

PRE-QUALIFICATION HEALTH & SAFETY QUESTIONS - PRINCIPAL CONTRACTOR.

1	<p>Please attach a copy of your Company Safety Policy Statement to this Questionnaire.</p> <p>(We do not need a copy of your complete H & S Policy at this time.)</p>				
2	<p>Who is ultimately responsible for Health and Safety within your organisation?</p>	<p>Name:</p> <p>Designation:</p> <p>Qualifications:</p>			
3	<p>Who will be responsible for ensuring your safety policy is implemented on this contract?</p>	<p>Name:</p> <p>Designation:</p> <p>Qualifications:</p>			
4	<p>How do you ensure subcontractors working on your behalf meet the requirements of both your Safety Policy and the CDM Regulations 2015?</p>				
5	<p>What formal health & safety training do your site management staff have?</p>	<table border="1"> <tr> <td data-bbox="759 1077 1441 1288"> <p>Name:</p> <p>Role:</p> <p>Training Received:</p> </td> </tr> <tr> <td data-bbox="759 1288 1441 1498"> <p>Name:</p> <p>Role:</p> <p>Training Received:</p> </td> </tr> <tr> <td data-bbox="759 1498 1441 1704"> <p>Name:</p> <p>Role:</p> <p>Training Received:</p> </td> </tr> </table>	<p>Name:</p> <p>Role:</p> <p>Training Received:</p>	<p>Name:</p> <p>Role:</p> <p>Training Received:</p>	<p>Name:</p> <p>Role:</p> <p>Training Received:</p>
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6	<p>Does your Company employ a full or part-time professional health & safety officer/ adviser? If yes, are they 'in house' or a contracted out service?</p>	<p>Yes / No.</p> <p>Name:</p> <p>Company:</p> <p>Tel. No.:</p>			
7	<p>How often will your health & safety officer/ advisor visit site?</p>				

8	<p>Has your Company been the recipient of HSE Improvement or Prohibition Notices or subject to prosecution as a result of your undertakings, within the last 3 years?</p> <p>(If Yes, please give details of what actions were taken to remedy the situation and what you learnt from the outcomes)</p>	Yes / No
9	How do you ensure all plant operators are trained to an adequate standard by an accredited training organisation?	
10	<p>Are all management staff aware of the Principal Contractor's and Contractor's duties under the Construction (Design & Management) Regulations 2015?</p> <p>(If Yes, please give details of CDM training received)</p>	Yes / No
11	How will you deal with Schedule 3 high risk areas and those significant risks identified by the Client and Designers?	
12	Who will be responsible for undertaking risks assessments on this project?	<p>Name:</p> <p>Designation:</p> <p>Qualifications:</p>
13	How will you monitor compliance with Health and Safety legislation on this Project?	
14	Provide details of any formal approvals to any recognised standards covering Health & Safety, Environment or Quality Management systems. (i.e. ISO 18001 etc.)	
15	Please give details of at least two similar projects that you have undertaken within the last two years, together with the names of either the client or architect who can be approached for a reference.	<p>Project:</p> <p>Location:</p> <p>Reference:</p>
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Declaration

The Declaration is to be signed by an authorised signatory of the organisation to confirm that the details and the responses provided are true and accurate.

Signed:

Position:

Name:

Date: