

Please complete and return to National Museums Liverpool

CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE		Contract No
Date:		
Company Name:		
Address:		
Telephone No:		
Contact Name (For Further Information)		
Company E:-mail address		
Signature & Position of Person Completing Questionnaire		
Average No Of Persons Employed	A) Direct	B) Indirect

1.0 <u>SAFETY POLICY</u>	Circle Included/Appropriate
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1.1 You must return with this form a copy of the following:	
i. Signed and dated Health & Safety Policy Statement (not the full policy)	Yes - No
ii. Details of monitoring arrangements, i.e. by whom and how often.	Yes - No

2.0 <u>HEALTH AND SAFETY SERVICES</u>	
2.1 Is the health and safety advice your company receives internal or external?	Internal - External
2.2 Please provide details of:	
Name	
Address/Location	

	Qualifications	
	Experience	
	Contact Telephone No	

2.3	To whom do they report in your management structure?	
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2.4	What other methods do you employ to meet health and safety requirements?	
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2.5	Is your company a member of any group, body, organisation, trade association or similar which promotes or has involvement in health and safety matters? If so please provide details below, incl. names and level of company involvement.	Yes - No
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3.0	<u>HEALTH AND SAFETY PERFORMANCE</u>
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3.1	Please complete the following for the past three years
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	Year	Year	Year
Fatal Accidents*			
Major Injuries*			
'Over 3 Day' Accidents			
Dangerous Occurrences			
Reportable Diseases			

** The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR) require accidents involving the self employed and members of the public in these categories to be reported by employers therefore these should be shown but as a separate total from employees accidents.*

3.2	Has your Company or any individual employed by your Company been prosecuted or received an improvement / prohibition notice for any breach of health and safety legislation within the past three years?	Yes - No
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<i>If the answer to 3.2 is yes please give details of prosecution, remedial actions and future preventative measures:</i>

4.0 <u>TRAINING</u>		
4.1	Please provide details of all formal health and safety training given to Directors and Managers.	
4.2	Have all Site Supervisors within your Company attended an appropriate health and safety course? Please give details of courses and percentage of attendance.	Yes - No
4.3	Have your operatives received appropriate training for their work and the general health and safety aspects of your type of work?	Yes - No
<p style="text-align: center;"><i>Note</i> <i>You may be required to provide written confirmation of applicable training provided to any person who is employed on or involved in a specific contract.</i></p>		
5.0 <u>SUB-CONTRACTORS</u>		
5.1	What procedures are in force to ascertain that all sub-contractors are adequately trained; have an acceptable record and a working policy in all aspects of health and safety?	
6.0 <u>JOINT CONSULTATION</u>		
6.1	Are there any Safety Representatives appointed within your workforce?	Yes - No
6.2	Do you have a Safety Committee for joint consultation purposes?	Yes - No
6.3	What established arrangements do you have for employees to draw the attention of management to unsafe working practices and risks to health and safety?	
6.4	How are matters of health and safety drawn to the attention of all staff?	

7.0	<u>RISK ASSESSMENTS/METHOD STATEMENTS</u>	
7.1	Please provide current examples of risk assessments (min 2) and a method statement.	Yes - No
7.2	How are the method statements and the risk assessments circulated to the work force?	
8.0	<u>ADDITIONAL INFORMATION</u>	
8.1	Please give details of nature of business, turnover, insurances and any other details that you feel may be relevant to your application:	

Please feel free to include a covering letter with additional information where required

Checklist

- A) Signed and dated Health and Safety policy, incl arrangements for implementing
- B) The arrangements for implementing the Policy i.e. safety procedures, safety manuals and procedures for managing fire safety.
- C) Details of monitoring arrangements, i.e. by whom, frequency etc
- D) Risk assessments
- E) Method statement
- F) Valid Insurance Documents
- G) CIS Details

NML Safety Department APPROVAL/ACTION

Initially Approved:

Yes - No

Further Checks Required/Completed:

Reason for Non-approval:

**Checked/Approved
By:**

Name:

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Signature:

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Date:

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