



Wokingham Town Council

Contractor Health & Safety General Questionnaire

Contractor Details:

Name of Contractor: _____

Head Office Address: _____

Telephone Number: _____

Fax Number: _____

Address for correspondence (if different) _____

1. Which of the following types of work do you normally tender for (tick box (es)):

1. Contracts valued up to £20,000

2. Contracts valued up to £50,000

3. Contracts valued up to £100,000

4. Other

Specific Project (s)

Specify:

Specific Types of Project

Specify:
(e.g. Carpentry, General Building Works,
Grass Mowing, Arboriculturalist Works)

2. What is the largest value of work you have carried out?

State the type of work:



3. Have you undertaken work for Wokingham Town Council before? Yes / No

4. How many people do you employ? _____

5. Have you prepared a statement of your policy on Health & Safety at work? Yes / No
(If yes please attach a copy)

6. Is the policy subject to regular review? Yes / No
If "yes" state the frequency of review:

7. Who has overall responsibility for implementation of your policy (name & position)?

8. Do you employ health and safety advisers? Yes / No
If "yes" state names and qualifications

9. Do you engage external consultation to advise you on health & safety? Yes / No

If "yes" state names(s) of consultancy, name and qualifications of advisers and attach CV's.

Training

10. Do your employees receive health & safety training?

- a) on-the job / off- the job / both
- b) In-house / by external providers / both

11. Do you keep records of employees' health & safety training? Yes / No
If "yes" please provide training records.



Management Systems

12. Do you have procedures for: (please provide examples)

- | | | |
|----|---|----------|
| a) | assessment of project risks? | Yes / No |
| b) | selection of preventive and protective measures? | Yes / No |
| c) | checks on workplace standards? | Yes / No |
| d) | maintenance of equipment and personal protective equipment? | Yes / No |
| e) | incident reporting and investigation? | Yes / No |
| f) | auditing of health & safety? | Yes / No |

13. If such procedures are not in your Health & Safety Policy Statement state where they can be found (e.g. H&S manual)

14. Please provide project specific examples of how you have implemented;

- a) risk assessment
- b) workplace monitoring
- c) incident investigation

Incidents

15. Please complete the table below to indicate the number of reports you have to the enforcing authority under the Reporting of Injuries and Dangerous Occurrences Regulations 1995 (RIDDOR):

Year	Numbers of Incidents as Defined in RIDDOR				
	Fatal	Major Injury	Over 3 day Injury	Dangerous Occurrences	Disease
2008					



2009					
2010					
2011					

Insurance

16. Do you have Employer Compulsory Liability Insurance? Yes / No
- Public Liability Insurance Yes / No
- Professional Indemnity Insurance? Yes / No

For each of these if answered “Yes” state the value and provide verification of cover.

Sub-Contractors and Others

17. Please indicate the proportion (e.g. percentage) by value (or range) of your work that you typically sub-contract.

18. How do you assess your sub-contractors to ensure that their arrangements for managing health & safety are satisfactory?

19. Describe how you ensure effective communication with other organisations involved at the workplace and/or project?



Site Personnel

20. Describe the numbers and status of personnel you deploy on site to ensure adequate health and safety standards on a typical project.

21. Do you have sufficient staffing and equipment to cover holidays, sickness and machinery breakdowns so there is no delay to the dates of works?

Name of Respondent and job title:

Signature: _____

Date: / /