

HEALTH AND SAFETY ASSESSMENT QUESTIONNAIRE

Health and Safety Questionnaire for Contractors			
Project Specific/General Check:			
From:		Telephone:	
		Fax:	
		Reference:	
Contractor			
To:		Telephone:	
Name:		Fax:	
Designation:		Reference:	
Address:			
Completed by:	Position:	Date:	Signature:
This Organisation places great emphasis on Health and Safety and the continued maintenance of high standards at all times.			
Please answer the following questions and supply relevant information as requested, providing supporting details and documentation separately.			
1. Provide examples of work carried out previously, which is comparable in size and nature to this project. Examples enclosed.			
YES ☐ NO ☐			
2. If more than five people are employed, provide a copy of your organisation's safety policy, as required by s.2(3) of the Health & Safety at Work Act etc, 1974			
YES ☐ NO ☐			
3. Provide details of your organisation's health and safety management procedures, which will ensure the health and safety of your own workforce and others who could be affected by your activities on this project. Details enclosed.			
YES ☐ NO ☐			
Management of Health & Safety at Work Regulations 1992 (SI 1992/2051)			
4. Supply examples of risk assessments prepared in accordance with the above. Examples enclosed:			
YES ☐ NO ☐			

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3. Provide details of your organisation's health and safety management procedures, which will ensure the health and safety of your own workforce and others who could be affected by your activities on this project. Details enclosed.

YES ☐ NO ☐

Management of Health & Safety at Work Regulations 1992 (SI 1992/2051)

4. Supply examples of risk assessments prepared in accordance with the above. Examples enclosed:

YES ☐ NO ☐

5. Who in your organisation has day to day responsibility for the management of Health and Safety?

Name:

Position:

Telephone:

Fax:

6. Provide details of the experience and qualifications of the person named at 5 above.

Curriculum vitae enclosed:

YES ☐ NO ☐

- 7.1 Who will be responsible for site health and safety on this project?

Name:

Position:

Telephone:

Fax:

Address:

- 7.2 Do you have access to competent health and safety advice and assistance as required by Reg 6 of the management regulations? If yes please provide details:

YES ☐ NO ☐

Health & Safety Questionnaire for Contractors (continued)

8. Provide details of the experience and qualifications of the person named at 7 above. *Curriculum vitae* enclosed:
YES ☐ NO ☐
9. Provide details of the health and safety training which will be provided for your employees and others to ensure they are competent to carry out their designated responsibilities whilst employed on this contract. Details enclosed:
YES ☐ NO ☐
10. What measures would you adopt to ensure the competence of contractors to whom you propose to award work on this project? Details enclosed:
YES ☐ NO ☐
11. Have any formal notices been issued or legal proceedings been taken against your organisation by the Health & Safety Executive in the last 3 years.
YES ☐ NO ☐
12. Provide details of any accidents/incidents reported by, or on behalf of, your organisation to the Health & Safety Executive during the last 3 years (as required by the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995**)
YES ☐ NO ☐
13. What resources (including staff, equipment and technical facilities), as required by the **Construction (Design and Management) Regulations 2015** (CDM15), does your organisation intend to allocate to this project? Details enclosed:
YES ☐ NO ☐
14. Does your organisation carry Employers/Public Liability insurance?
If yes, enclose example.
15. Has your organisation provided safety method statements for previous contractual works?
If yes, enclose example.
16. Is your organisation a member of any professional trade body?
If yes, enclose details.
17. Is your organisation willing to provide details of two of your clients current or past for the purposes of obtaining a reference?
If yes, enclose contact names and addresses.

Health & Safety Questionnaire for Contractors (continued)

Signed _____

Designation _____

Company Name _____

Company address _____

This assessment questionnaire along with supporting documentation should be returned to the following address: