

S6 – Contractor Health & Safety Questionnaire H&SCOC01

1. Company Details

Name of company

Address

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.....

Telephone number

Fax number

Contact name

2. Health & Safety Policy

Do you have a written health, safety and environmental policy? Yes No N/R

If yes, please submit

3. Responsibilities

Who is the main contact for health and safety within your company?

Name

Company

Telephone number

Please forward a health and safety structure chart Submitted No chart

4. Health & Safety Assistance

Do you retain the services of an external consultant for health and safety advice and support?

Name

Company

Telephone number

Please submit details/certificates Submitted No assistance provided



5. Accident Statistics

Please provide accident statistics for the last two years including the issue of any prohibition or improvement notices. Submitted No records

6. Inspection Regime

Do you have a suitable inspection regime for plant and equipment?

Please provide details Submitted No regime

7. Insurance

Please supply an up to date copy of your employer's liability and public liability insurance. Submitted Not submitted

8. Training

Do you keep up to date training records for your employees, including safety passport training? Submitted No records

9. Auditing

Do you undertake any internal or external health and safety audits?

Please submit latest copy Submitted No audits

10. Control of Sub-contractors

What is your procedure for the control of sub-contractors?

Please submit information Submitted No procedure

11. Risk Assessment

Please submit a copy of any generic risk assessment (including COSHH, manual handling). Submitted No assessments

12. References

Please submit any references issued from previous clients to support your assessment. Submitted No references



13. Other Relevant Information

Please comment on (or submit) any additional information that may be beneficial.

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Signature

Print Date

For office use only

Comments

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Approved

Rejected

Meeting scheduled

