We are required under the Health at Work Act 1974 and Construction (Design & Management) Regulations 2015 to ensure our contractors can demonstrate the appropriate levels of skills, knowledge, attitude, training and experience to undertake their works with due regard to health and safety. We have appointed our Health and Safety Consultants; (C&C Consulting Services Ltd) to assist us in meeting these duties.

Please complete the information below, and return the completed document to [admin@lowestofttowncouncil.gov.uk](mailto:admin@lowestofttowncouncil.gov.uk) with any relevant attachments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Company Details:** | | | |
| 1 | Name:  Registered Office: Company No:  Post Code: VAT No: | | | |
| 2 | Telephone Number(s) | | Fax Numbers(s) | |
| 3 | E-mail address | | | |
| 4 | Who to contact, title (s) and direct line number (s) in the event of any query regarding completed questionnaire information. | | | |
|  | Name | Title | | Telephone Numbers |
|  |  |  | |  |
| 5 | Give details of the number of people you employ.  (include trades and if self-employed) | | | |
| **Contractor Insurance and Construction Industry Tax Scheme** | | | | |
| 6 | Do you have the following insurance cover?  (If YES, please enclose a copy of your valid Insurance Certificate(s))  Employers Liability Insurance Yes No  Public Liability Insurance Yes No  Professional Indemnity Insurance Yes No N/A | | | |
| 7 | Is your company a Supply & Fit / Fit only?  What is your company’s tax status? | | | |
| **Does your company hold an accreditation affiliated to any SSIP Member and or Trade Association?** | | | | |
| 8 | Is your company affiliated to a SSIP accreditation trade association?  If Yes, please enclose a copy of your certificate(s). | | | |
| **Health and Safety Responsibilities:** | | | | |
| 9 | Do you have a written Health and Safety Policy?    If Yes, please enclose a copy of your current, signed Policy Statement. | | | |
| 10 | Who in your company is responsible for providing advice about health and safety matters? | | | |
| 11 | Do you use the services of Health and Safety consultants?  (If Yes, please enclose details of the company, services provided by them and their CV and professional certificates.) | | | |
| 12 | Has your Company been prosecuted, or served with improvement or prohibition notices by the Health and Safety Executive, or other enforcing authorities, e.g. fire or local authorities, within the last 3 years?    If Yes, please enclose full details including dates. | | | |
| 13 | Is your Company a member of a safety group or organisation?  If Yes, please enclose a copy of your certificate(s) | | | |
| **Safe System of Work:** | | | | |
| 14 | State how you ensure your site personnel are aware of (direct and sub-contract employed) the health and safety requirements for your work, including Risk assessments, COSHH Assessments, Method Statements etc  Please enclose a copy of a recent Method Statement, Risk Assessments & COSHH Assessments. | | | |
| 15 | How do you ensure that your employees comply with your Safe Systems of Work? | | | |
| **Accident & Incident Reporting (R.I.D.D.O.R):** | | | | |
| 16 | Please provide details of accidents or incidents during the last 3 years which have  been reported as required by RIDDOR (The Reporting of Injuries, Diseases and  Dangerous Occurrences Regulations 2013)  Last Year Previous Year Year before that  Notifiable/Reportable Accidents a)  No of Employees b) | | | |
| **Equal Opportunities - Policies and Procedures** | | | | |
| 17 | Do you have a written Equal Opportunities Policy?  If yes, please enclose a copy of your current Policy.  If yes, please explain below how this policy is disseminated to all your employees. | | | |
| **Training:** | | | | |
| 18 | Do you provide Health and Safety training within your company?  If Yes, please enclose your training matrix/records applicable to your Operatives; Supervisors and Management. | | | |
| **CSCS/CISRS/CPCS Cards:** | | | | |
| 19 | Do any of your Operatives, Supervisors and Management hold current CSCS/CISRS/CPCS Health and safety cards or equivalent health and safety training?  If so please enclose a copy of all cards and list names and card numbers below: | | | |
| **Sub-Contractors:** | | | | |
| 20 | Does your company employ Sub-Contractors?    If Yes, how do you assess the competence of your sub-contractors? | | | |
| **Quality Assurance:** | | | | |
| 21 | Is your company registered for Quality Assurance e.g. ISO 9001?  (If Yes, please enclose copy of certification.) | | | |
| 22 | Is there a person responsible for coordination of your Quality Assurance? | | | |
| **Environmental Policy & Procedures:** | | | | |
| 23 | Do you have a written Environmental Policy and/or Procedures?  If yes, please enclose a copy of your current Policy.  If yes, please explain how this policy and/or procedures are disseminated to all your employees | | | |
|  | **Any further information you wish to submit to support your Contractor Competency Questionnaire:** | | | |

|  |  |
| --- | --- |
| **Documents Enclosed: (Tick as Enclosed)** | |
| 6.  9.  11.  11.  14.  17.  18.  19.  22.  23. | Insurance(s)  Health & Safety Policy Statement  CHAS, SMAS or other SSIP certificate  Consultants CV & Professional Qualifications  Recent RAMS for past project  Equal Opportunities Policy  Training Matrix / Records  Copy of all CSCS Cards  Quality Assurance Certificate  Environmental Policy |

Please ensure all requested documentary evidence is enclosed with your questionnaire or your questionnaire will be returned

For Office Use Only

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| --- |
| Approved: Yes Signed:  No Date: |

Many thanks for completing this Questionnaire