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| **Contractor Name:** |  |

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| **Address:** |  |

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| **Email:** |  |

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| **Website:** |  |

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| **Telephone No.** |  |

**Introduction.**

All people at work have legal duties to fulfil, which includes our contractors. Before, we appoint a contractor on a civil contract, we must be confident that they are competent, and can coordinate, cooperate and work safely within our Organisation, and comply with relevant law and trade standards. If we engage your services, this will not absolve you from your legal responsibilities.

**Definitions.**

**“Competent”**, means a person or organisation with the skills, knowledge and experience in the job they are to do, to secure health and safety; this includes someone under strict instruction and ‘direct supervision’ of a competent person.

**“Contractor”**, under CDM (The Construction (Design and Management) Regulations 2015), means any person (including commercial clients and anyone who directly employs, or engages construction workers), who in the course, or furtherance of a business, carry out, manage or control construction work: They include, subcontractors, any individual, sole trader, self-employed worker or business.

However, outside of the CDM Regulations, we classify a contractor as any person or organisation we engage to carry out work, on our behalf, at any place of work. Therefore, this could be counselling or occupational health services, or cleaners, etc.

**Please Complete the Following Questionnaire, and provide evidence as requested:**

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| **Resources:** |
| Please provide evidence that you will have the necessary resources, (finance, no. workers, work equipment, time etc.) for the work we may engage you to carry out, on our behalf. |

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| **Insurance:** |
| Please provide certificates, broker letters and schedules of your public liability insurance, and if relevant, your employers liability, product liability and or professional indemnity insurance. |

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| **Trade Organisations:** | |
| Are you a member, or do you belong to a trade organisation? |  |
| If yes, please provide evidence, e.g. a membership certificate. | |

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| **Health and Safety Assistance:** | | | | |
| Do you use external organisations to assist you with your health and safety? | | | |  |
| If yes, please provide the names and contact details of the Organisation and the competent people appointed to assist you, and their qualifications and experience. | | | | |
| **Organisation:** | **Name:** | **Contact Details:** | **Qualifications & Experience:** | |
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| **Health and Safety Policy:** |
| Please provide a copy of your up to date health and safety policy and arrangements. If you do not have a policy, because you employ less than five people, then your statement on general health and safety will suffice. |

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| **Coordinating Health and Safety:** | | | |
| Who coordinates health and safety and relays information within your Organisation, and what is their job title, contact details, and their qualification and experience? | | | |
| **Name:** | **Job Title:** | **Contact Details:** | **Qualifications & Experience:** |
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| **Communicating Health and Safety:** | |
| Please outline how you communicate health and safety within your Organisation? |  |

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| **Cooperating with Health and Safety:** | |
| Please outline how you cooperate with other trades? |  |

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| **Competence – In relation to the work we may engage you to carry out:** | | |
| Do have references for similar work? If yes, please provide us a copy of those references. | |  |
| Please provide evidence of your qualifications. | | |
| Please evidence of the health and safety training you, and or your workers receive, (this includes work supervisors). | | |
| Please outline your experience in similar work services, and risk. |  | |
| Please outline what method, or criteria you use to select subcontractors? |  | |

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| **Safe Systems of Work:** | |
| Would you provide us with formal written risk assessments and method statements if we were to engage your services? |  |
| Please provide evidence of your previous risk assessments, and safe systems of work, e.g. a permit-to-work system, or set procedures, or method statements, for similar work services, and risk, as to those we may engage you to carry out. | |

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| **Work Equipment Maintenance and Inspection:** | |
| Please outline your procedure for inspecting, testing, issuing and maintaining your vehicles, plant, machinery, and other work equipment, in a safe working condition. |  |
| Please provide evidence of your work equipment maintenance and inspection regimes. | |

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| **Personal Protective Equipment (PPE):** | | |
| Do you supply your workers appropriate PPE? | |  |
| If yes, please provide evidence, e.g. a record of PPE issued. | | |
| Please outline how you plan the use of PPE, and how you plan in accord with the Personal Protective Equipment Regulations? |  | |

