The questionnaire is designed to assist in the assessment of sub-contractor’s capability to implement, monitor and control all aspects of Health and Safety Legislation relevant to their work. This document must be completed by all sub-contractors and approved by C & A Engineering Services Ltd Ltd before a contract is awarded.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Sub-contractor:** |  | | |
| **Nature of Business:** |  | | |
| **Address:** |  | | |
| **Telephone No.** |  | | |
| **Fax No.** |  | | |
| **General Requirements**  Year Company Established:  Head Office Address:  Company Registration No:  VAT No:  Registered Office Address:  (**If different)**  Contact Name:  Contact Position:  Contact No:  Contact Mobile:  Contact e-mail Address  Web Site Address:  Name & Address of Parent Company: | | …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………… |

**Insurance Details:**

|  |  |  |
| --- | --- | --- |
| Public Liability: | Insurers Name and address:    Policy Number:  Renewal Date:  Indemnity Limit (Value): |  |
| Employer’s Liability: | Insurers Name and address:  Policy Number:  Renewal Date:  Indemnity Limit (Value): |  |
| Professional Indemnity: | Insurers Name and address:  Policy Number:  Renewal Date:  Indemnity Limit (Value): |  |
| All Risks: | Insurers Name and address:  Policy Number:  Renewal Date:  Indemnity Limit (Value): |  |

***Enclose all current copies of insurance information detailed above***

**Health and Safety**

|  |  |  |
| --- | --- | --- |
| **No.** | **QUESTION** | **ANSWER** |
| 1.1 | Who has overall responsibility for Health and Safety within your organisation? |  |
| 1.2 | Position in the Organisation. |  |
| 1.3 | What safety experience or qualification does that person have? |  |
| 1.4 | Do you employ the services of a safety officer, safety advisor or safety consultant? If yes, please give their name and telephone number. ***Please enclose details and CV*** |  |
| 1.5 | Does your organisation employ more than 5 persons, if so please enclose a copy of your Health and Safety Policy. | . |
| 1.6 | Please give details of Health and Safety training given to your foremen / supervisors / site managers within the last 3 years. ***Please Provide Examples***. |  |
| 1.7 | What procedures do you adopt to carry out risk assessments, who is responsible for making them? ***Enclose Example*** |  |
| 1.8 | Please provide examples of site specific risk assessments and method statements relevant to our works. |  |
| 1.9 | What procedures do you adopt to carry our C.O.S.H.H. assessments, who is responsible for making them? ***Enclose Example*** |  |
| 1.10 | What procedures do you adopt to ensure that all plant and equipment on site is used and maintained in safe condition? |  |
| 1.11 | Please provide details of any formal notices /prosecutions that have been issued against your company in the last five years by the HSE. |  |
| 1.12 | Please give details of any reportable accidents or dangerous occurrences within your organisation within the last 3 years. |  |
| 1.13 | Please describe your procedures for investigating accidents or dangerous occurrences. |  |
| 1.14 | Please give any further information which you may consider of assistance to us when assessing your capability to fulfil your Health and Safety duties and responsibilities. | . |
| 1.15 | How many persons do you employ? (state overall numbers) (*identify status in numbers i.e. subcontractor /CIS /part time etc*) |  |
| 1.16 | Is it your intention to sublet any elements of your contract? |  |
| 1.17 | Do you check competence of your sub-contractors? How? |  |
| 1.18 | Please give details of Company memberships with SSIP ie CHAS, Safecontractor, Constructionline ect.  ***Please Enclose Certificate*** |  |
| 1.19 | Please give details of Company memberships with Trade Organisation / Professional Associates (i.e., GAS SAFE, NICEIC etc): ***Please Enclose Certificate*** |  |

**Management Systems**

|  |  |  |
| --- | --- | --- |
| 2.01 | ISO 9000 Award:  **(If yes please provide copies of relevant certificates)** | Yes / No |

|  |  |  |
| --- | --- | --- |
| 3.01 | Does your Company hold Environmental Management System Certificated  **(If yes please provide copies of relevant certificates)** | Yes / No |

Please sign to declare that all information provided is current and correct.

The Person Responsible for Health and Safety (section 1.2 ) in your organisation to sign below.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name of Signatory:** |  |
| **On Behalf of:** |  |
| **Position in the Organisation:** |  |
| **Date:** |  |

**Reviewed & Approved on behalf of C & A Engineering Services Ltd**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name of Signatory:** |  |
| **Position in the Company:** |  |
| **Date:** |  |
| **Review Date** |  |