

## Sub-contractors health and safety questionnaire

<b>Name and address of Sub-contractor</b>

<b>Health and safety policy</b>	Yes	No
Do you employ more than five people?	<input type="checkbox"/>	<input type="checkbox"/>
If so do you have an up-to-date health & safety policy?	<input type="checkbox"/>	<input type="checkbox"/>
When was the Policy last reviewed? Please give date.		

<b>Health and safety arrangements</b>	Yes	No
Do you have documentation describing how health and safety is Managed?	<input type="checkbox"/>	<input type="checkbox"/>
Please attach a list of company arrangements and procedures for managing health and safety.		

<b>Accident records</b>	Yes	No
Do you keep records of all accidents for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records of ill health of any operatives?	<input type="checkbox"/>	<input type="checkbox"/>
How many notifiable incidents (RIDDOR) has the company had in the three years? Please attach details		
Has your company ever had any fatalities?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Enforcement history</b>	Yes	No
Have you had any of the following Enforcement Notices issued to you by the HSE or a Local Authority Enforcing Officer	Yes	No
Improvement notices.	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition notices.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been prosecuted for a breach of Health and Safety Regulations.	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please attach details.		

<b>Training</b>
Please give an outline of the health and safety training provided by yourselves over the last five years for each of the below.
<b>Managers:</b>
<b>Operatives:</b>
What are your plans for training for the next 12 months?
How do you ensure that new staff have been adequately trained?

<b>Competence</b>	Yes	No
Do any staff have qualifications in health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
Provide a list of staff (including senior management) and their qualifications e.g. IOSH managing safely, CSCS.		
Describe what experience your company and staff have gained relating to the proposed work, listing previous related work undertaken in the past 2 years.		
How does your company keep informed of health and safety law and industry best practice (also include participation with professional associations)?		

<b>Consultation with staff/workers</b>
<p>What procedures do you have in place to consult with your employees regarding health and safety matters including those who may have little or no understanding of English?</p>

<b>Sub-Contracting</b>	Yes	No
Do you sub-contract work to others?	<input type="checkbox"/>	<input type="checkbox"/>
How do you assess the competence of your sub-contractors?		
Do you supervise their work?	<input type="checkbox"/>	<input type="checkbox"/>
If not, how do you ensure that contractors perform the work safely?		

<b>Assessments</b>		
Do you currently have a procedure in place to prepare the following: -	Yes	No
Risk assessments.	<input type="checkbox"/>	<input type="checkbox"/>
COSHH assessment.	<input type="checkbox"/>	<input type="checkbox"/>
Noise assessment.	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Vibration assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Fire assessments and plans.	<input type="checkbox"/>	<input type="checkbox"/>
Work equipment and plant assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Method statements.	<input type="checkbox"/>	<input type="checkbox"/>
Others (state).	<input type="checkbox"/>	<input type="checkbox"/>
Who compiles the assessments?		

Who updates the assessments?	
How do you ensure that the information in the assessments are conveyed to all appropriate workers/staff/operatives?	
Describe your arrangements for health surveillance, if applicable.	

<b>Health &amp; safety monitoring and advice</b>
Provide below and where relevant, details of who gives advice on the company health and safety policy and procedures
In-house Health & Safety Officers/advisers.
External Health & Safety Consultant.
If neither, who undertakes this role?
Please provide the name of the Director or most senior person responsible for your company's Health & Safety.
Describe what procedures are in place to audit or inspect company and off-site activities and equipment
Who undertakes site safety audits and inspections?
What system is in place to react to the findings of these inspections?

<b>CDM Regulations</b> (where applicable)	Yes	No
Is your company fully conversant with the CDM Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand your responsibilities under the Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you may need further help and guidance to enable your company to fulfil your duties?	<input type="checkbox"/>	<input type="checkbox"/>
What help do you require?		
What arrangements have you previously made to provide adequate welfare facilities for staff?		
If you are a CDM co-ordinator, what arrangements have you implemented in the past to encourage co-operation, co-ordination and communications between designers.		

<b>Documentation</b>		
Please provide copies of:	Attached?	
	Yes	no
Your signed and dated company health & safety policy.	<input type="checkbox"/>	<input type="checkbox"/>
Accident records for the last three years.	<input type="checkbox"/>	<input type="checkbox"/>
Training records.	<input type="checkbox"/>	<input type="checkbox"/>
Enforcement notices and prosecutions.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of your quality control procedures.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of your sub-contractors competence vetting system.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of risk assessments relating to the proposed work	<input type="checkbox"/>	<input type="checkbox"/>
Any other documentation/brochures/questionnaires etc., which demonstrate your various company procedures and systems.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Insurance cover</b>		
	Yes	No
Does your company have Employers Liability Insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have Public Liability Insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have Professional Indemnity Insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide your insurers details and copies of current certificates.		

Additional Comments

Name of person completing form: -		Date: -	
Signature: -			