



*This assessment checklist is used only for vendor who provides services.*

VENDOR NAME : \_\_\_\_\_

CATEGORY : ***Please circle***

MECHANICAL	MAINT WORK - MECHANICAL/ AIR-COND/ PM/ RTG/ QC
ELECTRICAL	MAINT WORK – ELECTRICAL/ ENERGY SAVING/ ELECTRICAL SUPERVISION FOR SUB-STATION
CIVIL	BUILDING/ EXTERNAL INFRASTRUCTURE/ TERMINAL YARD/ WHARF ROAD/ CONSTRUCTION GREEN HOUSE/ PONTOON/ WATER TANK
INFORMATION TECHNOLOGY (IT)	CCTV (INSTALLATION/ COMMISSIONING/ MAINT)
SUB-CONTRACTING & SERVICES	<b>MAINT WORK</b> – LIFT/ SANITARY/ SEWERAGE/ WEIGHBRIDGE/ SOLID WASTE DISPOSAL; <b>SERVICE</b> – SIGNAGE WORK/ REPAINTING WORK/ TYRE MNMG/ PEST CONTROL/ CAR WASH/ PURCHASE SCRAP METAL/ RENTAL BUS/ RENTAL CANOPY/ SUPPLY VAN/ RENTAL OF MOBILE CRANE & SKYLIFT/ CHARTER TUG@PILOT BOAT/ SUPPLY PM LABOUR/ SUPPLY LABOUR (LASHING)/ SUPPLY RTG DRIVER; <b>CLEANING</b> – OFFICE AREA/ WAREHOUSE/ TERMINAL
OTHER (TO SPECIFY)	

*Kindly tick (v) for YES/AVAILABLE, cross (X) for NO/NOT AVAILABLE at 'Yes/No' column  
or tick (v) for NOT APPLICABLE at 'NA' column*

No.	Pre-qualification criteria	Yes/ No	NA	Rating (for office use)
<b>1</b>	<b>Occupational Health, Safety and Environment management system</b>			
a.	HSE and health policy available?			
b.	Safe operation Work Instruction (WI) available?			
c.	Is the above WI available for all jobs?			
d.	Are the critical WI (such as entry of confined space, excavation, power line connection, scaffolding, and any other works related to building operation and work of engineering) available?			
<b>2</b>	<b>Machinery</b>			
a.	List of machinery available?			
b.	Has the above being reported to DOSH?			
c.	List of certified machinery available?			
d.	Do all the certified machineries have permit/licence?			
e.	Are all the permits still active?			
<b>3</b>	<b>Competency</b>			
a.	Do the charge men possess certificate?			
b.	Registered with <i>Suruhanjaya Tenaga</i> ?			
c.	Registered with CIDB? (for Construction activity)			
<b>4</b>	<b>Manpower</b>			
a.	All are permanent staff?			
b.	Does supplier engage temporary staff?			
c.	All staff are above 16 years old?			
d.	Foreigner staff have permits?			

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No.	Pre-qualification criteria	Yes/ No	NA	Rating (for office use)
<b>5</b>	<b>Training</b>			
a.	Training program available?			
b.	Training evaluation done?			
c.	Training records available?			
d.	Staff are trained with PPE usage?			
e.	Staff are trained to handle critical works?			
f.	Staff are able to identify safety/environmental hazards and conduct risk assessment?			
<b>6</b>	<b>PPE</b>			
a.	PPE provided by the supplier?			
b.	Approved PPE type used?			
c.	Items provided to staff (where relevant)?			
i.	Safety helmet			
ii.	Safety shoes			
iii.	Goggle			
iv.	Face shield			
v.	Respirator			
vi.	Fume mask			
vii.	Vapor mask			
viii.	Dust mask			
ix.	Safety harness			
x.	Safety vest			
<b>7</b>	<b>Welfare</b>			
a.	Staff are registered with SOCSO?			
b.	Staff are subjected to medical check up prior to employment?			
c.	Staff are subjected to medical check up every two years?			
d.	Staff are subjected to medical surveillance (applicable to staff handling hazardous chemical)?			
<b>8</b>	<b>Environmental Management</b>			
a	Environmental Impact assessment and monitoring program available?			
b	Waste management program available?			
c	Copy of licenses from DOE available (if required by the law)?			
d	Emergency Plan available?			
e	Copy of CSDS or MSDS available (for the usage of any chemical or dangerous goods)?			
	<b>Total obtained points</b>			
	<b>Total applicable points</b>			

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Kindly attach the following documents (whichever applicable) during submission:

- 1) HSE/Safety Policy
- 2) Charge man certificate
- 3) CIDB Registration Certificate
- 4) Certificate from *Suruhanjaya* (as required by Regulation 75 of the Electricity Supply Act 1990)
- 5) License from DOE

### Declaration

I, the undersigned hereby declare to the best of our knowledge and belief that the particulars furnished under this application are true and accurate. We also authorize PELABUHAN TANJUNG PELEPAS SDN BHD and its representatives to undertake further investigation if so desired. We also agree that any incorrect information stipulated in this form may render our registration invalid.

\_\_\_\_\_  
Vendor Stamp & Signature

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

I/C Number : \_\_\_\_\_

Date : \_\_\_\_\_

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<b><u>Assessment result</u></b>	
Assessment result : _____	Accept <input type="checkbox"/>
Category:     A     B     C (circle it)	Reject <input type="checkbox"/>

Rated By,

\_\_\_\_\_  
NAME :  
DEPT : HSE  
DATE :

**Selection criteria:**

1. Only A & B can be registered into Approved Vendor List.

Percentage	Category	Description	Details
>80	A	Good	Most of the criteria are met. Vendor is eligible to be registered in Approved Vendor List.
60-79	B	Average	Basic criteria met. Vendor is eligible to be registered in Approved Vendor List.
59 and below	C	Not acceptable	Basic criteria not met. Vendor needs to improve and shall re-apply after a year from the date of previous application being rejected.
Points	Description		
NA	Not applicable. Cumulative points not considered.		
0	No or Not Available		
1	Yes or Available		