

**Westbury Town Council: Public Toilet Refurbishment**

**HEALTH AND SAFETY QUESTIONNAIRE**

**WTC 01 2025**

Date17/10/2025

**DOCUMENT 5**

**Westbury Town Council**The Laverton, Bratton Road

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Introduction

WTC is seeking information from the tenderer that demonstrates your organisations duty to protect the health, safety and welfare of your workforce. You must complete this questionnaire.

Please keep your maximum wordcount to 200 words per question.

Where a question asks for supplementary information, please carefully label your document with the document and question number, for example Document 5, Question 1.

All documents should clearly indicate your company name so we can correctly attribute any information to the correct Bidder.

Any clarifications in relation to health, safety and welfare should be submitted via info@westburytowncouncil.gov.uk

Smaller contractors are advised to obtain relevant Health & Safety Information from [http://www.hse.gov.uk](https://protect.checkpoint.com/v2/r06/___http%3A//www.hse.gov.uk___.ZXV3Mjp3ZXN0YnVyeXRvd25jb3VuY2lsMTpjOm86OTgxZjhkZDg4ZTQ3YzNjNDY1OTMyMmI5NGZhYTcwYzU6NzpjYTAzOjMwNWJmOWMyOGIzYjUzYWQ1YWQ5MDQwMWRkYWRiNGU3MjA5MTU5Njk3YjBkODZhMDM5MjYyM2FjZTRkZDA1YjU6cDpGOkY)

## **Health and Safety Assessment Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Question No** | **Question** | **Details** |
| 1 | Name of Organisation |  |
| 2 | Number of Employees *A Health and Safety Policy is a statutory requirement under section 2(3) of the Health & Safety at Work Act 1974 for a company of 5 or more employees. If you are a company of under 5 employees, you are required to sign and return the attached Declaration of Intent with your tender submission.*  |  |
| 3 | Do you have CHAS / SSIP registration?If you have ticked either of the first two boxes, please move to question 12. Of you have ticked not registered please move to question 4.  | [ ]  Yes, we have CHAS registration *<<Insert number here>>*[ ]  Yes, we have SSIP registration*<<Insert number here>>*[ ]  We do not have either CHAS or SSIP registration  |
| 4 | Please confirm the Health and Safety support you have available.  | [ ]  We have 5 or more employees, and a signed and dated Health and Safety at Work policy is included as part of this tender submission[ ]  We have fewer than 5 employees, and we signed the attached Declaration of Intent (Annex A) which is included as part of this tender submission |
| 5 | Please confirm the Health & Safety Support you have in place.  | [ ]  Employee with Health and Safety responsibility for the organisation[ ]  We have included evidence of the employee’s health & safety qualifications and/or training certificates with this tenderConsultant with Health and Safety responsibility for the organisation[ ]  We have included details of the Health & Safety consultant used by our organisation  (*name of company / Website*) |
| 6 | Do you actively monitor the Health & Safety performance of your employees? If you have ticked yes, please explain how.  | [ ]  Yes[ ]  No |
| 7 | Please provide evidence of the health & safety training given to your managers and staff.  | [ ]  We have included a training matrix with our tender submission[ ]  We have included evidence/examples of health and safety training provided to our managers[ ]  We have included evidence/examples of health and safety training and/or attendance certificates provided to our staff |
| 8 | Please detail your arrangements for reporting and investigating accidents, incidents, and near misses, including notifying the HSE where required to.  | [ ]  We have a process for reporting and investigating accidents, incidents, and near misses, including appropriate recording of information, and notifying the HSE if the incident is reportable under RIDDOR[ ]  We have provided our incident reporting template or other relevant evidence of our system. |
| 9 | Please provide details of accident statistics for your employees over the past 2 years.  |

|  |  |  |
| --- | --- | --- |
|   | 2023-24 | 2025 to date |
| Number of persons employed including agency & volunteers |  |  |
| Number of fatalities |  |  |
| Number of 7-day incapacitations, specified injuries, or non-fatal accidents to non-workers under RIDDOR |  |  |
| Number of dangerous occurrences reportable under RIDDOR |  |  |
| Number of ill health reports under RIDDOR |  |  |

 |
| 10 | Please explain your arrangements when employing agency staff or sub-contractors. How do you ensure they follow safe working procedures and are competent at undertaking risk assessments?  | [ ]  Yes, we provide health and safety induction, training, and performance monitoring to our volunteers, agency staff, or other similarly sub-contracted staff[ ]  We have provided evidence of sub-contractor performance monitoring and/or pre-appointment checks[ ]  We do not use agency staff, volunteers, or any other similar sub-contractors |
| 11 | Please describe your arrangements for consulting with managers and staff on health and safety issues. |  |
| 12 | Please provide a completed Risk Assessment for the following work tasks with your submission.  | [ ]  Asbestos removal, Hot works.  |
| 13 | Please provide details and evidence of how you and your workforce comply with the Control of Substances Hazardous to Health 2002 (COSHH).  |  |
| 14 | Have you have been issued any prohibition or improvement notices from enforcing authorities within the last three years? If you have answered yes, please provide details.  | [ ]  Yes[ ]  No |
| 15 | Explain how you provide First Aid for your workforce when operating in premises or off-site.  |  |
| 16 | Do you comply with the Provision of Work Equipment Regulations 1998 (PUWER) and the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)?  | [ ]  Yes, we comply with PUWER and LOLER and have provided documentary evidence to support this[ ]  Yes, we carry out regular pre-use checks and at least annual maintenance of all work equipment and have provided example evidence of checks and maintenance[ ]  Yes, all lifting equipment is examined before use, regularly while in use, where it is installed/re-installed/assembled at another site, or where it is exposed to conditions causing deterioration, liable to result in danger and appropriate records and made and maintained[ ]  Yes, all lifting operations are appropriately planned, and risk assessed by a competent person, including suitable selection of lifting equipment and pre-use checks carried out and recorded[ ]  No, we do not use lifting equipment[ ]  Staff are provided with training and information on what checks and inspections of their work equipment are required |
| **Document List** |
| Question | Document requested |  |
| 17 | Health and Safety Policy signed and recently reviewed, or Annex A signed and recently dated.  |  |
| 18 | Training records of Employee with health and safety responsibilities, or CV of Consultant with health and safety responsibilities |  |
| 19 | Training matrix |  |
| 20 | Evidence of Incident Reporting  |  |
| 21 | COSHH Risk Assessment |  |

*Please proceed to ANNEX A - Declaration*

Annex A

**Contractor Health & Safety Declaration**

(Less than 5 Employees)

**Name of Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No of Employees:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our declaration of intent:**

1. To provide adequate control of health & safety risks arising from our work activities that may affect our employees, local authority employees or members of the public.
2. To consult with our employees on matters affecting their health & safety.
3. To provide and maintain safe plant, equipment & safe working procedures.
4. To ensure safe handling and use of substances (COSHH).
5. To provide information, instruction and supervision for our employees.
6. To ensure our employees are trained and competent to undertake their tasks.
7. To provide necessary health & safety information to WTC employees and members of the public.
8. To prevent cases of work-related ill health, prevent accidents and maintain a safe place of work and a healthy working environment.
9. To ensure sufficient funds are available to implement these requirements.
10. To review and revise this declaration as necessary (at least every 12 months)

Signature of person with executive responsibility for health & safety:

**Printed Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Declaration:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_