

**CLEANING CONTRACTORS – ADDITIONAL QUESTIONNAIRE**

1. **Please provide a full split of turnover derived from the following categories:**

|  |  |  |
| --- | --- | --- |
| **Category** | **Split (%) for Recent 12 months** | **Split (%) for Next 12 months** |
| Office and Industrial Cleaning **Outside** of Business Hours |  |  |
| Office and Industrial Cleaning **During** Business Hours |  |  |
| \*Retail Shop **Outside** Business Hours |  |  |
| Retail Shop **During** Business Hours |  |  |
| Shopping Centre **Outside** Business Hours |  |  |
| Shopping Centre **During** Business Hours |  |  |
| Aged Care / Child Care **Outside** Business Hours |  |  |
| Aged Care / Child Care **During** Business Hours |  |  |
| Schools **Outside** Business Hours |  |  |
| Schools **During** Business Hours |  |  |
| Other - Please specify : |  |  |
| **Total** | **100%** | **100%** |

\**Retail includes Shops, Arcades and Shopping Strips, whether stand-alone or part of a commercial building*.

1. **Does any of the above include the Department store ?**

Yes  , please provide example \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

1. **Do they do trolley collection ?**

Yes

No

1. **Do they clean food courts for shopping malls ? If yes, Please indicate whether it is performed during business hours or outside business hours.**

Yes  : During hours  Outside Hours

No

1. **Do they hire independent (third party) risk managers or OH&S managers**?

Yes

No



1. **Please provide what risk management systems have been implemented to control any hazards ?**

*Please attach copy if available (eg. OH&S manuals, Quality manual, Hazard assessment form, duty statement and employees duty checklist etc.)*

1. **Is CCTV footage available of all work areas**?

Yes

No

1. **Are you involved in any of the following** ?

* Window Cleaning Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* Exterior Wash Down Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* High Rise Window Cleaning Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* Abseiling Building Maintenance Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* Ceiling Cleaning Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* Water Blasting Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* Abseiling Cleaning Yes  No  - If Yes, maximum heights : \_\_\_\_\_m
* High Dust Cleaning Yes  No  - If Yes, maximum heights : \_\_\_\_\_m

1. **Other supplementary information you would like to disclose ?**