



CONTRACTOR PRE-QUALIFICATION SAFETY QUESTIONNAIRE

Under safety legislation including the Health and Safety at Work Act, Provision and Use of Work Equipment Regulations and the Construction, Design and Management Regulations (CDM) responsibility is placed on the client to ensure that contractors engaged in work on its behalf perform their duties with due regard to occupational health and safety.

The British Geological Survey requires all potential contractors to complete and return this document.

Failure to provide any of the information may disqualify a company from being considered for the award of a contract with the British Geological Survey.

PLEASE ENSURE YOU COMPLETE THIS DOCUMENT FULLY

Please indicate the work this questionnaire is related to. Give either specific project reference or generic type of work, as appropriate.	
Project/work:	

1 CONTRACTOR DETAILS	
1.1 Please complete the organisation details below.	
Name of company:	
Address:	
Contact phone no:	
Contact e-mail:	
1.2 Will the contract be managed at the above address? If not, from where will it be managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	

The rest of this document should now be completed in line with the above answer, i.e. using details relating to the relevant Head Office or Local Office as appropriate.



Health and Safety Information

Contractor pre-qualification safety questionnaire:

2 INSURANCE

2.1 Please supply details & evidence of the following insurance requirements: Employers' Liability Insurance Public Liability Insurance Professional Indemnity Insurance If any of the above are not provided, please indicate why below.	<input type="checkbox"/> Attached? <input type="checkbox"/> Attached? <input type="checkbox"/> Attached?

3 HEALTH AND SAFETY MANAGEMENT

3.1 How many employees do you have?	
3.2 Please provide a copy of your current safety policy, including organisation and management arrangements.	<input type="checkbox"/> Attached?
3.3 Do you operate a documented safety management system compliant with OHSAS 18001, HSG 65 or other similar standard? If yes, please provide summary details (e.g. accreditation certificate and contents page).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached?

4 RESPONSIBILITY

4.1 Who is the person responsible for co-ordinating health and safety matters within the company?	
Name:	
Position:	
Contact details:	
Safety qualifications:	

5 SAFETY ADVICE

5.1 Do you employ a professional external safety adviser or consultant to provide competent advice? If so, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Position:	
Contact details:	
Safety qualifications:	



6 HEALTH AND SAFETY PERFORMANCE

6.1	Has your organisation been issued with any enforcement notices or legal proceedings by the Health & Safety Executive during the last 3 years? If yes, please provide details, including action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached?
6.2	Please provide your company accident statistics for the last 3 years, with any RIDDOR reportable accidents or incidents highlighted.	<input type="checkbox"/> Attached?
6.3	Please indicate your procedure for investigating and reporting accidents, incidents, dangerous occurrences or occupational illnesses. Include your arrangements for compliance with the RIDDOR Regulations.	<input type="checkbox"/> Attached?

7 RISK ASSESSMENTS & SYSTEMS OF WORK

7.1	Please supply details of the systems you have in place and attach an example of a typical Risk Assessment and Method Statement. Note that suitable Risk Assessments and Method Statements will be required by BGS for the specific work to be undertaken before work commences.	<input type="checkbox"/> Attached?
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8 PLANT AND EQUIPMENT MAINTENANCE & INSPECTION

8.1	Where specific plant or equipment may be used to carry out work on behalf of the British Geological Survey please indicate the procedure used for selection, maintenance and inspection of that equipment.	<input type="checkbox"/> Attached?
8.2	Please attach a copy of your plant/equipment maintenance schedule for major equipment which will be used.	<input type="checkbox"/> Attached?

9 TRAINING & COMPETENCY

9.1	With regard to the work you will be carrying out on behalf of the British Geological Survey, who will be managing this project?	
	Name(s):	
9.2	Please provide summary details of the training, qualifications, experience and competence of those involved in managing the project.	<input type="checkbox"/> Attached?
9.3	Please provide details of how you will ensure the training and competence of your employees who will be carrying out on behalf of the British Geological Survey. Where necessary, outline a future training schedule.	<input type="checkbox"/> Attached?



Health and Safety Information

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10 SUB-CONTRACTORS

- | | |
|---|--|
| 10.1 Will you be employing sub-contractors to carry out work on behalf of BGS? If so, please provide details of how you intend to assess the Health and Safety competence of companies you may sub-contract to. Where known please supply names of all sub-contractors below. | <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Attached? |
|---|--|

Names:

11 BRIDGING DOCUMENTS

- | | |
|---|------------------------------------|
| 11.1 If you are required to provide a Bridging Document to act as the interface between the Safety Management Systems of different participating parties then details of its content and means of implementation will be required.

This is best achieved by attaching a typical Bridging Document. | <input type="checkbox"/> Attached? |
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12 ENVIRONMENTAL MANAGEMENT

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| 12.1 Do you have a documented environmental management system in place?

If yes, please indicate if it is compliant with ISO 14001 or other recognised standard and provide summary details (e.g. accreditation certificate and contents page). | <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Attached? |
| 12.2 Has your organisation been the subject of any environmental enforcement notices or legal proceedings during the last 3 years?

If yes, please provide details, including action taken. | <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Attached? |

13 OTHER RELEVANT INFORMATION

- | | |
|---|------------------------------------|
| 13.1 Please supply any further information which you think may be relevant in allowing BGS to assess your ability to manage health, safety and environment during the course of any work performed on their behalf. | <input type="checkbox"/> Attached? |
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14 DECLARATION

I hereby confirm that the information contained in this questionnaire is accurate and correct:

Signed:	Name:
Position:	Date: