

**Saxmundham Town Council**

The Town House, Station Approach, Saxmundham, Suffolk, IP17 1BW,

Tel: 01728 604595, Email: townclerk@saxmundham-tc.gov.uk, <http://www.saxmundham-tc.gov.uk/>

VAT Registration No: 571060663

**Saxmundham Town Council is seeking tenders for a Health and Safety Consultant to advice the Council for the period February 2022 – February 2025, with an option to extend the contract for a further two years to February 2027 by mutual agreement.**

Saxmundham Town Council require costs for the following services: -

* A qualified Health and Safety Consultant to act as a dedicated point of contact for officers of the Council.
* To act as the legally required Competent Person for Health and Safety on behalf of the Council.
* To undertake two days of onsite inspections annually, visiting sites and premises to review current arrangements and carry out a comprehensive General Risk Assessment (GRA) ass required by the Management of Health and Safety at Work Regulations 1999, and provide written reports of findings.
* Review existing Health and Safety Policies and documentation, and, if necessary, produce documentation for the Council e.g. Health and Safety Policy including Fire Policy, Health and Safety Handbook and Health and Safety Action Plan identifying priority actions and timescales.
* Access to unlimited telephone and email assistance to officers of the Council.
* Emergency assistance in the case of, for example, enforcement visits and accident investigations.
* Investigation and liaison with the authorities in the event of a serious accident.
* Access to a website providing a wide range of H and S materials, templates, tool kits etc.
* Access to good quality Health and Safety Training.
* Legal Expenses Insurance in the case of Health and Safety Prosecution.

**Tender requirements:**

* **Fully itemized costed quotations for the annual costs and for three years, and also for five years.**
* **Details of your company’s experience and qualifications (minimum Nebosh Diploma).**
* **Details of how you would provide the services listed above.**
* **Two references.**
* **A copy of your public liability insurance**
* **Sample risk assessments and safe systems of work.**
* **You must also complete the attached form which includes the contact details for two referees.**

**The closing date for tenders is Tuesday 4 January 2022** Please email your tender to townclerk@saxmundham-tc.gov.uk

Please be aware that failure to supply any of the information requested in the attached specification will result in the tender being rejected.

**Please complete the attached form and enclose it with your submission**.

| **Organisation Details**  |
| --- |
|  | **Question** | **Your Answer** |
|  | Full name of organisation tendering (or of organisation acting as lead contact where a consortium bid is being submitted). |   |
| 1. 6.2
 | Registered office address.  |   |
|  | Main contact for this contract:NameAddress (if different from registered office)EmailPhoneMobile |   |
| 1. 6.3
 | Company or charity registration number. |   |
| 1. 6.4
 | VAT Registration number.  |   |
| 1. 6.16.5
 | Type of organisation  | i) a public limited company |  |
| ii) a limited company |  |
| iii) a limited liability partnership |  |
| iv) other partnership |  |
| v) sole trader |  |
| vi) other (please specify) |  |
| 1. 6.6
 | Total number of employees employed by your organisation. (Including Directors, Partners, Apprentices, Trainees etc.) |   |
| 1. 6.7
 | Length of time your business has been operating. |   |
| 6.10 | Does your organisation have a written Health and Safety Policy?**Please provide a copy** | **Yes** | **No** |
|  |  |
|  | **Note**: if your organisation has less than 5 employees, the Saxmundham Town Council still requires you to have a written Health and Safety Policy. |
| 6.11 | Please provide details of the health and safety training you provide to employees, relevant to this contract in the box below. If you do not provide any training, please tell us why this is not necessary. The Statement of Requirements will state whether any specific health & safety training is required for this contract, if from your answer we deem that adequate training is not/or has not been carried out, we will reject your bid in full.  |
| 6.12 | **You must either confirm that you have the following levels of insurance in place for each and every claim rather than on an aggregate basis or, alternatively, undertake that should you be awarded a contract under this procurement such levels of insurance will be available to you and that you undertake to maintain these levels of insurance for the duration of the contract.** |
| **Insurance Policy** | **Indemnity Value (£)** | **Yes** | **No** | **Will secure if successful** |
| Employers Liability (This is a legal requirement. There are a small number of exceptions. Please refer to HSE Guidance HSE 40 Employers Liability Compulsory Insurance Act 1969) | Min £5m per claim |  |  |  |
| Public Liability | Min £10m per claim |  |  |  |

I declare that to the best of my knowledge the information submitted in this form is correct. I understand that the Saxmundham Town Council may reject this tender if there is a failure to answer all relevant questions or provide any requested information fully or if I provide false or misleading information; or if I make any false declaration which is discovered after Contract Award; I acknowledge that this may lead to said contract being terminated.

Name (printed)

Date

Signature

Capacity / Title

For and on behalf of

|  |
| --- |
| **References** |
| Please provide details of up to two contracts from either the public or private sector, that are relevant to our requirement. Contracts for the supply of goods or services should have been performed during the past three years. Works contracts may be from the past five years. (The customer contact should be prepared to speak to the purchasing organisation to confirm the accuracy of the information provided below if we wish to contact them). Note that where possible referees should not solely be linked to the TTC and that we may contact your referees without telling you again. |
| Reference 1Organisation name: |  |
| Customer contact, name, phone number and email |  |
| Contract Start date, contract completion date and contract value |  |
| Brief description of contract (max 50 words) including evidence as to your technical capability in this market.  |  |
| Reference 2Organisation name: |  |
| Customer contact, name, phone number and email |  |
| Contract Start date, contract completion date and contract value |  |
| Brief description of contract (max 50 words) including evidence as to your technical capability in this market.  |  |