



South Tees Site Company

South Tees Site Company Ltd, Teesside Management Offices, Redcar, TS10 5QW

Site Contractor Approval: 1 COMPANY DETAILS

Company Name:

Contact Name:

Address:

Position:

Email:

Post Code:

Tel No:

Tel No:

Company Registration Number:

CIS Registration

2. Scope of Company

NUMBER OF DIRECT EMPLOYEES:

Provide full scope of work to be undertaken at STSC Ltd:

Does your company, as a policy, use the following:

| | | | |
|-----------------|--------|---------------|--------|
| Consultants | Yes/No | Agency | Yes/No |
| Sub-Contractors | Yes/No | Self Employed | Yes/No |

3. Contractors using Sub-Contractors & Non-Direct Employees

| | |
|--|--------|
| What is your process for the assessment and approval of sub-contractors and non-direct employees? How will your company manage/supervise the activities of sub-contractors & non-direct employees on our site? | |
| What work do you normally sub contract? e.g. specialist activities | |
| Does your insurance indemnity cover your Sub-Contractors, Agency Workers & Self Employed? | Yes/No |

4. Litigation

| | |
|--|--------|
| In the last 7 years has your company faced complaint, litigation, prosecution or investigation by Regulatory Bodies, Employees or Public? (Including Environmental Incidents). If yes, please provide details. | Yes/No |
|--|--------|

5. Accident Statistics

| Accident Statistics | Previous Year | Last Year | Current Year | Comments |
|--|---------------|-----------|--------------|----------|
| Number of Employees | | | | |
| Number of Hours Worked Per Annum | | | | |
| Number of Lost Time Injuries (1 day or more) | | | | |
| Recordable Injuries (see STSC definitions on evidence sheet) | | | | |
| Number of RIDDOR Reportable Accidents and Incidents | | | | |

QUESTIONS

| | |
|-------------------------------------|---|
| <div>Section 1</div> <div>HSE</div> | <p>1. Name the company appointed H&S Adviser and list their relevant qualifications?</p> |
| | <p>2. Please indicate the company's methods for communicating with employees on Health, Safety & Environmental awareness matters.</p> <div> <input type="checkbox"/> TOOLBOX TALKS <input type="checkbox"/> H&S BRIEFINGS <input type="checkbox"/> NEWSLETTERS <input type="checkbox"/> OTHER <div>Please state other:</div> </div> <p>Please supply an example for each ticked box</p> |
| | <p>3. What potential environmental impact will company operations, services, supplied plant, machinery, equipment or goods have on STSC Ltd works or surrounding areas and what steps have/need to be taken to minimise impact?</p> |
| | <p>4. Describe your arrangements for site visit inspections carried out by all levels of management (Directors, Managers and Supervisors etc.)</p> <p>Please supply a copy of a site visit report</p> |
| | <p>5. How are action plans developed to address any shortcomings that are identified/observed?</p> |
| | <p>6. Describe the company procedure for the notification and registration of accidents? Please supply a copy of the accident book</p> |
| | <p>7. Describe how you ensure that all accidents, incidents and near misses have been adequately and effectively identified, evaluated, investigated and corrective actions implemented? Please supply a summary and any corrective actions for any RIDDOR'S</p> |
| | <p>8. Describe the company Health & Safety Improvement Plan? Please supply a copy</p> |
| <div>Section 2</div> | <p>1. How are risk assessments and safe systems of work communicated to all members of the working party?</p> <p>2. What is the planned programme of periodic reviews of RAMS?</p> <p>3. Describe how risk assessments are reviewed following any notifications/incidents/accidents or events?</p> |

Please add further information, documents which you feel will help develop the understanding of your company that may have not been covered in this paperwork:

**COMPLETION OF THIS FORM IS THE INITIAL AND AN ESSENTIAL STEP IN THE PROCESS OF BECOMING AN
APPROVED SUPPLIER TO STSC LTD – ALL INFORMATION WILL REMAIN CONFIDENTIAL**

Company Declaration

I confirm that the information provided is an accurate representation of our Companies Health, Safety & Environment procedures.

| Contract Company Responsible Person | Signature | Position | Date |
|-------------------------------------|-----------|----------|------|
| | | | |

Evidence Sheet

STSC Ltd require copies of all documents/information listed below unless they are not applicable. Failure to provide will result in STSC Ltd rejecting your submission for approval to work on site.

| Question | Supporting Evidence | Copy Provided |
|---|---|----------------------|
| Company Details | Insurance Certificates | |
| Company Details | Health & Safety Organisation Chart | |
| Management Systems | ISO9001/14001/OHSAS 18001/VCA/SCC | |
| Health, Safety & Environment – Sec 1 | Signed Health & Safety Policy | |
| Health, Safety & Environment – Sec 1, Q 2 | Toolbox Talks/H&S Briefings/Newsletters/Other | |
| Health, Safety & Environment – Sec 1, Q 3 | Environmental Policy | |
| Health, Safety & Environment – Sec 1, Q 4 | Site Visit Report | |
| Health, Safety & Environment – Sec 1, Q 6 | Accident Book | |
| Health, Safety & Environment – Sec 1, Q 7 | RIDDORS – Summary & Corrective Action Report | |
| Health, Safety & Environment – Sec 1, Q 8 | Health & Safety Improvement Plan | |
| Risk Assessment – Sec 2, Q 1 | Risk Assessment & Method Statement | |
| Training – Sec 3, Q 1 | Procedure, Training Matrix | |
| Training - Sec 3, Q 2 & 3 | Employee Safety Passport & Supervisors Passport | |
| Employee Welfare – Sec 4, Q 2 | Relevant Policies | |
| Employee Welfare – Sec 4, Q 3 | PPE Records, Procedures | |
| Tools & Equipment – Sec 5, Q 1 | Periodic Inspection Report | |

Accident Statistics (STSC Ltd Health and Safety definitions)

Recordable Injury

A recordable injury is a: Fatality – a recordable, work-related fatality

Or Days away from work injury – a work-related injury other than a fatal injury which results in a person being unfit for work on any day after the day of occurrence.

Or Restricted workday injury – A work-related injury other than a fatality or days away from work case which results in a person being unfit for full performance of the regular job on any day after the occurrence.

Or Medical treatment case – Case that is not severe enough to be reported as fatality or lost time injury or restricted workday case but is more severe than requiring simple first aid treatment.

Any injury, accident or incident that has been reported to the HSE or Environment agency under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995. (RIDDOR).

A lost time injury is a:

Work-related injury other than a fatal injury which results in a person being unfit to perform any regular job or restricted work on any day after the occurrence.