

## Contractors Competency Safety Questionnaire

### Stage 1 Initial Assessment

This questionnaire is required to be processed by Senior Management to review the competency of Contractors for inclusion on the Company's Approved List if compliant with requirements.

#### 1. Contractors details

Contractors Name					
Address					
Tel. No.		Fax No.		E-mail	
Company Registration No.				Website	
Trade / Nature of Work					
CIS URN Number (please enclose copy of CIS Card)					
Insurance (please enclose copy of Certificates)					
All risk Policy No.		Expiry date		Limit	
EL/PL Policy No.		Expiry date		Limit	
Bank Account details	Sort Code		Account No.		

**2. Independent Safety Accreditation.** If your Company has been Accredited by the following Independent Accreditation Organisation, please provide proof with copies of Certification. Note: The Organisations listed below are Nationally accepted Accreditation Organisations which are supported by our Company.

CHAS.	Telephone Verification No.	
ConstructionLine.	Reference details / No.	
EXOR.	Reference details / No.	
Other established Accreditation Organisations for consideration	Details	

**3. Safety Achievements or Awards.** If you have received Awards for safety, please provide brief details and copies of Certification if you wish the Awards to be considered.




8. Accident Reporting: Provide details of your accident reporting procedure and action that would be taken following an accident.


9. Enforcement Notices / Prosecutions: Provide details of any Enforcement Notices or Prosecutions served on your Company in the last five years by the HSE or Local Authority and what corrective action was taken.


10. Vetting of Sub-Contractors: Provide details of your procedures for vetting your Sub-Contractors / Consultants competency and how you would monitor their safety performance.


11. Hazard Elimination & Risk Control: If your Company works involves design, provide details of your procedures of hazard elimination and risk control.


12. Risk Assessments & Safe Method of Work Statements: Provide details of your procedures for producing Risk Assessments and Safe Method of Work Statements.


13. Co-operation & Co-ordination: Provide details to illustrate how your Company would co-operate and co-ordinate your works with others.


14. Welfare Facilities: Provide details of the type of welfare facilities that are required to be provided for your workforce, in particular special requirements.


15. CDM 2015 Regulations): Provide details of your procedures for complying with your duties under the CDM 2015 Regulations with regard to providing support documentation to the appointed Principal Designer: and how you would ensure that appropriate information required is submitted to the Project Health & Safety File.


16. Quality Management: Do you have a Quality Policy? If YES attach a copy of your Policy. Describe how you manage the quality of the works you carry out on-site?


17. Environmental Management and Consideration:  
Do you have an Environmental Policy? YES / NO      IF YES attach a copy of the policy.  
Do you have ISO14001 Certification? YES / NO  
Please provide details on how you raise environmental awareness within your organisation and do your site staff and operatives undertake any environmental training? If Yes please provide details.


17.1 Have you ever been found in breach of any Environmental Legislation by an Enforcement Agency?  
 YES/NO If Yes please provide details

17.2 If you manufacture in-house, do you use resources from a renewable / sustainable resource?  
 YES / NO If Yes please provide details

17.3 How will you ensure that your operatives follow our procedures for Environmental and Waste Management on site?

17.4 If you remove your own waste and packaging from site, please provide details on where this is disposed of and what licences you have in place to transfer it. (please attach any licences)

18. Equality: Do you have an Equality Policy? If YES attach copy of Policy.  
 Please provide details on how you raise awareness of equal opportunities within your organisation?

19. Declaration: This declaration must be signed by a Senior Manager or Safety Advisor. I confirm to the best of my knowledge that the information provided in this Questionnaire is true and accurate.

Name		Position	
Signature		Date	

Note: Contractors who receive Approval status will be required to complete Stage 2 Project Specific Assessment and supply additional Project Specific information in accordance with the CDM 2015 Regulations

20. Approval Status (Not to be completed by Contractors)		Date	
Approved		Not Approved	

Action required or comments