

## Health & Safety Management System

### Contractor Health and Safety Assessment Questionnaire

#### Appendix D

General Details			
<b>Company Trading Name</b>	Click here to enter text.		
<b>Registered Trading Address</b>	Click here to enter text.	<b>Post Code</b>	
		Click here to enter text.	
<b>Main Contact Name</b>	Click here to enter text.	<b>Phone</b>	Click here to enter text.
		<b>Email</b>	Click here to enter text.
<b>Contracted Services Offered</b>	Click here to enter text.		
<b>Number of Employees</b>	<b>Direct</b>		<b>Indirect</b>
	Click here to enter text.		Click here to enter text.
Part A: Contractor Health and Safety Management			
Do you operate a Health and Safety Management System which consists of a health and safety policy statement and clear allocation of responsibilities and arrangements in accordance with HASWA 1974?			Select.
Give details of the number of incidents to your employees or persons working under your control as defined and required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).			
Incident Type Reported	Incidents occurred – the last 3 consecutive full years		
	This Year	Last Year	Previous Year
Fatal	Click here to enter text.	Click here to enter text.	Click here to enter text.
Major Injury	Click here to enter text.	Click here to enter text.	Click here to enter text.
Over 7 Day Reportable	Click here to enter text.	Click here to enter text.	Click here to enter text.
Dangerous Occurrence	Click here to enter text.	Click here to enter text.	Click here to enter text.
During the past <b>three</b> years has any person, not being an employee or person working under your control, for example, a member of the public, been injured as a result of your work activity?			Click here to enter text.

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Have you/or your company at any time been prosecuted (or pending) by the Health and Safety Executive or any other enforcement agency in relation to health and safety offences? (If Yes please supply full details)	Select
Have you been served notice (prohibition/improvement) under the Health and Safety at Work etc? Act 1974? (If Yes please supply full details and remedial action taken)	Select
<b>You are required to nominate a competent person to manage health &amp; safety? Please provide details below.</b>	
Is the competent person a direct employee?	Select.
Do you employ the services of a health and safety consultant?	Select
Name of competent person	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Click here to enter text.</div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between; padding: 2px;"> <div style="width: 20%;">Phone</div> <div>Click here to enter text.</div> </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> <div style="width: 20%;">Email</div> <div>Click here to enter text.</div> </div> </div> </div>
Qualifications / Memberships Held	Click here to enter text.
Have you obtained health and safety scheme approval from a Safety Scheme in Procurement (SSIP) member? Eg. CHAS, Alcumus.	Select
Do you operate an accredited health and safety management system (OHSAS45001)	Select
Do you sub contract work to other competent contractors?	Select
<b>Health and Safety Declaration</b>	
I hereby declare that the above information is true to the best of my knowledge and I understand that if false information has been provided will be deemed grounds to terminate any contract that may be entered into. I further confirm that all works undertaken will be in compliance to all current health and safety legislation and in accordance with NML contractor Guidance document Appendix D.	
Name	Click here to enter text.
Signature	Return of this form is confirmation of agreeing to the declaration.
Job Title/Position	Click here to enter text.
Date	Click here to enter text.

**Note: Please supply all of the required supporting evidence requested**

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**To support your application you are required to provide the following additional information**

Evidence Required	Attached		
<b>Health and Safety Policy.</b> This is mandatory if you employ 5 or more people. Must be signed and dated.	Select		
<b>Representative copy of your risk assessments</b> relevant to your work activity, it is not necessary to enclose all your risk assessments.	Select		
<b>Representative copy of your method statements</b> relevant to your work activity, it is not necessary to enclose all your method statements.	Select		
<b>Copy of your training policy</b> or evidence to support your most recent construction health and safety training attended.	Select		
<b>Copy of your Employers Liability Insurance, Public Liability insurance, if required include Professional Indemnity and All Risks Policy.</b>	Select		
<b>Copy of a recent health and safety inspection</b> carried out on/at your work location sites or evidence to support monitoring of your health and safety system.	Select		
<b>Sub contractor approval process</b> – Only required if you sub contract works	Select		
<b>Other relevant documents or comments to support your approval</b> , e.g. Construction Line Membership, Membership of Professional Bodies. Awards etc. Please list:  <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>			
<b>NML Evaluation</b>			
Approved	Select	Approved / Checked by	Click here to enter text.
Further Comments / Observations			
Click here to enter text.			

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