

Contractor health and safety questionnaire

Name and address of Contractor/Sub-Contractor

Health and safety policy and arrangements	Yes	No
Do you employ five or more people?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have an up-to-date health & safety policy statement?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy contain details of the organisational structure, responsibilities, and arrangements for managing health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of the policy and arrangements attached?	<input type="checkbox"/>	<input type="checkbox"/>
When was the Policy last reviewed? Please provide date.		

Accident history					
Provide numbers of ALL accident/incidents reported as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), during the last 3 years.					
Year	Fatal	Specified Injuries	Dangerous Occurrences	Diseases	Over 7-day injuries

Enforcement history		
During the last 5 years 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 or Environmental legislation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please attach details.		

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

Competence	Yes	No
Do any staff have health and safety qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, provide a list of relevant staff (including senior management) and their qualifications e.g. IOSH managing safely, NVQ/SVQ, CSCS (use separate sheet if necessary and provide copies of training records/certificates etc.).		
Describe what experience your company and staff have gained relating to the proposed work, listing previous related work undertaken in the past 2 years. List on separate sheet if necessary.		
How does your company keep informed of health and safety law and industry best practice (also include participation with professional associations)?		

Consultation with staff/workers
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?

Sub-Contracting	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?		

Risk assessments and safe methods of working		
Do you currently prepare the following?	Yes	No
Site specific risk assessments.	<input type="checkbox"/>	<input type="checkbox"/>
COSHH assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Working at height assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Noise and vibration assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Fire assessments and emergency 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 is conveyed to all appropriate workers/staff/operatives?		

Describe your arrangements for health surveillance, if applicable.

Please provide examples of all the above assessments /method statements

Plant and equipment	Yes	No
Do you regularly maintain plant and equipment including electrical equipment/ appliances?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence that equipment is maintained on a regularly basis.		

Emergency procedures
Please provide details of your emergency procedures.

Health & safety monitoring and advice
Provide below and where relevant, details of who gives advice on the company health and safety policy and procedures, e.g. :-
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? Please provide a worked example of a site audit/inspection.

What system is in place to action any audit/inspection findings?

CDM Regulations (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?		
How do you ensure good cooperation and coordination of work between people during site work?		
Please explain how you meet the requirement of producing Construction Phase (health and safety) Plans.		
If you are a Principal Designer, what arrangements do you have for managing the pre-construction phase?		
If you have acted as Designer under the CDM Regulations, please provide an example of a residual risk assessment.		

Documentation		
Please provide copies of:	Attached?	
	Yes	no
Your signed and dated company health & safety policy Statement including organisation and arrangements.	<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 over the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of your quality control procedures.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of your sub-contractor's competence vetting system.	<input type="checkbox"/>	<input type="checkbox"/>
Examples of risk assessments relating to the proposed work	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of equipment maintenance	<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"/>

Insurance cover		
	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.		

References	
Please provide 2 references for work you have recently completed.	
Reference 1	
Referee company	
Referee name	
Telephone number	
Date of completion	
Description of work undertaken:-	
Reference 2	
Referee company	
Referee name	
Telephone number	
Date of completion	
Description of work undertaken:-	

Additional Comments	

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