



# South Tees Site Company

South Tees Site Company Ltd, Teesside Management Offices, Redcar, TS10 5QW

## Appendix 7 - Contractor Approval forms

### Site Contractor Approval: 1 COMPANY DETAILS

Company Name:	Contact Name:
Address:	Position:
	Email:
Post Code:	Tel No:
Tel No:	Company Registration Number:
CIS Registration	

### 2. Scope of Company

<b>NUMBER OF DIRECT EMPLOYEES:</b>
Provide details of range and capabilities of service(s)

<b>Does your company, as a policy, use the following:</b>			
Consultants	Yes/No	Agency	Yes/No
Sub-Contractors	Yes/No	Self Employed	Yes/No

### 3. Contractors using Sub-Contractors & Non-Direct Employees

What is your process for the assessment and approval of sub-contractors and non- direct employees? How will your company manage/supervise the activities of sub-contractors & non-direct employees on our site?	
What work do you normally sub contract? e.g. specialist activities	
Does your insurance indemnity cover your Sub-Contractors, Agency Workers & Self Employed?	Yes/No

### 4. Litigation


In the last 7 years has your company faced complaint, litigation, prosecution or investigation by Regulatory Bodies, Employees or Public? (Including Environmental Incidents). If yes, please provide details.	Yes/No
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### 5. Accident Statistics

Accident Statistics	Previous Year	Last Year	Current Year	Comments
Number of Employees				
Number of Hours Worked Per Annum				
Number of Lost Time Injuries (1 day or more)				
Recordable Injuries (see STSC definitions on evidence sheet)				

Number of RIDDOR Reportable Accidents and Incidents				
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**QUESTIONS**

<b>HSE</b>	<b>Section 1</b>	1. Name the company appointed H&S Adviser and list their relevant qualifications?
		2. Please indicate the company's methods for communicating with employees on Health, Safety & Environmental awareness matters.
		<input type="checkbox"/> TOOLBOX TALKS <input type="checkbox"/> H&S BRIEFINGS <input type="checkbox"/> NEWSLETTERS <input type="checkbox"/> OTHER      Please state other: <div style="display: inline-block; vertical-align: middle; margin-left: 20px;">  </div>
		<b>Please supply an example for each ticked box</b>
		3. What potential environmental impact will company operations, services, supplied plant, machinery, equipment or goods have on STSC Ltd works or surrounding areas and what steps have/need to be taken to minimise impact?
		4. Describe your arrangements for site visit inspections carried out by all levels of management (Directors, Managers and Supervisors etc.) <b>Please supply a copy of a site visit report</b>
		5. How are action plans developed to address any shortcomings that are identified/observed?
		6. Describe the company procedure for the notification and registration of accidents? <b>Please supply a copy of the accident book</b>
	7. Describe how you ensure that all accidents, incidents and near misses have been adequately and effectively identified, evaluated, investigated and corrective actions implemented? <b>Please supply a summary and any corrective actions for any RIDDOR'S</b>	
	8. Describe the company Health & Safety Improvement Plan? <b>Please supply a copy</b>	
<b>Section 2</b>		1. How are risk assessments and safe systems of work communicated to all members of the working party?
		2. What is the planned programme of periodic reviews of RAMS?
		3. Describe how risk assessments are reviewed following any notifications/incidents/accidents or events?

