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Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

Document Control Sheet

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Document Status	Final

Document Amendment History

Version No.	Date	Amendment Details	Ву
1	31/03/08	Issued as final	LJR
2	24/03/09	Updated to include environmental checks	LJR/CS
3	10/10/12	Update to questions	CS
4	19/10/12	Final version	CS
5	10/12/12	Clarification of insurance requirements – Draft	CS
6	10/01/13	Clarification of insurance requirements - Final	CS
7	28/02/14	Update to clarify document numbering	GD
8	12/03/15	Update to questions and new Logo	GD
9	26/10/15	Renumbering of policy	CR

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Estates Contractors & Consultants Health , Safety & Environment Assessment Questionnaire

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
6.	JOINT CONSULTATION
7.	RISK ASSESSMENTS
8.	HEALTH AND SAFETY PLAN
9.	INSURANCE
10.	ENVIRONMENT POLICY
11.	ENVIRONMENTAL PERFORMANCE
12.	OTHER POLICIES

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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?
- 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 y	ou use the services of an external	Safety Consultant?
	If NO	go to question 2.6	YES/NO
2.4		S give names, address, experience sultant.	and qualifications of the external
2.5D	To w	hom do the Consultant's staff repo	ort in your management structure?
2.6D	Give	details of the Health & Safety serv	rices provided
	(i)	Information and advice	
	(ii)	Give details on your system for re and incidents.	porting and investigation of accidents
	(iii)	Collection and analysis of acciden	nts and ill health statistics
	(iv)		ation undertake safety inspections relating to corded and available for inspection?

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	(v)	How and when does your organisation undertake safety audits?
		opies of recent inspection/audit reports if possible. reports enclosed. YES/NO
2.7		you have access to specialist health and safety advice and services e.g. upational Hygiene service, noise level surveys etc. as appropriate to your work? YES/NO
	If YE	ES give details below:
2.8D	•	ou answered NO to questions 2.1 and 2.3 how do you meet the following health safety requirements?
(i)	Obta	ain information and advice?
(ii)	Invo	estigate accidente:
(ii)	iiive	estigate accidents:

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(iii) Ensure that work or requirements and y	n site is carried out in accordance with legal our Policy?
(iv) Obtain occupationa	I health information and services?
2.9E What provision does company's premise	s your company make for first aid on sites remote from the s.
MEMBERSHIP OF GROU	PS ETC.
	member of any group, body, organisation, Trade Association or otes or has an involvement in health and safety matters?
	YES/NO
If YES give the nam company have with	ne of the group etc. and what involvement employees of your it:
	ny objection to the Client's Representative carrying out an site on which you are currently working?
	YES/NO

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3. HEALTH AND SAFETY PERFORMANCE

3.1D	Do you prepare summaries	s, statisti	cs or	reports of all	accider	nts at regular in	tervals?
						YES/NO)
	If YES please enclose rele years.	vant sun	nmarie	es, statistics c	or simila	ar for the last th	ree
	Summaries enclosed					YES/NO)
3.2D	What use do you make of Company wide to alert ma				_	•	
3.3	Please give an Accident S	ummary	for the	e last three ye	ears.		
	Fatal accidents:						
	Major injuries:						
	"Over three day" accidents Dangerous occurrences:	i.					
Numb	er Of Employees:	1-5		More than 5		How Many?	
Numb	er Of Temporary Workers:	1-5		More than 5		How Many?	
* The	Reporting of Injuries, Disea (RIDDOR) require accident in these categories to be rebut as a separate total from	ts involvi eported b	ing the	e self employe ployers, there	ed and	members of th	e public

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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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TRAINING 4.

- 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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5.1E	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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7.1E 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

The number of projects:

acted as principal contractor:

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

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10	FNVIRONMENTAL	POLICY

10.1D Does your company have an Environmental Poli-	10.1	Does your	company	have an	Environmental	Policy'
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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	aiva	detaile	and	action	takan	tο	nrevent	reoccurrence	_
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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	PΩI	ICIES

12.1E Does your company have an Equal Opportunities Policy?	YES/NO
If YES, please enclose a copy of the Policy Document	TEO/NO
12.2D Does your company have a Race Relations Policy? How do comply with the requirements of the Race Relations (Amen	
	YES/NO
If YES, please enclose a copy of the Policy Document	
12.3E Does you company have a Disability Equality Scheme or si	milar?
	YES/NO
If YES, please enclose a copy of the Policy Document	