



Sub Contractors H&S Questionnaire

July 2009

Structured Designs Ltd, The Coach House, Gatewen Hall
Gatewen Lane, Wrexham, LL11 6YZ

1. General Company Information

1.1 Company Name:

1.2 Address:

1.3 Registered Address (if different from above)

1.4 Main Contact details

Name:

Telephone Number:

Email Address:

1.5 Please List all the services your company can provide:

1.6 Please supply your post code coverage:

1.7 Financial Information

Are you VAT registered: YES/NO Number:

Do you have a company UTR NO: YES/NO Number:

Do you have a company No: YES/NO Number

1.8 Insurance Information

Please provide the relevant insurance certificates for our records;

Employers Liability

Level of Cover: Expiry Date:

Public Liability

Level of Cover: Expiry Date:

Professional Indemnity

Level of Cover: Expiry Date:

Health & Safety Competency Questionnaire

<p>2 Organisation</p>
<p>2.1 Please attach a copy of your latest Health and Safety at Work Policy Statement, Organisation and Arrangements Document as required under section 2. (3) of the Health and Safety At Work etc Act 1974.(If applicable)</p>
<p>2.2 When was this Policy last updated?</p>
<p>2.3 Please give the name, initials and title of the person having executive responsibility for health and safety in your company.</p> <p>Name: Job Title:</p>
<p>2.4 Please give the name, initials and title of the person having operational responsibility for health and safety in your company.</p> <p>Name: Job Title:</p>
<p>2.5 Please advise us of the arrangements which you have regarding the services of a professional Safety Advisor or Consultant or other competent person, as required by Regulation 6 of the Management of Health and Safety At Work Regulations 1992.</p> <p>Please give details, including name, initial and telephone number:</p> <p>Name: Job Title: Tel Nr:</p>
<p>2.6 Is your company CHAS or Safe contractor accredited? If yes please give details;</p>
<p>2.7 Please indicate any professional bodies that your organisation belong to e.g. ROSPA, BSC, IOSH?</p>

Health & Safety Competency Questionnaire

2.7 Do you have a Health & Safety Management System?

If so, when was it last updated?

Please explain how you monitor and regularly update your system.

2.8 Do you have a Company Induction to brief staff in your policies?

2.9 Please provide evidence on how you monitor the Health and Safety performance of your direct employees:

3. Accident Frequency Rate (AFR)

3.1 Please provide details of any accidents / incidents in the last three years:

	Previous Year 3	Previous Year 2	Previous Year 1	Current Year
Fatal				
Major				
3 Days				
Non Reportables				
Near Misses				

Health & Safety Competency Questionnaire

3.2 Please provide details of your subcontractors accidents / incidents whilst employed by you in the last three years:				
	Previous Year 3	Previous Year 2	Previous Year 1	Current Year
Fatal				
Major				
3 Days				
Non Reportables				
Near Misses				
3.3 Have you or your subcontractors received any of the following within the last three years: (If so, please provide details)				
		Date	Reference No.	
Prohibition Notice:				
Improvement Notice:				
Prosecutions:				
Safety / Industrial Tribunal Hearings: If yes, please attach a short summary				

4. Health and Safety Information, Instruction and Training	
4.1	What percentage of the total number of staff detailed in Section 4.1 have a valid CSCS Skills Card? %
4.2	What percentage of the total number of staff detailed in Section 4.1 have been inducted into the IIF culture? %
4.3	Please give details, supported by documentary evidence, of any Health and Safety training given to your Managers/Supervisors/Operatives within the last three years.
Managers:	
Supervisors:	
Operatives:	

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5. Plant & Equipment
5.1 Under current regulations (PUWER 1996) do you provide tested and tagged equipment?
5.2 Are test records kept and up to date?
5.3 Who carries out the tests and inspections?
5.4 Do you have procedures in place for the control of Vibration White Finger when using equipment? Please provide evidence to support the above.

6 Personal Protective Equipment
6.1 Are operatives given training & instructions on the use, maintenance and storage of PPE?
6.2 Do you operate arrangements for testing PPE (e.g. respiratory equipment, harnesses, etc.)? Please provide evidence to support the above.

7. Safe Systems of Work
7.1 Please explain how you bring to the notice of site personnel (direct and subcontract employed) the requirements of your systems of work on the sites upon which you work, including your Risk Assessments, COSHH Assessments, Method Statements, etc and how is such information disseminated to such personnel to satisfy yourselves that the information has been fully understood.
7.2 How do you ensure that your work practices overcome any language barriers?

Health & Safety Competency Questionnaire

8. Your Subcontractors	
8.1	How do you assess the health and safety record and competence of the companies with whom you place your contracts? Please provide documentary evidence of how this is achieved.
8.2	How do your subcontractors assess the health and safety record and competence of the companies with whom they place their contracts? Please provide documentary evidence of how this is achieved.
8.3	Please confirm that all / any sub-contractors employed by yourselves would be: <ul style="list-style-type: none">• Suitably experienced• Properly qualified and members of the relevant accredited organisations• Have access to all contract documentation enabling them to fully appreciate all aspects of the works required by them• Able to demonstrate the ability and resources to meet the requirements of any contract
8.4	Please provide evidence on how you monitor the Health and Safety performance of your subcontractors:

Declaration

I confirm that all information provided above is to the best of my knowledge accurate and correct.

Signed:

Print:

Position in company:

Date

If you wish to add any further information please use the space provided;