<b>TRAINING</b>	<b>Section 3</b>	<p>1. How does your company manage training, competency of employees?</p> <p> <input type="checkbox"/> PROCEDURE  <input type="checkbox"/> TRAINING MATRIX  <input type="checkbox"/> INDIVIDUAL COMPETENCY CERTIFICATION         </p> <p style="text-align: right;">} <b>Please comment and supply an example for each</b></p>
		<p>2. Are the operational employees employed by the company in possession of a relevant a safety passport or other qualification?</p> <p> <input type="checkbox"/> CCNSG/ECITB/CSCS/CPCS    <input type="checkbox"/> EMSS    <input type="checkbox"/> SPA    <input type="checkbox"/> IOSH MANAGING SAFELY    <input type="checkbox"/> IOSH WORKING SAFELY  <input type="checkbox"/> NEBOSH         </p> <p><b>Please supply an example covering an employee</b></p>
		<p>3. Are all supervisors employed by the company in possession of a relevant supervisor’s safety passport or other qualification?</p> <p> <input type="checkbox"/> CCNSG/ECITB SUPERVISORS    <input type="checkbox"/> IOSH MANAGING SAFELY    <input type="checkbox"/> NEBOSH CERT/DIPLOMA    <input type="checkbox"/> SSSTS    <input type="checkbox"/> SSMTS         </p> <p><b>Please supply an example covering one supervisor</b></p>
<b>EMPLOYEE WELFARE</b>	<b>Section 4</b>	<p>1. How does the company identify any personnel who require medical screening/surveillance to satisfy statutory requirements?</p> <p> <input type="checkbox"/> BA    <input type="checkbox"/> ASBESTOS    <input type="checkbox"/> OTHER – <b>Please describe</b> </p>
		<p>2. Describe the arrangements the company has to ensure effective provision is made for staff at higher risk?</p> <p> <input type="checkbox"/> YOUNG PEOPLE    <input type="checkbox"/> RETURN TO WORK INTERVIEWS    <input type="checkbox"/> EXPECTANT MOTHERS    <input type="checkbox"/> LANGUAGE/LEARNING DIFFICULTIES         </p> <p><b>Please comment and supply the relevant policies</b></p>
		<p>3. How does the company ensure all employees are issued with the appropriate PPE and is it maintained and replaced?</p>
		<p>4. How does the company audit or monitor compliance with PPE requirements?</p> <p> <input type="checkbox"/> SITE VISITS  <input type="checkbox"/> AUDITS  <input type="checkbox"/> PPE RECORDS  <input type="checkbox"/> REPLACEMENT PROCEDURES         </p> <p style="text-align: right;">} <b>Please provide examples</b></p>
<b>TOOLS &amp; EQUIPMENT</b>	<b>Section 5</b>	<p>1. Describe how the company carries out periodic inspections and maintenance of equipment and tools?</p> <p> <input type="checkbox"/> PAT TESTING  <input type="checkbox"/> CALIBRATION  <input type="checkbox"/> LIFTING EQUIPMENT         </p> <p style="text-align: right;">} <b>Please provide examples</b></p>
		<p>2. Describe your system for making sure all non-conforming materials, equipment and tools are immediately taken out of operation, tagged and quarantined for inspection, servicing, disposal or replacement?</p>

Please add further information, documents which you feel will help develop the understanding of your company that may have not been covered in this paperwork:

**COMPLETION OF THIS FORM IS THE INITIAL AND AN ESSENTIAL STEP IN THE PROCESS OF BECOMING AN APPROVED SUPPLIER TO STSC LTD – ALL INFORMATION WILL REMAIN CONFIDENTIAL**

**Company Declaration**

I confirm that the information provided is an accurate representation of our Companies Health, Safety & Environment procedures.

Contract Company Responsible Person	Signature	Position	Date

# Evidence Sheet

## 1 - Document Request

Question	Supporting Evidence	Copy Required
Company Details	Insurance Certificates	YES
Company Details	Health & Safety Organisation Chart	YES
Management Systems	ISO9001/14001/OHSAS 18001/VCA/SCC	YES
Health, Safety & Environment – Sec 1	Signed Health & Safety Policy	YES
Health, Safety & Environment – Sec 1, Q 2	Toolbox Talks/H&S Briefings/Newsletters/Other	YES
Health, Safety & Environment – Sec 1, Q 3	Environmental Policy	YES
Health, Safety & Environment – Sec 1, Q 4	Site Visit Report	YES
Health, Safety & Environment – Sec 1, Q 8	Health & Safety Improvement Plan	YES
Risk Assessment – Sec 2	Risk Assessment & Method Statement	YES
Training - Sec 3, Q 2 & 3	Employee Safety Passport & Supervisors Passport	YES
Tools & Equipment – Sec 5, Q 1	Periodic Inspection Report	YES
RIDDORS – Accident Statistics	Summary and Corrective Action Report	YES

## 2 - Accident Statistics

### STSC LTD Health and Safety Definitions

#### Recordable Injury

**A recordable injury is a: Fatality – a recordable, work-related fatality**

**Or** Days away from work injury – a work-related injury other than a fatal injury which results in a person being unfit for work on any day after the day of occurrence.

**Or** Restricted workday injury – A work-related injury other than a fatality or days away from work case which results in a person being unfit for full performance of the regular job on any day after the occurrence.

**Or** Medical treatment case – Case that is not severe enough to be reported as fatality or lost time injury or restricted workday case but is more severe than requiring simple first aid treatment.

#### **Lost time injury**

A work-related injury other than a fatal injury which results in a person being unfit to perform any regular job or restricted work on any day after the occurrence.

Any injury, accident or incident that has been reported to the HSE or Environment agency under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995. (RIDDOR).