#### 

**Contractor Assessment Questionnaire**

# Contractors Health & Safety Questionnaire

This questionnaire forms part of the documents requirement to be completed in full by all contractors invited to tender for or undertake work by theA1 Group.

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| **All details must be completed - Thank you** |

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| Company Name: |

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| --- |
| Address: |

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| --- |
| Trade: |

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| --- |
| Telephone Number: |

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| --- |
| Fax Number: |

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| --- |
| Contact Name: |

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| --- |
| **Details of person completing Questionnaire** |

**Must be a Senior Person within the company (i.e. Director, Partner, Proprietor)**

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| --- | --- | --- |
| Name: |  | Title/Role: |

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| --- | --- | --- |
| Signed: |  | Date: |

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| **For use by A1 Group** |

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| --- | --- | --- |
| Date Received: |  | Date Assessment Completed: |

|  |  |  |
| --- | --- | --- |
| Print Name: |  | Signed: |

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| **Section 1 - Health and Safety at Work Etc. Act 1974 - Policy** |

1. Please provide the following documents:

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| Company Health and Safety Policy (Please circle): **YES NO** |

1. When was the Policy last updated?

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| --- |
| Date: |

1. What is the Name and Title/Role of the person in your company who has ultimate responsibility for Health and Safety?

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| Name: |  | Title/Role: |

1. Please provide copies of your company insurance i.e. Liability, Indemnities etc.

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| Employers Liability - Limit of Indemnity: £ |

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| --- |
| Public Liability - Limit of Indemnity: £ |

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| Product/Professional Liability - Limit of Indemnity: £ |

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| **Section 2 - Management of Health and Safety at Work Regulations** |

The Management of Health and Safety at Work Regulations require Risk Assessments to be completed by all employers and the self-employed.

1. Please provide the following documents:

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| General Risk Assessments - for ‘Standard’ tasks: **YES NO** |

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| Hazardous Substances Risk Assessments (CoSHH): **YES NO** |

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| Manual Handling Risk Assessments: **YES NO** |

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| Example Method Statements x 3: **YES NO** |

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| Example Site Specific Risk Assessment  i.e. what we can expect to review at/before commencement of any works: **YES NO** |

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| **Section 3 - Training** |

1. Have all your employees received training into your company activities (Please circle)?

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| **YES NO** |

1. How has this been achieved e.g. CITB Training Plan in place etc.? Please include a copy of your training / competence matrix as appropriate?

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| **YES NO** |

1. Do your workers carry CSCS or equivalent trade cards?

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| **YES NO** |

1. Do you have SMSTS / SSSTS or similar qualified staff to supervise works?

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| --- |
| **YES NO** |

1. Do you employ apprentices/young persons? We are happy to host trainees with suitable supervision and with a Young Person’s Risk Assessments in place.

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| **YES NO** |

1. Have all your employees/sub-contractors received information/training on Risk Assessments and work Method Statements?

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| **YES NO** |

How has this been achieved? E.g. Toolbox Talks, Training, Coaching, etc.

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| **Section 4 - Work Equipment , Plant and Portable Tools** |

1. Have all your operatives received adequate training in the use of plant and portable tools/access equipment?

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| **YES NO** |

How has this been achieved? E.g. PASMA, IPAF, Toolbox Talks, etc.

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| **Section 5 - Sub-Contractors** |

1. Do you employ Sub-Contractors?

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| **YES NO** |  | If yes, how many at one time? |

1. Do you check their insurance cover?

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| **YES NO** |

1. Do you check their competency to do the work?

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| --- | --- | --- |
| **YES NO** |  | If yes, how? |

1. Do you check their training on plant and portable tools?

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| --- | --- | --- |
| **YES NO** |  | If yes, how? |

1. Do you check that their portable tools are maintained?

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| **YES NO** |  | If yes, how? If no, who does? |

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| **Section 6 - Accident Reporting** |

1. Do you encourage accidents and near misses to be reported?

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| **YES NO** |  | If yes, how? |

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1. How many accidents or near-misses involving your workers/sub-contractors have been reported in the last three years?

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1. Who investigates accidents and near-misses on your behalf?

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| Name: |  | Title/Role: |

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| --- |
| Contact Number: |

1. Have you received any HSE Improvement/Prohibition Notices over the past 3 years?

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| **YES NO** |  | If yes, please provide details: |

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1. Have you had any fatalities at work over the last 3 years?

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| **YES NO** |  | If yes, please provide details: |

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| **Section 7 - Personal Protective Equipment (PPE)** |

1. Do you provide your employees with personal protective clothing and equipment?

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| --- | --- | --- |
| **YES NO** |  | If no, why? |

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1. Do you ensure your employees wear all necessary PPE?

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| **YES NO** |  | If yes, how? |

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| **Section 8 - Specialist Qualifications and Endorsements** |

1. Are you a Gas Safe Registered Heating/Ventilation Contractor?

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| --- | --- | --- |
| **YES NO** |  | If yes, please provide details of registration: |

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1. Are you ACOP trained (Plumbing/Heating Engineer)?

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| --- | --- | --- |
| **YES NO** |  | If yes, please provide details of training: |

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1. Are you a qualified Electrical Engineer/Contractor?

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| **YES NO** |  | If yes, please provide details of training and any trade association: |

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NOTE: If your Company is involved in any of the above activities/trades, or use sub-contractors to test, install or connect, then all information must be provided.

1. Is your company recognised/accredited to any SSIP scheme or ISO standard?

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| --- | --- | --- |
| **YES NO** |  | If yes, please provide details e.g. CHAS, SafeContractor, ISO9001, etc.: |

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| **Next Steps** |

Please return this completed questionnaire along with copies of relevant certificates and insurances.

At point of works, suitable and sufficient site specific Risk Assessments and other documents, as part of your safe systems of work, will be reviewed.

Thank you for completing this Questionnaire.