

## CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

### *Introduction*

Wokingham Town Council has to ensure that all operations are carried out safely without incurring any undue risks to Employees, Contractors or any other persons affected by its actions or omissions during the course of these operations.

Therefore Contractors are required to demonstrate that their Health and Safety systems, policy and performance are acceptable to the Town Council, whom they are representing.

Contractors must be fully conversant with all current legislation and regulations which are applicable to the services/goods or works they are providing to the Town Council. Contractors must be able to provide method statements, risk assessments and safe systems of work prior to commencement of works.

Please answer the following questions, which have been developed to gain information from Contractors who may supply services to the Town Council. Please return the questionnaire as soon as possible with any supporting documents to the relevant Officer.

<b>Company Details.</b>	
1	Contractor/Company Name:
2	Head Office Address:  Postcode:
3	Address for correspondence if different from above:  Postcode:
4	Telephone Number:
5	Mobile Number:
6	E-Mail Address:
7	Fax Number:
8	Name(s) of Managing Director(s):
9	Name of person completing this questionnaire:
10	Position held within Company:

## CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

<b>Company Details, contd.</b>		
11	Is your organisation:	Yes/No
	A Public Limited Company:	
	A Limited Company:	
	A Partnership:	
	A Sole Trader:	
	A Local Authority Organisation:	
Other (please state)		
12	Has any Director /Partner/Proprietor or Associate been employed by this Council, If so please give details.	Yes/No

<b>Eligibility of Contractors.</b>		Yes/No
13	Have any of the Directors/Partners/Proprietors or Associates been involved in any Company/Firm or Organisation which may be ineligible or excluded by the Town Council for reasons listed below. Bankruptcy, Insolvency, Receivership, Convicted of a criminal offence relating to the conduct of business, Committing an act of grave misconduct in relation to business, Misrepresentation of information concerning eligibility/financial standing/competency or technical capabilities of any Company/Firm. If so please give details.	
14	Are there any legal actions/industrial tribunals outstanding against your organisation.	Yes/no
15	Has your organisation been involved in any court action/industrial tribunal/ HSE or Local Authority improvement/prohibition notice or prosecution in the last three years. If yes to either of the above please give details.	Yes/no
16	Has your organisation ever had a contract terminated or suffered financial penalty for defective performance under the terms of any contract. If yes please give details.	Yes/no
17	Has your organisation failed to have a contract renewed due to failure to perform to the terms of a contract	Yes/no

## CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

<b>Equal Opportunities and Employment Policy</b>		
18	Is your organisation's policy as an employer to compliant with your obligations under existing, new and developing legislation to ensure that no one group or individual is treated less favourably than others due to their gender, ethnic origin, race, colour, religion, sexuality, age or physical impairments.	Yes/no
19	Do you observe, as far as is reasonably practical, the Commission for Racial Equality's Code of Practice for Employment 1983 which provides guidance for employers on the elimination of racial discrimination.	Yes/no
20	In the last three years has your organisation been involved in any formal investigation by the Equal Opportunities Commission, the Council for Racial Equality, or the Disability Rights Commission on the grounds of alleged unlawful discrimination.	Yes/No
21	In the last three years has your organisation had any court finding or industrial tribunal finding made against it for unlawful discrimination on the grounds of gender, race or disability?	Yes/No
If the answer to <b>20 or 21</b> is yes, please describe what steps were taken by your organisation as a consequence of these findings.		
22	Is your policy on Equal Opportunities and Employment set out as instructions to those dealing with training, promotion and recruitment?  Or in documents available to employees, recognised trade unions or other representative groups of employees.	Yes/No  Yes/No
23	Do the organisation's employees receive training on complying with Equalities Legislation relating to race, gender or disabilities'?	Yes/No

## CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

<b>Technical Associations and Membership of Professional Organisations.</b>		
24	Please list below any professional/trade associations of which your organisation is a member.	
	Name of Professional/Trade Association	Membership No/Reference.
25	To what British Standards or Codes of Practice does your organisation work (for example BS3998) Please list below.	
	Brief Description.	British Standard No/Code of Practice.
26	Please list below any relevant qualifications/certificates of competence you or your employees hold.	
	Qualification/Certificates.	Expiry Date if applicable.
27	Please list below any Quality Assurance Accreditation held.	
	Accreditation.	Reference No.
<b>Environmental Issues.</b>		
28	Do you have an environmental policy. ( If yes please provide a copy)	Yes/No

## CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

<b>Health &amp; Safety Management Systems.</b>		
29	Does your organisation undertake Risk Assessments prior to commencement of works.	Yes/No
30	Does your organisation operate Safe Systems of Work Method statements?	Yes/No
31	Does your organisation operate an accident and work related diseases reporting system.	Yes/No
32	Does your organisation operate a system for maintaining plant/equipment and PPE.	Yes/No
33	Does your organisation operate a system for auditing workplace standards.	Yes/No
34	Does your organisation have procedures for auditing Health & Safety.	Yes/No
35	Does your organisation operate a system for auditing sub contractors to ensure their arrangements for managing Health & Safety are satisfactory.	Yes/No
36	Does your organisation have a Health & Safety Policy.	Yes/No
<b>Insurance Documentation.</b>		
37	Does your organisation have the following insurance cover.	
	Public Liability.	Yes/No
	Employers Liability.	Yes/No
	Professional Indemnity.	Yes/No
	If yes please indicate the value of the cover provided. ( min £5,000,000 )	
	Public Liability.	£
	Employers Liability.	£
	Professional Indemnity.	£
<b>References.</b>		
38	Please provide a trade reference, or contact details from where a reference may be obtained, applicable to the value of works for which you may be invited to present a quotation. The signatory to this reference must be a person who has been involved with the management of any contracts for which the reference is given.	
39	Reference contact details.	
	Company name.	
	Contact name/position.	
	Address.	
	Telephone No.	
	E-mail.	
	Fax No.	

**CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE**

**Declaration.**

I/We certify that the information provided in this questionnaire is true and correct in every respect.

I/We understand that the information will be used to assess my/our organisation's suitability to provide services to Wokingham Town Council and that any information for this purpose will be held in accordance with the Data Protection Act.

Signed.....

Name (print).....

Position.....

Date.....

For and on the behalf of.....

Please note a Director or other suitably authorised person of your organisation must complete this declaration.