

CONTRACTOR QUESTIONNAIRE

Form CQ

Please supply the information requested so that we can take into account the health and safety arrangements in operation in your business before offering you work.

1. Your Business Name:

2. Address

Registered (or Head) office address

3. Name of Proprietor or relevant Director or Partner:

4. Number of "Employees" (include your employees, self-employed workers, temporary staff):

5. Competent Person - Have you appointed a competent person (advisor, manager etc.) in health and safety?

YES NO

If YES, please give their name and position (and address if external consultant):

6. Accreditation, Safety Schemes - Do you have current accreditation for-

- OHSAS 18001? Certificate No.
- Any scheme similar to or linked to Safety Schemes In Procurement (SSIP)? Scheme name

If either of the above applies please send a copy of your certificate and go to question 12.

7. Health and Safety Policy - Do you have an up to date health and safety policy? YES NO

Please send copies of documents showing your health and safety policy and management arrangements.

If you have a documented health and safety manual please send a copy of the contents page.

8. Risk Management - Do you have procedures in place to prepare and complete the following?

Risk Assessments	YES	NO
Safe Systems of Work	YES	NO
Safety Method Statements	YES	NO

Please attach completed examples of Risk Assessments, Safe Systems of Work and Method Statements covering the type of work that you will be carrying out for us.

You will be expected to prepare and supply us with copies of risk assessments. Method statements and safe systems of work before starting any work which involves exposure to significant hazards.

9. Supervision and Monitoring - How do you ensure that your policies, procedures, method statements, safe systems of work etc. are followed on customer sites?

10. Equipment - Do you have a maintenance and inspection regime covering ALL equipment (Include electrical and lifting equipment)? YES NO

If YES please give details of your arrangements:

11. Worker Competence and Training - Are the workers you expect to send to our site trained and competent in their roles? YES NO

Please use the attached sheet to list the workers you expect to work at our site(s), and summarise their training, qualifications and memberships of trade or professional bodies.

12. Insurances - Please tick if you have the following insurance cover:

- Employers' Liability
- Public Liability
- Professional Indemnity

Please send copies of current insurance certificates.

13. Asbestos - Are you licensed in the UK for work with asbestos? YES NO

If YES, please send a current copy of your current licence.

Has your workforce received Asbestos Awareness training? YES NO

14. Enforcement - Have you had enforcement action (Improvement or Prohibition Notice or prosecution) taken against you in the last 5 years? YES NO

If YES, please give details:

15. Accidents and Health - How many reportable Injuries, Diseases, Dangerous Occurrences and health issues have been notified to the Enforcing Authorities in the last 12 months?

16. Type of Work

What principal type(s) of work are you expecting to carry out for us? *Please tick one or more:*

- Transport** (delivery, removal, courier, transportation)
- Chemical** (delivery of chemicals and removal of special wastes)
- Equipment** (installation, maintenance, calibration, servicing etc. of plant or equipment)
- Projects** (construction, demolition, excavation, decoration, building, carpentry, furnishing)
- Services** (cleaning, grounds work, security, catering)
- Professional** (training, consultancy, surveying, design, office or laboratory work)
- Other** *Please specify:*

17. Use of sub-contractors

Do you intend to use the services of sub-contractors whilst working for us? YES NO

If YES explain how you ensure that they are competent and follow the appropriate health and safety procedures.

Double-check documents to send as applicable:-

- OHSAS 18001, SSIP or similar certificates and Insurance certificates

OR all of the following

- Health and Safety Policy, arrangements and procedures
- Insurance certificates
- Example risk assessments
- Training records for workers

AND where applicable your Asbestos Removal Contractor licence.

I certify that the information I have supplied on this questionnaire is complete, accurate and true.

Name: Position:

Tel No: Date:

Thank You for completing this questionnaire.
All information received will be treated as strictly private and confidential.



