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| **CONTRACTOR HEALTH and SAFETY ASSESSMENT** | Form CA(C) |
| **Contractor name:**  |
| **Project:**  |
| **Section (from form CQ(C)** | **Content** | **Information Present****Y/N** | **Information accepted as satisfactoryY/N** | **Observations** | **Action Required Contractor to Re-Submit?** |
| **Yes** | **No** |
| 1 | Management Arrangements:On site.Monitoring |  |  |  |  |  |
| 2 | Competent Person |  |  |  |  |  |
| 3 | Accredited Safety Schemes:AccreditationValid evidence |  |  |  |  |  |
| If there is current accreditation to any recognised scheme questions 4 to 10 need not be considered  |
| 4 | H&S Policy:copy providedcurrentcommunicated |  |  |  |  |  |
| 5 | Compliance:Risk Assessments (site spec are required)Method Statements (must be site specific)COSHH Assessments (Hazardous Substances and activities identified) |  |  |  |  |  |
| 6 | Supervision and Monitoringday-to day senior management monitoring regular inspectionscomp safety advice |  |  |  |  |  |
| 7 | Plant & Equipment:competenciesdefect reporting |  |  |  |  |  |
| 8 | Training and Competence:standardsqualifications |  |  |  |  |  |
| 8 | PPEProvidedQualityArrangements |  |  |  |  |  |
| 10 | Insurance LiabilityEmployer’s LiabilityPublic LiabilityProfessional indemnityCover level met? |  |  |  |  |  |
| 11 | Asbestos – if requiredawareness traininglicenced |  |  |  |  |  |
| 12 | Enforcements:ProsecutionINs/PNs |  |  |  |  |  |
| 13 | Accidents:report & investigateremedial actionslast 3 year statistics |  |  |  |  |  |
| 14 | Sub-contractors:to be usedsatisfactory awarenesstraining competence |  |  |  |  |  |
| Comments, observations, acceptance or rejection: |
| Assessed by: Date: |