**Health & Safety Questionnaire**

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| Company Name |  |

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| **A. Previous Experience** |
| A.1 How many years has your organisation undertaken the activities in scope of this contract? |
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| A.2 Is your company a member of any UK or European membership/affiliations of legislative and/or industry associations or institutes? If yes, please provide details and include copies of the certificates if they cannot be verified online. |
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| **B. Health and Safety** |
| B.1 Please attach a copy of your current Health and Safety policy. |
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| B.2Outline how you implement that policy, including whether you have implemented any third-party certification for Safety Management Systems. If so, please provide a copy of the certification and scope of the certification. |
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| B.3 Please provide the name of the Director responsible for Health and Safety, and the name, qualifications and employment status (employee/consultant) of your Health and Safety advisor. |
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| B.4 Please attach all generic (model) risk assessments and method statements. |
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| B.5 Any use of sub-contractors? Yes  Also complete B5.1 and B5.2  No  Go to B6 |
| B5.1 Please provide details of your processes to evaluate the suitability of sub-contractors |
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| B5.2 Please provide details of your process to monitor your sub-contractors’ safety performance |
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| B.6 Do you operate a recognised industry competence scheme for staff? If yes, please specify schemes, e.g.: CSCS, NICEIC, Gas Safe, Link-Up. For CSCS scheme, please state extent of registration. |
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| B.7 Please provide details of your employment and training policies and procedures with particular emphasis on how you ensure the up-to-date training and competence of your employees. |
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| B.8 Please provide details of the process for investigation and reporting of accidents and near misses |
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| B.9 Describe your arrangements for medical surveillance and the provision of Occupational Health to your employees, including your specific arrangements for Drugs and Alcohol Abuse. (Where appropriate, please include details of reference standards followed) |
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| B.10 Please provide copies of any other generic assessments appropriate to the works to be carried out or the services to be provided |
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| B.11 Please describe your arrangements for assessment, issue and control of PPE. |
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| B.12 Please provide details of your company’s RIDDOR reportable accident statistics for the last three years. |
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| B.13 Please provide details of any prosecutions or statutory notices issues for Health and Safety offences over the last three years including any that are pending. |
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| B.14 Please provide details of any prosecutions or statutory notices issued by VOSA (Vehicle and Operator Services Agency). |
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| B.15 Please provide details of any nationally recognised safety awards you have been awarded over the past three years. |
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| B.16 In relation to environmental issues please provide full details of enforcement notices or other legal action (including noise) ruled against you during the last three years including any that are pending. |
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| B.17 Waste Management and control (including hazardous): State your registration certificate number as required under the controlled waste (registration of carriers and seizures of vehicles) regulations |
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| B.18 Do you operate a Quality Management System certification to ISO standard? If yes, please provide a copy of the certificate together with the scope of certification.  If no, please provide a summary of processes in place to monitor and maintain the quality of products and / or services |
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| **C. Construction Works with a Design Element**  (Only complete this section if there is a design element incorporated within the scope of your capability) |
| C.1Does your company have the necessary resources and competency to carry out the details outlined in the Construction Design Management Regulations? If yes, please give details of capability. |
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| C.2Please give details of membership of relevant professional bodies to which the company belongs. |
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| C.3State the level of qualification and experience of the employees who would undertake design work. It is acceptable to provide a copy of certificates. |
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| C.4Please give details of five design contracts carried out by your company in the last 12 months. |
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| **D Previous Clients’ Recommendations**  (Please provide the details of two previous clients for whom you have performed similar work from a Health & Safety standpoint. Please note that this section is not scored and will not be associated with any similar response in the Technical Envelope) | |
| Client 1 (Name, address) | Client 2 (Name, address) |
| Have you any objections to City of London Corporation contacting the above clients? YES/NO | |

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| **E. Confirmation Statement** | | | | |
| E.1 Please confirm that in supplying us with the foregoing information you agree that we will be notified in writing of any changes in company structure or methods of operation that may affect the delivery of the contractual service being provided. | | | | |
| E.2Please also confirm that the staff you provide to carry out works on our behalf will be trained and competent to carry out the task and they are familiar with the types of equipment on site. In addition they possess the technical knowledge necessary and have sufficient experience to avoid any danger that may be presented by the work being undertaken. We reserve the right to seek documentary evidence of such competency. | | | | |
| Signed |  | For and on behalf of |  | |
| Title |  | | Date |  |

Please note completion of this form does not signify approval of your Company and it may be necessary for us to carry out an Appraisal Visit in due course.