



CONTRACTOR/SUPPLIER QUESTIONNAIRE

Health, Safety and Environmental Assessment

Contract Title: <input style="width: 90%;" type="text"/>	Contract No: <input style="width: 90%;" type="text"/>
Company Name: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company Address: <input style="width: 95%; height: 30px;" type="text"/>	

The purpose of this document is to assist us in assessing the capability of your company to effectively control risks to the environment and health and safety of your employees and others who may be affected by your work operations, in accordance with current legislation.

Please complete all relevant sections.

If you have any difficulties or queries with any items please contact us on 01452 500995 or email paul@completeutilities.co.uk.

1.0	HEALTH AND SAFETY POLICY
1.1	How many people does your company employ?
1.2	<p>If your company employs 5 persons or more, please enclose a copy of your latest Policy Statement, organisation and arrangements, as required under the Health and Safety at Work etc. Act 1974.</p> <p>Enclosed YES NO <i>If NO, Approval will be denied</i></p> <p><i>NOTE: Your Health and Safety Policy will only be requested at this stage of Health & Safety Approval. Once approved, further copies of this document will not be required until your annual update.</i></p>
1.3	<p>Please give the name and title of the person/sin your company responsible for coordinating health, safety and environmental matters and reporting on these to your senior management.</p> <p>Health & Safety</p> <p>Environmental</p>
1.4	<p>Please indicate the methods you adopt to promote and enforce your Company Health and Safety Policy and Environmental Policy at sites.</p>
1.5	<p>Does your Company have a Health and Safety Management System accredited to OHSAS 18001?</p> <p>YES NO <i>If YES, please provide a copy of your current certificate</i></p>
2.0	<p>SAFETY SURVEILLANCE AND ADVICE</p> <p>Under the Management of Health and Safety at Work Regulations 1999, every employer must appoint a competent person to assist in health and safety matters relating to their Company's undertakings. Please give the name, title and qualification of your Safety Office, Adviser or Consultant, together with the name and title of the person responsible for safety at site.</p>
3.0	HEALTH, SAFETY AND ENVIRONMENTAL TRAINING
3.1	<p>Please provide evidence of your Company's commitment to any competence schemes.</p>

3.2	Please give details of what Health, Safety and Environmental training has been given, or would be given, to your managers and foreman involved in the project (identify any specialist training).
3.3	Please give details on the level of training and experience your employees have with regard trades and professional occupations (e.g. NVQ, City & Guilds, HNC, HND etc.)
3.4	There may be a requirement, dependent upon the number of operatives you employ on any one of our sites, for at least one of the operatives to hold a current first aid at work certificate. Do you have any trained first aiders in order to fulfil this requirement?
YES NO <i>If YES, please provide a copy of their current certificate</i>	
4.0	ACCIDENT INVESTIGATION AND RECORDS
4.1	Please attach your Company accident statistics for the year to date and the previous year and indicate their basis.
Enclosed YES NO	
4.2	Please give details of your procedure for investigating and reporting accidents, dangerous occurrences, occupational illness and environmental incidents.
5.0	SAFETY PERFORMANCE AWARDS
Please give details, with dates, of any awards received (e.g. ROSPA, British Safety Council).	
6.0	MEMBERSHIP OF PROFESSIONAL GROUPS
Please give membership details of groups such as ROSPA, British Safety Council or local industry groups etc.	
7.0	NOTICES OR PROSECUTIONS
7.1	In respect of Health and Safety Legislation, please give details of any enforcement notices issued, or prosecutions (concluded, current or pending) against your Company, or sub-contractors to your Company, by the Health and Safety Executive.
7.2	In respect of Environmental Legislation, please give details of any civil or criminal proceedings, both within the past five years and pending, against your Company, or sub-contractors to your Company, together with the outcome of such proceedings.
8.0	PLANT AND EQUIPMENT MAINTENANCE AND INSPECTION
Please give details of the procedures to ensure that plant and equipment, for use on site, is appropriately inspected, tested, issued and kept in a safe condition so as not to cause harm to operatives and the environment.	
9.0	SAFE SYSTEMS OF WORK
9.1	Please give brief details of any laid-down safety procedures or permit-to-work systems that you have developed.

9.2	Please give details of any substances used in your work operations that are classified as hazardous to health and the environment and attach a sample copy of an assessment record as required under statutory regulations (e.g. COSHH, Control of Lead at Work, Control of Asbestos etc.)
9.3	Please attach an example of a Safety Method Statement and a Risk Assessment for one of your recent projects or tasks.
	Enclosed YES NO <i>If NO, Approval will be denied</i>
10.0	SUB-CONTRACTORS Please give details of how you assess the competency, health, safety and environmental performance of companies with whom you place contracts and the means to ensure that sub-contractors comply with your own Safety Policy. If a questionnaire is used for assessment, please provide an example.
11.0	SAFETY COMMUNICATIONS Please give details of your systems for communicating safety and environmental information (e.g. bulletins, memoranda, etc.)
12.0	ENVIRONMENTAL
12.1	Does your company have an Environmental Management System formally accredited to BS EN ISO 14001?
	YES NO <i>If YES, please provide a copy of your current certificate</i>
12.2	Should you contract with Complete Utilities Ltd, you will be required to follow our Health, Safety and Environmental Management System together with any specific Site, Employers' or Project rules relating to Health, Safety and the Environment. Are you prepared to comply with them?
	YES NO <i>If NO, Approval will be denied</i>
12.3	Do you have procedures for handling complaints and comments regarding your environmental performance?
	YES NO <i>If YES, please give details</i>
12.4	Have you actively considered the use of more environmentally raw material and/or processes?
	YES NO <i>If YES, with what results?</i>
12.5	Do you have any waste prevention and control procedures?
	YES NO
12.6	Do you recycle waste materials?
	YES NO <i>If YES, which materials?</i>
12.7	When considering new processes or materials, how do you take account of environmental issues?

13.0	INSURANCE COVER		
	Please give details of cover held and expiry date. Please append policy details.		
	Public Liability	£	Limit
	Employers Liability	£	Limit
	Contractors All Risk	£	Limit
	Products Liability	£	Limit
	Professional Indemnity	£	Limit
	Enclosed YES NO		

14.0	ANNUAL TURNOVER	
	Please provide details of your latest annual turnover.	
	Annual Turnover	£

15.0	FURTHER INFORMATION
	Please include any other relevant information we should have to assist us in assessing the capability of your company to effectively control risks to the environment and to the health and safety of your employees and others who may be affected by your work operations.

Signed

(signature)

Name of Signatory

(block capitals)

Position in Company

(block capitals)

On behalf of

(Name of Company)

(block capitals)

Date:
