



CONTRACTOR HEALTH AND SAFETY COMPETENCE ASSESSMENT & QUALIFICATION FORM

Name of Company:

Address:

Tel: **Fax:**

Managing Directors Name:.....

Email Address:

Nature of Business:

Current legal status (partnership, private limited).....

Number of staff currently employed:.....

What was the last 3 years turnover for your business:.....

.....

.....

Please confirm what insurances you hold and their values:.....

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.....(please attach)

Packages of work interested in Tendering.....

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.....

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Does your company have 5 or more direct employees? (If YES, please answer all questions. If NO, please answer all questions except 1 and 2)		
Does your company have/operate the following: If yes, please attach evidence		
1. A Health and Safety Policy? (Please attach your Policy Statement, describe the Health and Safety responsibilities of Management, and provide an index listing of your general arrangements and Health and Safety procedures)	YES / NO	
2. An Environmental Policy? (Please attach your Policy Statement)	YES / NO	
3. A procedure for making Risk Assessments? (Please attach an example of a completed assessment)	YES / NO	
4. A procedure for making COSHH Assessments? (Please attach an example of a completed assessment)	YES / NO	
5. A person appointed in accordance with Regulation 7 of the Management of Health and Safety at Work Regulations? (Please provide details and evidence of Health and Safety	YES / NO	

training and qualifications or CV)		
Name:		
Position:		
Company:		
6. A Health and Safety training programme for employees? (Please supply details of courses attended in last 5 years)	YES / NO	
7. A Health and Safety training programme for management/ supervisory staff? (Please supply details of courses attended in last 5 years)	YES / NO	
8. An accident investigation procedure? (Please provide details)	YES / NO	

Contractor Health and Safety Competence Assessment

9. An accident recording system? (Please provide the number of accidents in the last 3 years)		
“Over-3-Day” Reportable:	YES / NO	
Major: 0		
Fatal: 0		
10. A plant selection and maintenance procedure? (Please provide details)	YES / NO	
11. A vetting procedure for contractors or sub-contractors to ensure that they are competent to carry out their work? (Please provide details)	YES / NO	
12. A procedure for informing staff about Health and Safety matters? (Please provide details)	YES / NO	
13. A procedure for discussing/consulting staff about health and safety? (Please provide details)	YES / NO	
14. Access to health and safety information? (Please provide details)	YES / NO	

Any other comments that you wish to bring to our attention regarding health and safety:

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Name of Person Completing Questionnaire:	
Job Title:	
Date of Completion:	
Required action (for Assessor's use only):	
Grading:	
Evaluated by:	Date

Please email your completed form and attachments to :

Werner Mocke – Operations Director
werner@londonfitout.com