**Contractors/Consultants Health and Safety Assessment**

The Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations 1999, places responsibilities on HMS to ensure contractors and consultants (whether engaged or not) on Construction/maintenance work, perform their duties with due regard to occupational Health and Safety.

For your company to be placed on our approved contractors list we would request that you complete and return the attached Health and Safety Questionnaire.

Please complete and return as part of the Subcontractor Pre-Qualification Questionnaire.

|  |
| --- |
| **CONTRACTORS HEALTH AND SAFETY QUESTIONNAIRE** |
| **IMPORTANT – PLEASE READ BEFORE COMPLETING THE QUESTIONNAIRE** |
| 1. Health and Safety at Works Act 1974 places responsibilities on HMS to ensure Contractors/Consultants who provide a paid service to and for HMS sites and contract locations, whether directly or not engaged in construction/maintenance work, perform their duties with due regard to The Management of Health & Safety at Work Regulations 1999 and their occupational Health and Safety.
2. HMS is therefore determined to appoint Contractors/Consultants not only on grounds of price and technical ability but also on past safety record and present ability to carry out work safely and without health risk. To assess your company; please supply the following information without delay.
3. Please ensure you fill in all sections of the form. Whilst HMS welcomes a copy of your full safety file, the form should not be filled out with “**see attached**” without quoting the exact relevant section. Failure to do this could lead to a slow approval or even possible rejection.
4. Any questions deemed Not Applicable must contain the reason why a question does not apply.
 |

**Section 1. Health and Safety Policy**

If your company employs 5 or more people, you must have a written Health and Safety policy.

Please **attach a copy of your latest Health and Safety Policy Statement**, signed and dated within the last 12 months (this can also be known as a Statement of Intent).

If you do not have a policy statement, please indicate why:

Answer:

**Section 2: Health & Safety Responsibilities**

1. Please **attach a copy of your company Health & Safety Arrangements** to show how health and safety is managed by your company.
2. What is the name and title of the individual in your Company responsible for co-ordinating Health and Safety matters and reporting to the Company Directors?

Name:

Position:

Telephone: Email:

1. If this person is not your health and safety advisor, please give the name of your advisor, if you have one:

Name:

Position:

Telephone: Email:

1. Do you have an external safety consultant or advisor?

Name:

Position:

Telephone: Email:

1. Please provide details of your health and safety advisor or consultant qualifications.

Answer:

1. If you do not employ an internal or external health and safety practitioner, please explain how you would access competent health and safety advice when it is required:

Answer:

**Section 3. Asbestos**

1. Please provide details of relevant training for your employees who could potentially discover asbestos whilst at work.

Answer:

1. Please provide your procedure for employees discovering suspected asbestos at work.

Answer:

**Section 4: Health and Safety Training.**

1. If successful in being awarded a contract with HMS, what Health and Safety training would be given to (or has been given to) your managers and supervisors who will be involved with the works? (e.g., SMSTS, SSSTS)

Answer:

1. What Health and Safety training would be given to (or has been given to) your workers/tradesmen/operatives/engineers who will be involved with the works?

Answer:

1. HMS requires all trades on site to have the relevant competencies for their trade, such as a CSCS card (or equivalent). Please describe below how your company demonstrates that it employs competent people.

Answer:

**Please provide examples of any competence assessments/trade card schemes**

**Section 5: Accidents and Incidents**

1. Please detail or attach your company accident statistics for the last 3 years, including the level of accident. E.g., Minor injury/ RIDDOR reportable/Near miss.

Answer:

1. What is your company procedure for investigating and reporting major accidents, dangerous occurrences, or occupational illnesses? Ensuring compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Answer:

1. What is your company procedure for handling minor accidents/incidents and near misses?

Answer:

1. Please provide an example of action taken to prevent reoccurrence of an accident/incident or near miss.

Answer:

**Section 6: Plant, Equipment and Vehicle Maintenance, Test, and Inspection.**

1. Under the Provision and Use of Work Equipment Regulations 1998, how do you ensure that the following items are tested and inspected prior and if appropriate whilst on site?

Mobile Plant and Vehicles used for work:

Lifting Equipment:

Hand Tools (including power tools):

Work at Height Equipment (Scaffolds, Mobile towers, podiums, Ladders, Hop-ups):

1. Are you able to supply your operatives with suitable 110-volt (or less) hand tools as necessary to complete work as required by the terms of the HMS’s safety requirements?

Answer:

1. Do you agree to HMS right to inspect the operative’s tools and methods of operation and to our acceptance or rejection, especially if considered unsafe or unsuitable?

Answer:

**Section 7: Subcontractors and Suppliers**

1. How does your company assess the competence of your subcontractors and suppliers?

Answer:

**Please attach an example of your subcontractor competency assessment**

**Section 8: Safe Systems of Work**

1. Please give brief details of any appropriate systems you currently employ or would employ for working on HMS sites or contract locations (permit to work systems, laid down safety procedures, safety manuals, method statements, etc.)

Answer:

**Please attach examples of your site/project specific risk assessments and method statements used for previous works.**

**Section 9: Construction dusts and other Hazardous Substances**

HMS require anyone who attends HMS sites, who have the potential to be exposed to construction dusts and hazardous substances to have been face fitted to a suitable dust mask and to be clean shaven in the area where the mask seals to the face.

1. Does your company face fit employees and provide the masks for which they have been fitted?

Answer:

**Please provide examples of face fit certification.**

1. Please explain how your company informs workers on exposure to construction dusts and hazardous substances?

Answer:

**Please provide an example COSHH Assessment reviewed in the last 12 months**

**Section 10: Noise & Vibration**

1. Please give details of how your company manages and monitors workers exposure to noise and vibration:

Answer:

**Section 11: Health Surveillance**

1. Please give details of your company arrangements to provide health surveillance to your workers. If your company does not carry out health surveillance, please explain why:

Answer:

**Section 12: First Aid**

1. How does your company provide first aid cover to your workforce? Please detail your arrangements:

Answer:

**Section 13: Membership of Health and Safety Groups**

1. Please detail memberships of any relevant groups:

Answer:

1. Please give details of any health and safety performance awards received:

Answer:

**Section 14: HSE Notices and Prosecutions**

Please give details of any HSE enforcement notices or prosecutions received within the last three years and what actions you have taken to comply and prevent recurrence:

**HSE Notices will not affect the result of your assessment but failure to disclose the information may do.**

Answer:

**Section 15: HMS Contractor Safety Rules**

Please sign to confirm that you have received the HMS Contractor Safety Rules and that you agree that your company and its workforce will always comply with these rules while working on HMS projects.

Signature:

**Section 16: Other Supporting Information**

If you have any other information that you feel would enhance your application or assist us in the assessment of your company’s capabilities to manage Health and Safety effectively and thus become an approved contractor for HMS. Please detail below.

Answer:

**Thank you for completing the HMS Health and Safety Questionnaire, on return the questionnaire will be assessed by our HS&E team prior to approval.**