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| Procontractors  **Contractor Pre-Qualifying Questionnaire** |
| Please make sure every question is answered to the best of your knowledge, and supporting documents are attached. |

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| Company Name: |  | | | |
| Registered office  Address: |  | | | |
| Person completing this form. | | | | |
| Title: |  |  | | |
| Forenames: |  | Surname: |  | |
| Position in Company: |  | | Tel No: |  |
| Email Address: |  | | Company Registration Number: |  |
| VAT Registration Number: |  | | Date Of Incorporation: |  |
| I the undersigned certify that the details given in this assessment questionnaire are correct & accurate: | | | | |
| Signature: |  | | Date: |  |

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| Part B: Nature of Business  Please indicate the type of work services you provide and for which you wish to be considered: Note that the criteria supplied will be assessed against the type of work and the level of perceived risk. |
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| 1. How many staff does your organisation employ? |
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| 2. What relevant qualifications experience and training do you have? |
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| 3. Are you/your company a member of a trade association? (If so please provide details). | | | |
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| 4. Do you/your company have public liability and employer’s liability insurance? (Please provide details below including amount of cover and attach a copy of your policy). | | | |
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| 5. Does your organisation have a written equal opportunities policy to avoid discrimination? | | | |
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| 6. Arrangements:  **Please provide a copy of your Health & Safety Policy and describe the arrangements for putting this into effect and for discharging your legal duties:** | | | |
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| 7. Competent Advice:  **Please give details of your professional Health & Safety advisor or consultant and provide an example of the advice given:** | | | |
| Name: |  | Tel. No.: |  |
| Address: |  | | |
| Qualifications: |  | | |
| 8. Training and Information:  **What arrangements are in place to ensure employees have the skills & understanding necessary to discharge their duties?**  **Please supply examples of tool box talks, training records & evidence, etc.** | | | |
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| 9. Individual Qualifications and Experience:  **Give details of relevant Health & Safety qualifications and/or experience for individuals (e.g. CITB Construction Skills or other safety passport scheme).**  NOTE: CDM 2015 stipulates the requirement for Contractor H&S qualifications. | | | |
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| 10. Monitoring, Audit & Review:  **Describe your system for monitoring, auditing and reviewing procedures on site. Please supply examples of recent inspections/audits.** | | | |
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| 11. Workforce Involvement:  **Please describe your arrangements for consulting with your workforce on Health & Safety matters and provide evidence of such consultation.** | | | |
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| 12. Accident Reporting, enforcement action and follow up investigation:  **What is your procedure for reporting and investigating accidents, dangerous occurrences, or occupational illnesses? Please provide evidence showing the way in which you record and investigate accidents and incidents; Records of last 2 accidents/incidents and action taken to prevent reoccurrence; Records of any enforcement action taken over the last 5 years, and what action was taken**  **to rectify matters.** | | | |
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| 13. Subcontracting / consulting procedures (if applicable):  **Describe your arrangements for appointing competent subcontractors / consultants & monitoring their performance. Provide examples of sub-contractor assessment you have carried out; Evidence illustrating how you require similar standards of competence assessment from sub-contractors and evidence illustrating how you monitor sub-contractor performance.** | | | |
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| 14. Hazard elimination and risk control (Designers only):  **Please provide evidence showing how you: Ensure co-operation and co-ordination of design work within the design team and with other designers/contractors; Ensure that hazards are eliminated and any remaining risks controlled; Ensure that any structure which will be used as a workplace will meet relevant requirements of the Workplace (Health Safety and Welfare) Regulations 1992. Examples showing how risk was reduced through design. Manage any changes to design.** | | | |
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| 15. Risk Assessment leading to a safe method of work:  **Describe your procedure for carrying out risk assessment and for developing and implementing safe systems of work / method statements (provide worked recent examples of both).** | | | |
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| 16. Co-operating with others and coordinating your work with that of other contractors:  **You should be able to illustrate how cooperation and coordination of your work is achieved in practice, and how you involve the workforce in drawing up method statements / safe systems of work.** | | | |
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| 17. Environment:  **Please attach a copy of your policy and arrangements on environmental performance, If you have an accredited environmental management system please give details.** | | | |
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| 18. Membership of/involvement in Safety Groups:  **Please detail membership of and involvement in relevant groups (e.g. trade associations).** | | | |
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| 19. Plant, Equipment and Vehicles Maintenance and Inspection:  **How do you ensure that plant, equipment and vehicles for use on our premises by your company are maintained and kept in a safe condition and remain safe to use? Provide evidence of any statutory tests carried out and arrangements in place for visual inspection. What arrangements are in place for “hired**  **in” Equipment?** | | | |
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| 20. Health Surveillance:  **What is your policy on Health Surveillance for health hazards such as exposure to noise, vibration, chemicals, etc.? (If not applicable to your company state N/A, and the reasons why not.)** | | | |
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| 21. First Aid:  **What arrangements are in place to provide first aid arrangements for contract staff whilst on Site(s)?** | | | |
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| 22. Welfare Arrangements:  **What arrangements are in place to provide welfare for contact staff whilst on site(s)?** | | | |
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| 23. Other information:  **Is there any other information we should have to assist us in the assessment of your capabilities to work effectively on Health & Safety whilst on site?** | | | |
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| 24. References  **Please detail at least two references for recent work you have carried out.** | | | |
| |  |  | | --- | --- | | Customer Organisation (Name): |  | | Customer contact name: |  | | Customer contact telephone number: |  | | Date contract awarded: |  | | Contract reference and brief description: |  | | Date contract was completed: |  | | | | |
| |  |  | | --- | --- | | Customer Organisation (Name): |  | | Customer contact name: |  | | Customer contact telephone number: |  | | Date contract awarded: |  | | Contract reference and brief description: |  | | Date contract was completed: |  | | | | |