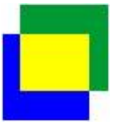


APPENDIX F

Contractors Competence Questionnaire



pdpGreen Consulting Ltd

CONTRACTOR
COMPETENCE QUESTIONNAIRE

PROJECT
NEW TAXIWAY, ST MARY'S AIRPORT
ISLES OF SCILLY

CLIENT
COUNCIL OF THE ISLES OF SCILL

DATE NOVEMBER 2019

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COMPETENCE QUESTIONNAIRE

The following questionnaire will be used to assess the competence of each tenderer with regards to their understanding and commitment to health and safety on this project and their ability to act as Principal Contractor.

If considered necessary by the Client and/or Designer, interviews may be held with the tenderers to seek further information to aid in the assessment.

An ability to demonstrate awareness of the requirements placed on the Contractor under CDM and the capacity to carry them out will be a significant criterion in deciding on the appointment of a suitable Contractor.

The tenderer will also be required to comply with any operational requirements specified by the Client relevant to the project.

Whilst there is a need to test competence under the CDM Regulations, it is recognised that some or all of the tenderers will be well established organisations who are known by the Client and or the Project Team e.g. by pre-qualifications or past works of a similar nature. As a consequence, there is likely to be existing knowledge of the competence of the tenderer, which could be relevant to this project.

In our response to our Client's wishes, you are requested to complete and return a copy of the following Competence Questionnaire. If you wish to answer the questions by reference to information in your in-house documents, please provide copies of the relevant information and cross-reference your response to the page or paragraph where the appropriate information can be found.

Please return the completed Competence Questionnaire and supporting documentation with your tender submission in accordance with the details set out in the Instructions for Tendering.

CONTRACTOR COMPETENCE QUESTIONNAIRE

<p>IN RESPONSE TO OUR CLIENT'S REQUIREMENTS, YOU ARE REQUESTED TO COMPLETE AND RETURN THIS QUESTIONNAIRE WITH ALL SUPPORTING INFORMATION</p>	
NAME OF COMPANY:	
ADDRESS:	
TELEPHONE NUMBER:	
FAX NUMBER:	
WEBSITE ADDRESS:	
NUMBER OF STAFF CURRENTLY EMPLOYED:	
NAME OF PERSON COMPLETING QUESTIONNAIRE:	
POSITION OF PERSON COMPLETING QUESTIONNAIRE:	
QUALIFICATIONS OF PERSON COMPLETING QUESTIONNAIRE:	
CONTACT DETAILS OF PERSON COMPLETING QUESTIONNAIRE:	
DATE:	
SIGNATURE:	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
1.0	SAFETY POLICY	
1.1	<p>What is your policy with regard to health and safety?</p> <p>Please attach a signed copy of your company policy statement, together with:</p> <ul style="list-style-type: none"> • Details of the organisation for carrying out the policy - i.e. allocation of duties, delegation of responsibility to named individuals, name of the most senior director in organisation responsible for safety who has signed the policy. • The arrangements in place for carrying out the policy. • The arrangements for monitoring actual compliance by those upon whom it places duties. • The arrangements for keeping the policy under regular review. 	
1.2	<p>Describe how the policy is brought to the notice of all your employees, including labour only employees, and the arrangements which the company has made for putting this policy into effect and for discharging its duties under CDM 2015.</p>	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
2.0	ARRANGEMENTS FOR HEALTH AND SAFETY	
2.1	<p>Do you have access to competent professional Health and Safety advice from <u>within</u> your company - i.e. a Safety Department or Safety Advisors?</p> <p>If NO, go to Question 2.3. If YES, go to Question 2.2.</p>	YES / NO
2.2	<p>If YES, give names, qualifications, competency details, experience and location.</p> <p>What are the powers and authorities of these safety personnel and what is the extent of their involvement on site?</p>	
2.3	<p>Do you use the services of an <u>external</u> Safety Consultant?</p> <p>If NO, go to Question 2.6. If YES, go to Question 2.4.</p>	YES / NO
2.4	<p>If YES, give the following information:</p> <ul style="list-style-type: none"> Name, address, experience and qualifications To whom the consultant's staff report to in your management structure. 	
2.5	Give details of the services provided to your Company by the Employees/ Consultants named in 2.2 or 2.4:	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
	<p>1.Information and advice Provide an example from the last 12 months</p> <p>2. Safety inspections (<i>give frequency of inspections</i>) provide an example of a recent site inspection</p> <p>3.Safety audits (<i>give frequency of audits</i>) Provide evidence of recent monitoring and management response</p> <p>If a proprietary Safety Audit system is used, please give details.</p>	
2.6	<p>If you answered NO to Questions 2.1 and 2.3, how do you meet the following health and safety requirements:</p> <ul style="list-style-type: none"> • Obtain information and advice on health and safety matters? • Investigate accidents and dangerous occurrences? • Ensure that work on site is carried out in accordance with statutory requirements and your Company Health and Safety Policy? • Obtain occupational health information and advice? 	
2.7	<p>Please provide a copy of the company's management tree highlighting the safety responsibilities of those listed.</p>	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
2.8	<p>Is your Company a member of any group, body, organisation, Trade Association or similar which promotes or has an involvement in health and safety matters?</p> <p>If NO, go to Question 2.10 If YES, go to Question 2.9</p>	YES / NO
2.9	<p>If YES, give the name of the group etc., and what involvement employees of your Company have with it.</p>	
2.10	<p>Would you have any objection to the Client's Representative carrying out an inspection of any site on which you are currently working?</p>	YES/NO

