

ESHL 518 SUB CONTRACTORS SAFETY ASSESSMENT



Work activity	
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Company Name Address		Phone		
			Fax	
			E-mail	
			Web Site	

Contact Name	
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Company Directors	
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To be considered for acceptance on our "Approved Contractors List" please answer all the following Questions and supply as required full supporting evidence.

		Supporting Evidence	Tick box									
			YES	NO								
1.	Please attach details of your companies experience within the areas that you would consider tendering for.	Details enclosed										
2.	Please provide a copy of your company Health and Safety policy, as required by s2(3) of the Health & Safety at Work Act etc. 1974 . (The policy should be the most recent and include the section General statement of intent, Health and Safety organisation and arrangements for working).	Policy Copy Supplied										
3.	Please provide details of your company health and safety management procedures, which will ensure the health and safety of your own workforce and others who could be affected by your activities whilst you undertake your work.	Details enclosed										
4.	Please supply examples of risk assessments prepared in accordance with the Management of Health & Safety at Work Regulations . Include also as applicable COSHH, Manual Handling, Noise assessments.	Examples enclosed										
5.	Who in your company has the ultimate responsibility for Health and Safety <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; padding: 2px;">NAME</td> <td style="width: 30%;"></td> <td style="width: 20%; padding: 2px;">POSITIO</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N</td> <td></td> </tr> </table> Please provide details of the experience and qualifications of this person	NAME		POSITIO				N		C.V. enclosed		
NAME		POSITIO										
		N										
6.	Please document who in your company is responsible for managing Health & Safety on a day to day basis. <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; padding: 2px;">NAME</td> <td style="width: 30%;"></td> <td style="width: 20%; padding: 2px;">POSITIO</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N</td> <td></td> </tr> </table> Please provide details of the experience and qualifications of this person.	NAME		POSITIO				N		C.V. enclosed		
NAME		POSITIO										
		N										
7.	Who in your company is responsible for on site health and safety. (One of these persons must be on the site for the duration of each project. Manager, Foreman or other nominated responsible person) <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; padding: 2px;">NAME</td> <td style="width: 30%;"></td> <td style="width: 20%; padding: 2px;">POSITIO</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N</td> <td></td> </tr> </table> Please provide details of the experience and qualifications of each person.	NAME		POSITIO				N		C.V. enclosed		
NAME		POSITIO										
		N										
8.	Who either within your organisation or externally has been appointed to provide competent advice on Health & Safety issues as required by the Management of Health and Safety at Work Regulations . <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 20%; padding: 2px;">NAME</td> <td style="width: 30%;"></td> <td style="width: 20%; padding: 2px;">POSITIO</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">N</td> <td></td> </tr> </table> Please provide details of the experience and qualifications of this person.	NAME		POSITIO				N		C.V. enclosed		
NAME		POSITIO										
		N										
9.	Please provide details of the health & safety training which has been provided for your employees to ensure they are competent to carry out	Details enclosed										

	their designated responsibilities (Example CITB, CSCS/CCNSG Passport Scheme).			
10.	What measures would you adopt to ensure the competence of contractors to whom you propose to award work?	Details enclosed		

<h2 style="margin: 0;">ESHL 518 SUB CONTRACTORS SAFETY ASSESSMENT</h2>	
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Company name	
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Work activity				
		Supporting Evidence	Tick box	
			YES	NO
11.	Have any formal notices been issued or legal proceedings been taken against your company by the Health & Safety Executive in the last 3 years?	If yes please provide details		
12.	Please provide details of any accidents and incidents reported by, or on behalf of, your organisation to the health & safety Executive during the last 3 years (as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation)	Details enclosed		
13.	Please enclose copies of the following insurance certificates: Public/thirty party liability and employers liability	Details enclosed		
14.	Please enclose the details of the criteria you use when assessing your company's Health & Safety performance. Example: Accident statistics	Details enclosed		
15.	Please provide details of how often formal and informal on site safety inspections/audits are carried out, and by who (copies to be issued to Site Management).	Details enclosed		
16.	Please provide details of any Management Systems operated by your company. Example: ISO 9002, ISO 14001, OHSAS 18001.	Details enclosed		
17.	If no formal schemes are implemented as described at 16 above please detail your company's commitment to:- a) The quality of the product or service it provides b) Environmental considerations and objectives	Details } enclosed }		
18.	Is your company, or any member of your company's staff, a member of any trade or professional organisations?	If yes please provide details		

Completed by (Print name)		Position in Company	
Usual Signature		Date	

Assessment Reviewed by:		Authorised for approved list	Yes/No
Position in Company:		Date of Authorisation:	