAME:</b>		
<b>1b. REGISTERED COMPANY NAME OF SUB- CONTRACTOR:</b>		
<b>2. REGISTERED POSTAL ADDRESS:</b>		
<b>3.1. TELEPHONE</b>	<b>3.4. CONTACT E - MAIL:</b>	
<b>3.2. WEBSITE:</b>		
<b>3.3. FAX NUMBER</b>		
<b>4. PHYSICAL ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:</b>		
<b>5. NATURE OF CONTRACT SERVICE(S) OFFERED:</b>		<b>5.1. SEGMENT</b>
<b>6. WHAT GOODS/SERVICES DO YOU WISH TO BE CONSIDERED FOR?</b>		
<b>7. CONTACTS</b>		
<b>7.1. MANAGING DIRECTOR</b>		
<b>7.2. BAMBURI CEMENT LTD ACCOUNT MANAGER</b>		
<b>7.3. SALES</b>		
<b>7.4. QUALITY</b>		
<b>7.5. HEALTH &amp; SAFETY</b>		
<b>7.6. PRODUCTION</b>		
<b>8. TYPE OF ORGANISATION:</b>		
<b>8.1. SOLE TRADER: YES /NO</b>	<b>PARTNERSHIP: YES / NO</b>	<b>LIMITED COMPANY: YES / NO</b>
<b>8.2. COMPANY REGISTRATION NUMBER</b>	<b>8.3. DATE</b>	
<b>8.4. PIN NUMBER:</b>	<b>8.5 VAT NUMBER</b>	
<b>8.6. NAMES OF DIRECTORS</b>	<b>8.7 ADDRESS</b>	



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The point 5.1 is for the exclusive use of Bamburi cement ltd.

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<b>9. NAME OF COMPANY SECRETARY</b>		<b>9.1. ADDRESS</b>	
<b>10. NAMES OF PARTNERS</b>		<b>10.1 ADDRESS</b>	
<b>11. NAME OF SOLE PROPRIETOR:</b>		<b>11.1. ADDRESS</b>	
<b>12. TOTAL NUMBER OF POPULATION EMPLOYED IN THE ORGANIZATION</b>			
<b>12.1. PERMANENT:</b>	<b>12.2 : CASUALS:</b>	<b>12.3 : TOTAL:</b>	
<b>13. ACCOUNT OF QUALIFICATION &amp; EXPERIENCE OF ENGINEERS/OTHER PROFESSIONALS</b>			
<b>13.1. QUALIFICATION</b>	<b>13.2 : DISCIPLINE</b>	<b>13.3 : QUANTITY</b>	
<b>14. LOCATION OF REGISTERED COMPANY (if a limited company):</b>			
<b>15. SHARE/EQUITY OF THE COMPANY (Given below the details of ownership/shareholding and the nationality of shareholders having unrestricted voting rights)</b>			
<b>15.1. NAME</b>	<b>15.2 : NATIONALITY</b>	<b>15.3 : SHAREHOLDING</b>	
		NUMBER OF SHARES	%





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<b>20. CONTRACTOR'S OWN ASSESSMENT OF FINANCIAL CAPABILITY</b>			
A) up to 50,000 Kes	B) 50,000 to 100,000 Kes	C) 100,000 to 500,000 Kes	D) 500,000 to 1,000,000 Kes
E) Over 1,000,000 Kes			
<b>20.1. WHO ARE YOUR MAIN COMPETITORS?</b>			
<b>20.2. IF YOU CANNOT SUPPLY ALL VOLUMES/SPECIFICATIONS IN THE SHORT TERM WHAT OTHER OPTIONS COULD YOU OFFER TO US TO MEET OUR REQUIREMENT?</b>			
<b>20.3. ARE YOU WILLING TO HOLD SAFETY STOCK?</b>			
<b>20.4. PLEASE OUTLINE YOUR CUSTOMER SERVICE RESPONSE AND SUPPORT WHEN THERE ARE QUALITY OR SERVICE CONCERNS AT OUR PLANTS</b>			

**21. ENVIRONMENT, HEALTH AND SAFETY (EHS)**

**21.1 History**

Based on your Worker's compensation records for the past three years, specify the number of accidents or injuries that occurred:

Category	2006	2007	2008	2009
<b>Fatalities</b>				
<b>Lost Time Injuries</b>				
<b>Medical Injuries</b>				
<b>First aid Injuries</b>				

Attach copies of the appropriate Worker's compensation records for the four years concerned.

**21.2 Policies and practices**

1. Do you have a written safety program? (if yes please attach a copy)  YES  NO
2. Can you provide evidence of employees trained on your safety program?  YES  NO
3. Do you have an EHS manager or department? If yes, indicate the name of the manager or department head:  YES  NO
4. Can you provide evidence of employee's safety training and qualifications for work performed?  YES  NO



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5. Does your EHS program cover all regulatory requirements for the Construction industry?  YES  NO
6. Does your company have an environmental protection program (waste management, transportation of hazardous materials, pollution prevention)?  YES  NO
7. Does your company have a drug education program designed to ensure that your workplaces are drug and alcohol free? (Attach copy)  YES  NO
8. Does your company have a pre-employment screening program?  YES  NO
9. Will one of your competent employees be designated as your safety Contact person while on our site?  YES  NO
10. Does your health and safety program include requirements for:
- |                             |         |                           |         |
|-----------------------------|---------|---------------------------|---------|
| a. Respiratory protection   | (Y) (N) | k. Hazard Communication   | (Y) (N) |
| b. Fire protection          | (Y) (N) | l. Hot Work               | (Y) (N) |
| c. Housekeeping insp.       | (Y) (N) | m. Crane operation Safety | (Y) (N) |
| d. Hazard recognition       | (Y) (N) | n. Exposure Monitoring    | (Y) (N) |
| f. Injury/Illness Reporting | (Y) (N) | o. Use of fall protection | (Y) (N) |
| g. PPE                      | (Y) (N) | p. Confined space entry   | (Y) (N) |
| h. Hearing Protection       | (Y) (N) | q. First Aid              | (Y) (N) |
| i. Excavations & Shoring    | (Y) (N) | r. Blood borne pathogens  | (Y) (N) |
| j. Lockout/tag-out          | (Y) (N) | t. CPR                    | (Y) (N) |

Please provide information about any other noteworthy elements of your safety programs and policies.

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### 21.3 Training

1. Do your supervisors receive formal Safety training?  YES  NO
2. Do your employees take Safety development courses?  YES  NO
3. Do you hold Safety Meetings?  YES  NO
4. What is the frequency of safety meetings?  Daily  Weekly  Monthly  Quarterly

### 21.4 Post-accident checks and investigations

1. Do you have an accident investigation procedure?  YES  NO
2. Is senior management involved in the investigation of accidents?  YES  NO

## 21 REFERENCES



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21.1 Customer's name:

Address:

City or town:

Contact person:

Title:

Telephone:

Type of contract:

Type of work:

Volume:

Project completion date:

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Executive's signature:

Name:

Title:

Date:

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