

CONTRACTOR'S HEALTH AND SAFETY ENQUIRY FORM

PLEASE COMPLETE THE FOLLOWING FORM. THIS FORM WILL BE USED TO ASSESS YOUR COMPANY'S COMPETENCE TO ACT AS PRINCIPAL CONTRACTOR AS DEFINED BY THE CONSTRUCTION (DESIGN & MANAGEMENT) REGULATIONS 2015. A COPY OF THIS FORM WILL BE KEPT ON RECORD WITH THE CLIENT AND WILL BE REFERRED TO ON FUTURE PROJECTS. UPDATES TO THIS FORM WILL BE ISSUED IN THE FUTURE AS REQUIRED.

Contractor's Name:

Address:

Telephone Number:

1.0 Please provide a copy of your Company's Health and Safety Policy, including details of Health and Safety Management Structure.

2.0 Provide a list of staff to be involved in projects identifying health and safety training and experience.

3.0 Do you have external safety consultants? What involvement will they have in your work?

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4.0 Who prepares the following:

4.1 Pre-Construction Information Pack:

JOB TITLE:

NAME:

4.2 Construction Phase Plan:

JOB TITLE:

NAME:

4.3 Health and Safety Files:

JOB TITLE:

NAME:

5.0 Who undertakes:

5.1 Site Management of Health and Safety:

JOB TITLE:

NAME:

5.2 Management of Sub-Contractor's Health and Safety:

JOB TITLE:

NAME:

5.3 Health and Safety Training for Employees:

JOB TITLE:

NAME:

5.4 Revisions to the Construction Phase Plan on site:

JOB TITLE:

NAME:

6.0 What resources do you utilise to promote Health and Safety?

6.1 Technical Literature/Health and Safety Legislation/Reference Books/CD ROM etc:

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6.2 Training Courses (In-House):

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6.3 Training Courses (External):

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7.0 Please give details of your health and safety record:

7.1 Any prohibition or improvement notices received:

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7.2 Details of any specified major injuries or dangerous occurrences in the last year (for definitions please see the Reporting of Injuries and Dangerous Occurrences Regulations 1985):

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8.0 With respect to Health and Safety please provide your own assessment of the type and scale of Building Contracts you are capable of undertaking.

8.1 Value of Projects:

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8.2 Nature of Construction Works:

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9.0 Please attach details of recent projects undertaken to amplify your stated capabilities.

10.0 Provide two references from Clients/Client's Agents or Principal Designers on projects recently undertaken along with contact addresses and telephone numbers.

Signature:

Name:

Date: