

SUB CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

Introduction and instructions.

Those contractors employing less than five people and sole traders should complete section A and B only.

Those companies employing more than five people should complete sections A and C

This document is issued for your completion to enable your health and safety arrangements to be ascertained prior to your inclusion on the list of approved sub-contractors.

The Health and Safety at Work Act 1974 places responsibilities on organisations to ensure that contractors and subcontractors perform their duties with due regard to health, safety and welfare.

The Construction (Design and Management) Regulations 2007 require those who appoint contractors to them to ensure that these contractors are competent and adequately resourced.

This questionnaire is to enable these requirements to be verified and enable the company to discharge its responsibilities under these regulations.

SECTION A

All Companies should complete this section

DETAILS OF COMPANY

Name: _____

Address

Telephone
Number _____

Fax
Number _____

Please indicate below the trade or disciplines for which you wish to be considered

How long have you
Been in business? _____

Provide details of three
projects of a similar size
and type

Please Supply 2
Trade references

Number of Employees
Directly employed _____

Number of Agency or
Labour only contractors _____

SECTION B

1. Name of person responsible for Health and Safety within your organisation

2. Please advise what safety related training your employees have received in the last three years by marking the list of examples of training below. Please **PROVIDE COPIES** of the certificates with this form

NEBOSH General Certificate	Y / N
IOSH Directing Safely	Y / N
IOSH Managing Safely	Y / N
IOSH Working Safely	Y / N
SMSTS	Y / N
CNCGS Passport to Safety	Y / N
CSCS Manger	Y / N
CSCS Operative	Y / N
MEWP (IPAF)	Y / N
Mobile Scaffold (PASMA)	Y / N
Abrasive Wheels	Y / N
Manual Handling	Y / N
Gas Safety (CORGI)	Y / N
Forklift Truck	Y / N
Fixed Scaffold (CITB)	Y / N
Electricity at Work	Y / N
Electrical work (BS7671)	Y / N
Electrical Testing (fixed Installation)	Y / N
PAT Testing	Y / N
Use of Woodworking Equipment	Y / N
Plant (Detail Below)	Y / N

Other training (detail Below)

3. Are you prepared to undertake health and safety training provided by the Company (this shall be at your own expense)?

4. Over the last three years has your company been prosecuted regarding health and safety or received any improvement or prohibition notices from the Health and Safety

Executive?. If yes, **PROVIDE DETAILS** below. (continue of an additional piece of paper if necessary).

5. Please provide details of all accidents resulting in over three days absence from work in the last three years.

6. Please provide details of your accident reporting procedure

7. Please list below the Personal Protective Equipment issued to employees.

8. Do you charge for any PPE provided? Y / N
9. Do you sub-contract any work to others, if so, **PROVIDE DETAILS** of how you assess their health and safety performance and competency

10. Please **INCLUDE COPIES** of you Public and Employers Liability Insurances.
11. Please **INCLUDE COPIES** of your CIS status

12. Provide details of your systems for ensuring safe plant and work equipment

SECTION C

- 1 Please **PROVIDE A COPY** of your Health and Safety Policy inclusive of arrangements and revision date. If you are CHAS registered please enclose your CHAS Certificate and go to question 18.
- 2 Please provide details of how this policy is implemented or indicate the page in the policy where this is detailed
- 3 Over the last three years has your company been prosecuted regarding health and safety or received any improvement or prohibition notices from the Health and Safety Executive?. If yes, **PROVIDE DETAILS** below. (continue of an additional piece of paper if necessary).
- 4 Please **PROVIDE COPIES** of Health and Safety training certificates for your employees.
- 5 Please detail the Health and Safety training given to Managers and Supervisors and **INCLUDE COPIES** of certificates
- 6 What procedures does your company have to ensure compliance with The Management of Health and Safety Regulations 1999. Please **INCLUDE COPIES** or Risk Assessments, Vibration risk Assessments, COSHH Risk Assessments and Manual Handling Risk Assessments.
7. How do you communicate the findings of such risk assessments to your employees?

- 8 Does your company have any written safety procedures, i.e. a safety manual or handbook, guide etc. Please **INCLUDE COPIES** as necessary.
- 9 What is your company procedure for reporting and investigating accidents, incidents and dangerous occurrences?

10. What are your company procedures to ensure that all plant and equipment for use site is maintained in a safe condition in accordance with the Provision and Use of Work Equipment Regulations (PUWER) 1998 and the Electricity at Work Regulations 1998?

- 11 Please provide the name of the senior executive responsible for health and safety
- 12 Do you employ or retain the services of a qualified safety advisor? Please detail below their name and qualifications. Please **PROVIDE COPIES** of their CV/Qualifications
- 13 Describe your company's arrangements for health and safety monitoring on site and inspections of your operations
- 14 Please list below the Personal Protective Equipment issued to your employees

- 15 Do you charge for any PPE provided? Y / N
- 16 Please provide details of how you assess the competence and health and safety performance of any sub-contract companies or individuals you may employ
- 17 Please detail how you ensure that sub-contractors adhere to the provisions of your company health and safety policy
- 18 Please attach any additional information that you believe is relevant and that will assist us in assessing your company's effectiveness in controlling risks and managing health and safety.
- 19 Please **INCLUDE COPIES** of you Public and Employers Liability Insurances.
- 20 Please **INCLUDE COPIES** of your Tax status

DECLARATION

Name of person completing this form.

PRINT _____

SIGN _____

POSITION _____

DATE _____

INCLUSIONS

CHAS Certificate Included	Yes / No
Project details supplied	Yes / No
Trade References supplied	Yes / No
CIS Card copy	Yes / No
Employers Liability Insurance Certificate	Yes / No
Public Liability Insurance Certificate	Yes / No
Health and Safety Policy	Yes / No
Risk Assessments	Yes / No
Safety Advisor Credentials	Yes / No
Safety Manual	Yes / No
Training Certificates	Yes / No