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| **Monitoring your Work:** | |
| Please outline how you supervise and monitor your workers, including any subcontractors, to ensure they carry out tasks and use PPE properly in accord with the work plan or schedule? |  |

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| **Prosecutions, Improvement and Prohibition Notices:** | |
| In the last 3 years, have you been prosecuted on health and safety grounds, and or received any improvement and or prohibition notices? |  |
| If yes, please provide details on separate paper. | |

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| **Accidents and Dangerous Occurrences:** | | | | |
| Please outline your accident, near miss, dangerous occurrence, and occupational ill-health reporting and investigation procedures within your Organisation. |  | | | |
| How many of the following have you reported under RIDDOR in the last 3 years? | | | | |
| **Specified Injuries:** | | **7 Day Reportable Accidents:** | **Dangerous Occurrences:** | **Reportable Diseases:** |
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| **Other:** | | |
| Can you provide other means to help us assess your health and safety capabilities? | |  |
| If yes, please outline the details, and or evidence to help us. |  | |

**Additional Questionnaire for Specialist Contractors.**

(Please answer questions applicable to your speciality, and or provide evidence as requested).

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| **Asbestos:** | | |
| Are you a licenced to carry out licensable asbestos work? | |  |
| If yes, please supply evidence of your licence. (We will check your licence against the HSE register of licence holders). | | |
| Please provide evidence that you carry out your work in accord with 'The Survey Guide', HSG 264, which includes information on competence, quality assurance, planning and undertaking surveys, survey reports, and the duty holder's use of the information. | | |
| Will you carry out a pre-work survey? | |  |
| Please outline how you will you coordinate with the people involved, or affected by your work, and agree measures to control risk. |  | |

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| **Clinical Waste:** | |
| Do you have an Environment Agency or a Scottish Environmental Protection Agency licence, to carry out clinical waste work? |  |
| If yes, please provide evidence of your licence and past operations. (We may follow-up on your past operations). | |
| Please provide evidence that you carry out your work in accord with 'The Survey Guide', HSG 264, which includes information on competence, quality assurance, planning and undertaking surveys, survey reports, and the duty holder's use of the information. | |
| Will you coordinate with our workers to ensure safe access to, and removal of clinical waste? |  |
| Please provide evidence of your workers’ vaccinations, and or treatment against infection by biological agents. | |

**Additional Questionnaire for Specialist Contractors.**

(Please answer questions applicable to your speciality, and or provide evidence as requested).

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| **Electrical:** |
| Please provide evidence that you are familiar with the Electricity at Work Regulations and current industry standards. |
| Please provide evidence that you are registered to a recognised body, i.e. the Electrical Contractors Association, and or the National Inspection Council for Electrical Installation Contracting |
| Please provide evidence of your experience in similar electrical services as those we may engage you to carry out, e.g. completed surveys, installations, and reports. |

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| **Fire:** |
| Please provide evidence of your competence to carry out fire safety work, such as your previous fire risk assessments and reports from completed work. (We may follow-up on your past operations, with local fire authorities). |
| Please provide evidence of any membership, which you belong to, e.g. the Fire Protection Association. |

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| **Mechanical Lifting Equipment:** | |
| Please provide evidence that you are familiar with the Lifting Operations and Lifting Equipment Regulations. | |
| Please provide evidence of your experience in similar lifting services as those we may engage you to carry out, e.g. contract lifts, or provision of lifting equipment. | |
| Will you, where relevant, provide suitable and sufficient lifting plans for your work? |  |
| Do you have competent people appointed to plan, manage and supervise your lifting operations? |  |
| Please provide evidence that equipment you would use for the work has statutory and routine inspections carried out in accord with a regime. | |

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| **Noise:** |
| Please provide evidence that you are familiar with the Control of Noise at Work Regulations. |
| Please provide evidence of your sound equipment's service and calibration records. |
| Please provide evidence of your experience in similar noise services as those we may engage you to carry out, e.g. noise sampling, with completed noise surveys, noise assessments, and reports. |