ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 1 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

Document Control Sheet

Document Title	NOC-COC-002
Author(s)	Lewis Rennison
Document Status	Final

Document Amendment History

Version No.	Date	Amendment Details	Ву
1	31/03/08	Issued as final	LJR
2	24/03/09	Updated to include environmental checks	LJR/CS
3	10/10/12	Update to questions	CS
4	19/10/12	Final version	CS
5	10/12/12	Clarification of insurance requirements – Draft	cs
6	10/01/13	Clarification of insurance requirements - Final	cs
7	28/02/14	Update to clarify document numbering	GD
8	12/03/15	Update to questions and new Logo	GD
9	26/10/15	Renumbering of policy	CR

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 2 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

NOC ESTATES CONTRACTORS' & CONSULTANTS HEALTH, SAFETY & ENVIRONMENT ASSESSMENT QUESTIONNAIRE

DATE:
NAME OF COMPANY:
COMPANY MAIN ACTIVITIES:
ADDRESS:
POSTCODE:
TELEPHONE No.:
FAX No.:
EMAIL:
CONTACT FOR FURTHER INFORMATION:
PERSON COMPLETING QUESTIONNAIRE:
SIGNATURE:
POSITION:

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 3 of 19

NOC



1.	SAFETY POLICY
2.	HEALTH AND SAFETY SERVICES
3.	HEALTH AND SAFETY PERFORMANCE
4.	HEALTH AND SAFETY TRAINING
5.	SUB CONTRACTORS
6.	JOINT CONSULTATION
7.	RISK ASSESSMENTS
8.	HEALTH AND SAFETY PLAN
9.	INSURANCE
10.	ENVIRONMENT POLICY
11.	ENVIRONMENTAL PERFORMANCE
12.	OTHER POLICIES

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 4 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

CONTRACTORS ARE REQUIRED TO RETURN THIS QUESTIONNAIRE COMPLETED WITH SUPPORTING INFORMATION.

1.E SAFETY POLICY

- 1.1E You must return with this form a copy of the following:
- i. The Statement of your General Policy with regard to Health and Safety.Is this signed and dated by a senior manager?
- ii. Describe the organisation for carrying out the policy i.e. allocation of duties, defined responsibilities at each level, name of the most senior person in the organisation responsible for safety and who has signed the policy.
- iii. Describe the arrangements for implementing the policy and monitoring compliance i.e. safety procedures, safety manuals and procedures for managing fire safety.
- iv.D Describe the arrangements for monitoring actual compliance by those upon whom it places duties.
- 1.2E Describe how the policy is brought to the notice of all your employees and how are employees informed about changes to this policy?

2. HEALTH AND SAFETY SERVICES

2.1D Do you have access to professional Health and Safety advice from within your Company?

YES/NO

2.2 If YES give names, qualifications, experience and location.

ISSUE: 9 NOC-COC-002 **DATE 26/10/15** Page 5 of 19

2.3

NOC



2.3	Do y	ou use the services of an external Safe	ety Consultant?
	If NO	O go to question 2.6	YES/NO
2.4		S give names, address, experience and sultant.	I qualifications of the external
2.5D	To w	vhom do the Consultant's staff report in	your management structure?
2.6D		e details of the Health & Safety services	provided
	(i)	Information and advice	
	(ii)	Give details on your system for report and incidents.	ing and investigation of accidents
	(iii)	Collection and analysis of accidents a	nd ill health statistics
	(iv)	How and when does your organisation workers activities, and are they record	n undertake safety inspections relating to led and available for inspection?

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 6 of 19

NOC



	(v)	How and when does your organisation undertake safety	audits?
Enclo	se co	ppies of recent inspection/audit reports if possible.	
Copie	s of r	reports enclosed.	YES/NO
2.7	•	ou have access to specialist health and safety advice an upational Hygiene service, noise level surveys etc. as ap	•
			YES/NO
	If YE	ES give details below:	
2.8D		ou answered NO to questions 2.1 and 2.3 how do you me safety requirements?	et the following health
(i)	Obta	ain information and advice?	
(::)	La		
(ii)	Inve	stigate accidents:	

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 7 of 19

NOC



(iii)	Ensure that work on site is carried out in accordance with legarequirements and your Policy?	l
(iv)	Obtain occupational health information and services?	
2.9E	What provision does your company make for first aid on sites company's premises.	remote from the
	BERSHIP OF GROUPS ETC. Ols your company a member of any group, body, organisation,	Trade Association or
2.100	similar which promotes or has an involvement in health and sa	
	Y	/ES/NO
	If YES give the name of the group etc. and what involvement ecompany have with it:	employees of your
2 11	Nould you have any objection to the Client's Penrocentative	corning out an
∠. I I L	Would you have any objection to the Client's Representative inspection of any site on which you are currently working?	carrying out an
	\	ES/NO

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 8 of 19

3.

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

HEALTH AND SAFETY PERFORMANCE

-			<u> </u>	
3.1D	Do you prepare summarie	s, statistics o	r reports of all accide	nts at regular intervals?
				YES/NO
	If YES please enclose rele years.	evant summar	ies, statistics or simi	lar for the last three
	Summaries enclosed			YES/NO
3.2D	What use do you make of Company wide to alert ma			
3.3	Please give an Accident S	Summary for th	ne last three years.	
	Fatal accidents:			
	Major injuries:			
	"Over three day" accidents	3 :		
	Dangerous occurrences:			
Numb	per Of Employees:	1 – 5	More than 5	How Many?
Numb	per Of Temporary Workers:	1 – 5 🗌	More than 5 ☐	How Many?

^{*} 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.

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 9 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

3.4E	Has your Company or any individual employed by your Company been prosecuted
	for any breach of health and safety legislation within the last five years?

YES/NO

If so, give details and action taken to prevent reoccurrence.

3.5E Has any Prohibition or Improvement Notice been served on your Company within the last five years?

YES/NO

If so, enclose a copy and give details below of actions taken following the serving of the notice.

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 10 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

4. TRAINING

- 4.1 On the attached form please list the qualifications, membership of trade or professional bodies, health and safety training and summary of experience of the management and supervisory staff who will be engaged on NOC contracts.
- 4.2D Have your operatives received appropriate training for their work and in general health and safety aspects of your type of work?

YES/NO

If so, please describe on page 11 table

4.3D Do you carry out induction training for new employees?

YES/NO

4.4D How do you monitor the appropriateness and effectiveness of employee training to ensure that it meets current needs and trends

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 11 of 19

NOC



Name	Position	Trade/Professional Qualifications	Membership of Trade/ Professional body	Health and Safety Training	Summary of industry experience

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 12 of 19

NOC



_	CLID	CONTR	ACTORS
~	SHE	CONTR	$\Delta U.U.R.S$

J .	SUB CONTRACTORS
5.1E	If you normally sub contract parts of construction work, how do you ensure that sub contractors have a safe system of work in place?
5.2D	Do you employ labour only sub contractors?
	YES/NO
	If so, how do you communicate your health and safety procedures to them?
6.	JOINT CONSULTATION
6.1D	Are there any Safety Representatives employed within your workforce?
	YES/NO
6.2D	Do you have a Safety Committee for joint consultation purposes?
	YES/NO
6.3D	What established arrangements do you have for employees to draw the attention of management to unsafe working practices and risks to health and safety?

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 13 of 19

NOC



7	RISK	ASSESSMENTS
	111011	ADDEDDINEILI

7.1E	When and how do you carry out risk assessments?
7.2E	When and how are safety method statements prepared?
7.3	How are the workforce made aware of the safety method statement?

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 14 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

8. PRINCIPAL CONTRACTORS

This section must be completed by contractors who wish to be considered to act as Principal Contractor for projects subject to the Construction Design and Management Regulations.

Contractors who do not wish to act in this capacity should proceed to Question 9

8.1	Has your company undertaken the role of principal contractor on previous projects?
	If "Yes" please provide the following details for projects where your company has

The number of projects:

acted as principal contractor:

The type of projects (e.g. new build, refurbishment, services installations etc.):

The range of contract values:

8.2 What information do you include in a construction phase health and safety plan?

8.3D When acting as principal contractor, how do you ensure that co-operation between all contractors employed on the project takes place?

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 15 of 19

NOC



8.4D	How do you monitor the safety aspects of the work?
8.5D	How do you provide employees and sub-contractors with health and safety information?
8.6	How do you provide the CDM Coordinator or client with health and safety file information generated by your company or sub-contractors?

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 16 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

9.1E INSURANCE

Note: For capital works, a minimum public liability insurance cover of £10 million is required for all NOC Estates contractors. Only following approval by the Head of NOC Estates, a £5 million public liability insurance cover may be acceptable for minor works.

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 17 of 19

NOC





10 ENVIRONMENTAL POLICY

10.1D Does yo	our company	have an I	Environmental	Policy?
---------------	-------------	-----------	---------------	---------

YES/NO

If YES, please enclose a copy of the Policy Document

10.2D Is your company considering the adoption of an Environmental policy?

YES/NO

If yes, when are you planning on adopting an Environmental policy? (MM/YY)

11 ENVIRONMENTAL PERFORMANCE

11.1D Are you aware of the main environmental impacts of your company?

YES/NO

11.2D Does your company have any formal procedures to control its Environmental Impact e.g. oil spill procedures, sustainable procurement procedures?

YES/NO

If yes, please detail below:

11.3D Has your company received any external awards or accreditations for its environmental performance?

YES/NO

If yes, please detail below:

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 18 of 19

NOC



Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

11.4E Has your Company or any individual employed by your Company been prosecu	ıted
for any breach of environmental legislation within the last five years?	

YES/NO

If so,	give	details	and	action	taken	to	prevent	reoccuri	rence.
--------	------	---------	-----	--------	-------	----	---------	----------	--------

11.5D Have any of your staff received any form of Environmental training?

YES/NO

If yes, please detail below:

11.6D If you would like to provide any additional information about your environmental performance please use the space below.

ISSUE: 9 NOC-COC-002 DATE 26/10/15 Page 19 of 19

NOC



1	2	O	ГНІ	=R	P	ו ור	CI	ES
	_	_		_1\			$\mathbf{\circ}$	டப

12.1E Does your company have an Equal Opportunities Policy?	YES/NO
If YES, please enclose a copy of the Policy Document	
12.2D Does your company have a Race Relations Policy? How do comply with the requirements of the Race Relations (Amend	
	YES/NO
If YES, please enclose a copy of the Policy Document	
12.3E Does you company have a Disability Equality Scheme or sin	nilar?
	YES/NO
If YES, please enclose a copy of the Policy Document	