



**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:

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1. SAFETY POLICY
2. HEALTH AND SAFETY SERVICES
3. HEALTH AND SAFETY PERFORMANCE
4. HEALTH AND SAFETY TRAINING
5. SUB CONTRACTORS
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7. RISK ASSESSMENTS
8. HEALTH AND SAFETY PLAN
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10. ENVIRONMENT POLICY
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**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? YES/NO
  - 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.

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2.3 Do you use the services of an external Safety Consultant?

If NO go to question 2.6

YES/NO

2.4 If YES give names, address, experience and qualifications of the external Consultant.

2.5D To whom do the Consultant's staff report in your management structure?


2.6D Give details of the Health & Safety services provided

(i) Information and advice

(ii) Give details on your system for reporting and investigation of accidents and incidents.

(iii) Collection and analysis of accidents and ill health statistics

(iv) How and when does your organisation undertake safety inspections relating to workers activities, and are they recorded and available for inspection?

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(v) How and when does your organisation undertake safety audits?

Enclose copies of recent inspection/audit reports if possible.

Copies of reports enclosed.

YES/NO

2.7 Do you have access to specialist health and safety advice and services e.g. Occupational Hygiene service, noise level surveys etc. as appropriate to your work?


YES/NO

If YES give details below:

2.8D If you answered NO to questions 2.1 and 2.3 how do you meet the following health and safety requirements?

(i) Obtain information and advice?

(ii) Investigate accidents:

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(iii) Ensure that work on site is carried out in accordance with legal requirements and your Policy?

(iv) Obtain occupational health information and services?

2.9E What provision does your company make for first aid on sites remote from the company's premises.

## **MEMBERSHIP OF GROUPS ETC.**


2.10D 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?

YES/NO

If YES give the name of the group etc. and what involvement employees of your company have with it:

2.11D Would you have any objection to the Client's Representative carrying out an inspection of any site on which you are currently working?

YES/NO

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### 3. HEALTH AND SAFETY PERFORMANCE

3.1D Do you prepare summaries, statistics or reports of all accidents at regular intervals?

YES/NO

If YES please enclose relevant summaries, statistics or similar for the last three years.

Summaries enclosed

YES/NO

3.2D What use do you make of these summaries and statistics e.g. do you analyse these Company wide to alert managers, identify trends, problems, training needs etc.?

3.3 Please give an Accident Summary for the last three years.

Fatal accidents:

Major injuries:


“Over three day” accidents:

Dangerous occurrences:

Number Of Employees:                      1 – 5 ☐      More than 5 ☐      How Many?

Number 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.

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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.



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#### 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

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

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## 5. 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?


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## 7. RISK ASSESSMENTS

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?

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## 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 acted as principal contractor:


The number of projects:

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?

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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?

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## 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.**

Please provide a statement from your insurance broker providing the following details, or complete the form below and enclose copies of your insurance certificates:

PUBLIC LIABILITY COVER                      £.....

INSURANCE COMPANY                      .....

POLICY NUMBER                      .....

POLICY EXPIRY DATE                      .....

EXCLUSIONS/INCLUSIONS (e.g. hot work, working at height)


For contractors providing a design service:

PROFESSIONAL INDEMNITY COVER   £.....

INSURANCE COMPANY                      .....

POLICY NUMBER                      .....

EXPIRY DATE                      .....

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## 10 ENVIRONMENTAL POLICY

10.1D Does your company have an 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:



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

YES/NO


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

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.

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## 12 OTHER POLICIES

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 does your company comply with the requirements of the Race Relations (Amendments) Act 2000?

YES/NO

If YES, please enclose a copy of the Policy Document

12.3E Does you company have a Disability Equality Scheme or similar?

YES/NO

If YES, please enclose a copy of the Policy Document