## Contractor Competency Questionnaire

This questionnaire could be used to help the authorised officer/client in selecting competent goods or service contractors in relation to their health and safety. It could also be used by contractors to evaluate the competency of their subcontractors in relation to their health and safety.

**A. GENERAL**

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| **1. Registered Company Name & Company Registration No.** |  |
| **2. Address**  **Telephone**  **Email** |  |
| **3. Your company’s main types of work** |  |
| **4. Total number of your directly employed staff** |  |
| **5. Name & contact details of your Director responsible for Health & Safety** |  |
| **6. Name & contact details of your competent health & safety advisor** |  |
| **7. Please confirm that you hold and will continue to hold on an annual basis, adequate Employer’s, and Public liability insurance cover.** | YES/NO |

**B. COMPETENCE – EXPERIENCE, KNOWLEDGE, TRAINING**

|  |  |
| --- | --- |
| **1. Please provide details if a member of Trade Associations or Health & Safety organisations** |  |
| **2. Please describe sources you use to obtain health & safety information** |  |
| **3. Please list the type of technical and health and safety training given to staff** |  |
| **4. Please confirm that you hold all legally required qualifications, documentation, and certification for the work you will undertake e.g., electrical testing, LOLER, Pressure systems etc.** | YES/NO |

**C. HEALTH & SAFETY MANAGEMENT**

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| **1. Please confirm whether you have a health and safety policy which has been reviewed and signed in the previous 2 years.**  **Please attach a copy.**  **If you have less than 5 employees and no H&S Policy, please advise your H&S arrangements:** | YES/NO  **Copy attached / Not attached**  **Arrangements attached** |
| **2. Please outline the main hazards that are likely to occur in the course of your work.** |  |
| **3. Do you have written risk assessments?**  **If so, please provide an example related to the work you will undertake on this contract.** | YES/NO  **Copy attached / Not attached** |
| **4. Do you have safe working procedures (or safety method statements) developed from the significant findings of your risk assessments?**  **If so, please provide an example related to the work you will undertake on this contract.** | YES/NO  **Copy attached / Not attached** |
| **5. Do you have a process in place for reporting accidents internally and under The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR)?** | YES/NO |
| **6. Have you received any enforcement notices or prosecutions served on your company in the last three years? If yes, attach copies and details of corrective action taken.** | YES**\***/NO  **Copies and corrective actions attached** |
| **7. Have you had any fatalities or major injuries in the last 3 years?**  **If so, please provide details?** | YES**\***/NO  **Details attached** |
| **8. Please detail any health and safety monitoring system you have in place such as safety inspections and audits.** |  |
| **9. How do you consult with your workforce on health & safety matters?** |  |
| **10. How do you ensure co-operation and co-ordination with other contractors?** |  |

**D. CONTRACTOR’S DECLARATION**

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| --- | --- |
| **Please sign below to confirm that the above information is true and correct, and that you will inform us should any of the above details change** | |
| **Name of contact and position** |  |
| **Signature:** | **Date** |

**E. MANAGER’S COMPETENCY CHECK**

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| **I confirm that the information provided indicates that the Contractor is competent to carry out the work requested.** | |
| **Name of manager and position** |  |
| **Signature** | **Date:** |
|  | **Review date (every 2 years):** |

**\*** *Note to contract manager: If any notices, prosecutions, fatalities, or major injuries, refer questionnaire to Health & Safety Team for review.*