**Contractors’ Selection Questionnaire**

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| **Name** |  |
| **Address** |  |
| **Contact telephone and e mail address** |  |

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| Does your organisation have a Health & Safety Policy Statement? If so, please attach a copy. |
| Have you appointed a person responsible for Health & Safety? If so, please provide their contact details here. |
| Are you a member of any professional body or safety organisation? If so, please give details here. |
| What Health & Safety training has been undertaken by yourself and/or provided for your staff? |
| Do you keep records of accidents and incidents? If so, please attach records of accident & incidents within the last 3 years. |
| Do you / your organisation keep training records for yourself and (if applicable) employees? |
| Have you had any Notices served upon you or been prosecuted within the last 3 years? |
| Does your organisation have Public and, if applicable, Employers Liability Insurance? If so, please attach a copy of the certificate(s). |
| Please provide test certificates for all equipment to be used on site. |
| Please provide certificates of competence for all vehicles or plant operators working on site. |
| Please sign to confirm the information provided above and that you have read the attached Contractors’ Health and Safety Information overleaf. |

**Signed Date**