

Liskeard Town Council

Approval of New Contractors Questionnaire

1.0	Notes to Proposed Contractors		
1.1	Employers, self employed persons and employees are required by law to undertake their work activities in such a manner as to minimise the risk of injury to themselves or any person who may be affected by such work activities.		
1.2	Prior to placing contracts or tenders, we require this information in order to be satisfied of the prospective contractor's ability and commitment to comply with the relevant legislation and all associated approved codes of practice.		
1.3	Completing this questionnaire does not relieve the contractor of his duties and responsibilities under Health and Safety legislation.		
2.0	Details of Contractor		
	Name of Company		
	Contact Name		
	Address		
	Telephone No		
	Fax No		
	Email Address		
	Name and status of person completing this document (please print below)		
3.0	Health and Safety at Work Act – Policy Statement		
3.1	Please attach a copy of your Health and Safety policy and organisational arrangements, as required under the Health and Safety at Work Act 1974. If you employ four (4) or less people a policy statement will suffice.		
4.0	Co-Ordination of Health and Safety Issues		
4.1	What is the name and title of the individual in your company responsible for co-ordinating health and safety matters and reporting these to your Board of Directors or senior management?		
	Name		
	Job Title		

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5.0	Safety Monitoring and Advice		
5.1	Name below the competent person or organisation you use to advise on all matters relating to health and safety if different to 4.1.		
	Name:		
	Address:		
	Telephone No:		
6.0	Health and Safety Training		
	Please provide details of any health and safety training provided to your supervisors and others who carry out work on your behalf.		

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7.0	Accident Investigation and Records
7.1	What is your procedure for investigating and reporting accidents, dangerous occurrences or occupation illness?

8.0	Plant, Equipment, Vehicle Maintenance and Inspections
8.1	How do you ensure that plant, equipment and vehicles for use at the workplace are issued and kept in a safe condition?

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9.0	Safe Systems of Work
9.1	Please give details of any such systems you have developed (e.g. Permit to Work Systems, laid down safety procedures, Method statements etc).

10.0	Subcontractors		
10.1	Have you assessed the health and safety record and competence of companies and contractors with whom you place contracts?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(please tick)
11.0	Assessments		
11.1	If your company were awarded a contract, would you provide us with formal written assessments pertaining to specific and general risks relevant to the contract works?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(please tick)
	If not please comment below.		

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12.0	Documents Supplied			
12.1	Please give details of the documents you can supply to us and/or the documentation you will need from us.			
		Provided by Contractor:	Provided by Client:	
	Statement of Intent	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Site map	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	H & S Policy	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Site Rules	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Employer's Liability Insurance	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Professional Indemnity Insurance	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Welfare provisions	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Example Risk Assessment	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Example Toolbox talk	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Site management contact list	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
		Provided by Contractor:	Provided by Client:	
	Restricted areas	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Training record	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Permit to Work	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	Accident reporting Procedures	YES <input type="checkbox"/>	YES <input type="checkbox"/>	

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13.0	Other Relevant Information
13.1	Is there any other information we should have to assist us in the assessment of your capabilities to work effectively on health and safety?
Questionnaire completed by:	
Name:	Position:
Signature:	Date: