



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

The Health and Safety at Work Act 1974 and the Construction (Design and Management) 2015 impose a duty on those placing contracts to make reasonable enquiries regarding the suitability of contractors whom they employ. Such enquiries include checks of knowledge and competence and evidence of adequate resources for health and safety.

In order for us to establish the above, please answer all questions within the following questionnaires and attach copies of the information requested. Where supporting information is provided as an attachment, please cross-reference the supporting information by using the item letter/number next to the question to which the information relates. You may receive a response detailing the result of your assessment and, where this is unsatisfactory, you will be asked to provide further information within a specified amount of time.

If successful in joining our Approved List of Subcontractors, your on-site performance will be continually monitored and checks may be made against this questionnaire.

All questions / sections are to be completed carefully and accurately to allow us to make a true assessment of your company.

A1. DETAILS OF CONTRACTOR

Company Name:

Address:

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I certify that the details given in his assessment are, to the best of my knowledge, accurate and correct at the date stated below.

Signature: Date:

Print Name:

Position:

A2. NATURE OF BUSINESS

Please indicate the type of work/services you provide and contract value for which you wish to be considered.

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Contract Price Range:



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HEALTH AND SAFETY MANAGEMENT

HEALTH & SAFETY CERTIFICATION Are you registered with CHAS, Safe Contractor or a similar scheme?	Yes	Please provide a copy of your certificate(s). Go to Section B/C.
	No	Please go to A3.

A3. HEALTH AND SAFETY POLICY STATEMENT

(applies if you employ five or more persons)

A3.1 Please attach your latest Health and Safety Policy Statement and summary of organisation and arrangements as required by section 2(3) of the Health and Safety at Work Act 1974.

A3.2 Please give the name, initials and job title of the person having executive responsibility for Health and Safety within your company.

Print Name:

Job Title:

A4. HEALTH AND SAFETY ASSISTANCE

Please provide the details for the professional Safety Advisor / Consultant or the name of the competent person which your company has appointed to assist with health and safety measures.

Name: Job Title:

Qualifications: Telephone No:

Percentage of time spent on health and safety for your company:

Employed by:

A5. HEALTH AND SAFETY INSTRUCTION AND SKILLS CERTIFICATION

Please give details of any health and safety instruction and training given to your Managers, Supervisors and Operatives within the last three years.

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A6. SAFE SYSTEMS OF WORK

A6.1 How do you carry out risk assessments and prepare safety method statements?

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A6.2 State how you bring to the notice of your site personnel and contractors, the requirements of your system of work on sites including risk assessments, COSHH assessments, safety method statements etc.

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A6.3 How do you ensure that your employees and contractors comply with your safe systems of work?

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A7. SUBCONTRACTORS (if applicable)

State how you assess the health and safety record and competence of companies with whom you place contracts.

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A8. INSPECTIONS, AUDITS AND MONITORING

How do you monitor performance on health and safety matters relating to works under your control?

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A9. YOUR ACCIDENT AND ENFORCEMENT STATISTICS

A9.1 Please provide your accident statistics for the last three years:

Year →	20__		20__		20__	
	Employees	Sub-Contractors	Employees	Sub-Contractors	Employees	Sub-Contractors
No. of fatal accidents (a)						
No. of reportable injuries (RIDDOR) (b)						
No. of employees (c)						
Incidence rate (a) + (b) x 1000 (c)						
No. of RIDDOR injuries to public						
No. of RIDDOR dangerous occurrences						
No. of RIDDOR ill health reports						

A9.2 Please give details of any improvement notices, prohibition notices or prosecutions served upon your company by any Enforcing Authority within the last three years.

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DESIGNER

If your work involves design duties as defined by the CDM Regulations (which includes production of drawings, design details and specification of any articles or substances), please provide the following information.

B1. OUTLINE YOUR CDM DESIGN PROCEDURES

(Supply details and examples of design risk assessments and checking procedures)

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B2. IDENTIFY THE DESIGN RESOURCES THAT ARE ALLOCATED TO YOUR PROJECTS

(Provide brief details of their roles, qualifications, memberships of professional institutions and experience)

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B3. PROVIDE DETAILS OF HOW YOUR DESIGNERS KEEP ON TOP OF DEVELOPMENTS IN HEALTH AND SAFETY

(Detail health and safety training your design staff have received, library resources etc.)

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B4. OUTLINE YOUR CHANGE PATROL PROCEDURES

(Detail review and monitoring procedures, linkages to quality assurance procedures, BSEN ISO 9001 accreditation etc.)

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B5. DETAIL HOW YOU MONITOR AND REVIEW CDM PERFORMANCE

(Include details for systems for feedback from constructors, end users etc.)

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B6. PROVIDE DETAILS OF MEMBERSHIP OF RELEVANT TRADE ASSOCIATIONS AND INDUSTRY AND PROFESSIONAL BODIES

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<p>C2 (a) Using examples, summarise what impacts your company has on the environment; particularly in relation to the manufacture, use and disposal of products or services supplied to Carroll Ltd</p>	
<p>C3. ENVIRONMENTAL MANAGEMENT SYSTEM</p> <p>Does your company have an environmental management system? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>C3 (a) Please provide the name and position of the most senior manager with environmental responsibility.</p>	<p>Name:</p> <p>Position:</p>
<p>C3 (b) Briefly outline your arrangements for environmental management.</p>	
<p>C3 (c) Please indicate whether you are certified to an environmental management standard e.g. EMAS, ISO 14001 etc. (please provide copies of certificates). If you are working towards certification, please indicate timescale for completion.</p>	
<p>C3 (d) Please summarise environmental records that are routinely kept.</p>	
<p>C4. COMMITMENT TO IMPROVEMENT</p> <p>Does your company set and monitor specific performance targets relating to the environment? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>C4 (a) Please provide details of targets set to improve environmental performance e.g. waste production reducing emissions etc.</p>	



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<p>C4 (b) Please provide details of how you monitor your environmental performance e.g. auditing (please provide evidence of auditor's competence).</p>	
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C5. AWARENESS AND TRAINING

Do you encourage environmental awareness amongst your staff and provide training?

Yes No

<p>C5 (a) Please indicate how environmental information is communicated to staff</p>	
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<p>C5 (b) Please provide details of environmental training provided</p>	
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C6. PROSECUTION RECORD

Has your company been prosecuted with remedial action taken for any non-compliance or been the subject of any environmental improvement orders within the last five years?

Yes No

If yes, please provide details (continue on a separate sheet if necessary)

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C7	Public Liability (Third Party) insurance details
	Insurer
	Policy Number



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE
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Extent of Cover	
Expiry Date	
Other Details	
Please enclose a copy of the policy as an attachment to this document. Please tick if enclosed.	

C7	Employers Liability Insurance held
Insurer	
Policy Number	
Extent of Cover	
Expiry Date	
Other Details	
Please enclose a copy of the policy as an attachment to this document. Please tick if enclosed.	

Questionnaire Completed By:	
Print Name:	Signature:
Company:	Position:
Date:	