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
3.0	HEALTH AND SAFETY PERFORMANCE	
3.1	<p>1. Provide evidence showing the way in which you record and investigate accidents and incidents.</p> <p>2. Provide records of the last two accidents/incidents or provide statistics showing incidence rates of major injuries over three days, reportable cases of ill health and dangerous occurrences for the last three years.</p> <p>*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.</p>	
3.2	How do you make use of these summaries and statistics e.g. do you analyse these company wide to alert managers, identify trends, problem, training needs etc?	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
3.4	<p>Has your Company or any individuals employed by your Company (including on any of your sites) been prosecuted for breaches of health and safety legislation or been served with prohibition, improvement or other enforcement notices within the last 5 years?</p> <p>If YES, give details and outline what action was taken by your Company to prevent a reoccurrence.</p>	YES / NO
4.0	TRAINING/QUALIFICATIONS/EXPERIENCE	
4.1	<p>What percentage of directors and managers within your Company have attended a Health and Safety Course within the last 5 years? Please provide details of the safety courses attended and provide evidence of an active CPD programme</p> <p>State the type of course and who attended them.</p>	
4.2	<p>What percentage of site supervisors within your Company have attended health and safety courses within the last five years? Please provide details of the safety courses attended and provide evidence of an active CPD programme</p> <p>State the type of course and who attended them.</p>	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
4.3	<p>Have your operatives received appropriate training for their work and in the general health and safety aspects of your type of work?</p> <p>Please provide details of the safety courses attended.</p> <p>If YES, how is this undertaken?</p>	YES / NO
4.4	<p>Do you carry out induction training for new employees?</p> <p>If YES, how is this undertaken? Provide evidence of Health and Safety training records, certificates, etc.</p>	YES / NO
4.5	<p>Do you regularly monitor the appropriateness and effectiveness of employee training to ensure that it meets current needs and trends?</p> <p>If YES, how is this undertaken?</p>	YES / NO
5.0	SUB-CONTRACTORS	
5.1	<p>Do you sub-contract parts of your work?</p> <p>If NO, go to Section 6.0.</p>	YES / NO

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
5.2	<p>If YES, Provide evidence to show how you ensure sub-contractors are competent. Provide examples of sub-contractor assessments you have carried out. Provide evidence showing how you require similar standards of competence assessment from sub-contractors</p> <p>If a standard questionnaire is used, please provide a copy.</p>	
5.3	<p>Do you employ labour only sub-contractors? Provide evidence showing how you monitor sub-contractor performance.</p>	YES / NO
6.0	JOINT CONSULTATION	
6.1	<p>Are there any Safety Representatives appointed within your workforce?</p> <p>If YES, how many?</p>	YES / NO
6.2	<p>Do you have a Safety Committee for joint consultation with the workforce?</p>	YES / NO
6.3	<p>What established arrangements do you have for employees to draw the attention of management to unsafe working practices and risks to health and safety? Provide evidence of how this is carried out with records etc.</p>	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
6.4	<p>What arrangements do you have for ensuring how co-operation and co-ordination of your work is achieved in practice.</p> <p>Provide evidence of procedural arrangements and how the company co-ordinates its work with other trades and sub-contractors</p>	
7.0	RISK ASSESSMENTS	
7.1	<p>Provide evidence how the company will identify significant health and safety risks and how they will be controlled.</p>	
7.2	<p>When are safety method statements prepared and by whom?</p>	
7.3	<p>How is the workforce made aware of the method statements?</p>	
7.4	<p>Please provide sample copies of 2 method statements and 2 risk assessments produced for a recent project similar to that being tendered.</p>	
7.5	<p>If you have less than 5 persons and do not have any written arrangements. Please describe how you achieve the required standards above.</p>	
8.0	WELFARE PROVISION	
8.1	<p>Please demonstrate how you will ensure that appropriate welfare facilities will be in place before people start work on site</p>	

ASSESSMENT QUESTIONS		CONTRACTOR'S RESPONSE
9.0	CONSTRUCTION PHASE HEALTH AND SAFETY PLAN	
9.1	<p>Please provide a copy of a Construction Phase Health and Safety Plan you have produced for a recent project where you have acted as Principal Contractor under the CDM Regulations?</p> <p>Note: This question must be completed to the satisfaction of the Client before a contractor may be appointed as a Principal Contractor for projects where all of the CDM Regulations apply. If you have not undertaken the role of Principal Contractor in a construction project, please state this.</p>	