* If you are a company with under five employees and do not have a suitable health and safety policy, the following questions will need to be answered to enable accreditation.
* Sole traders can ignore references to employees and provide answers that apply to them where they feel it is relevant.
* Answers that have been submitted by third parties and/or generic statements that have been copied and pasted will not be accepted.
* Please note that each section will need to be answered in full.
* If you believe a section is not applicable to your work, please explain why. We cannot accept a simple n/a within the box.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **COMPANY DETAILS** | | | | | | |
| **Company Name** | | |  | |  | |
| **Company Contact Name** | | |  | |  | |
| **Account Number /PO Number** | | |  | |  | |
| **2** | **HEALTH AND SAFETY RESPONSIBLE PERSON** | | | | | | |
| **2a** | **Who is the named person, responsible for health and safety?** | | |  | | | |
| **2b** | **Are they a direct employee or a consultant?** | | | **Direct** |  | **Consultant (External)** |  |
| Please outline the health and safety experience and health and safety qualifications of the above person. If an external consultant provides this service, please forward evidence of advice provided in the past 12 months. In most cases, sole traders and small contractors involved in low risk activities, can be considered competent to act as their own competent safety advice source. | | | | | | | |
| 2c | **Outline Safety Experience** | | | | | | |
| **3** | **CONSTRUCTION HEALTH AND SAFETY ADVICE** | | | | | | |
| If you work within the construction sector, please confirm who provides your company with construction safety advice and their competence to do so (this can be from the same source as above). | | | | | | | |
| 3a | **Outline Safety Experience** | | | | | | |
| **4** | | **CONSULTATION AND COMMUNICATION WITH EMPLOYEES** | | | | | |
| Please explain how you consult and communicate with your staff regarding health and safety matters. This could be via toolbox talks, an open door policy that allows employees to discuss safety related issues, direct consultation etc. | | | | | | | |
| 4a | | **Explain consultation process** | | | | | |
| **5** | | **STAFF TRAINING** | | | | | |
| Please explain how you ensure that your staff are provided with suitable training and information.  This should include induction training, job specific training and refresher training/continuous professional development.  Please also forward examples of safety training records and examples of trade qualifications e.g. City & Guilds, NVQs etc. For work within the construction sector, you will need to show evidence of trade and industry specific training e.g. CSCS cards.  Please note that a statement such as “I provide my staff with training” will not be sufficient. | | | | | | | |
| **5a** | | **Training completed** | | | | | |
| **5b** | | **Evidence attached**  **(Please list)** | | | | | |
| **6** | | **EMERGENCY PROCEDURES** | | | | | |
| Please explain how you ensure that adequate arrangements are in place for your staff to follow in the event of emergency e.g. fire alarm/bomb threats. This should cover both on own premises (this will not be applicable if you work from a residential premises) and works carried out on site. If you are inducted into a client’s emergency procedures and follow these whilst on site, please confirm this fact in writing. | | | | | | | |
| **6a** | |  | | | | | |
| **7** | | **STAFF WELFARE** | | | | | |
| Please provide your arrangements for ensuring that you and your employees have access to adequate welfare facilities whilst working on site (toilets, washrooms, eating facilities etc.) If you make arrangements with the client and/or principal contractor to provide such facilities, please confirm this fact. | | | | | | | |
| **7a** | |  | | | | | |
| **8** | | **WORK EQUIPMENT** | | | | | |
| Please explain your arrangements for ensuring the safe use of work equipment. This should include details of how you ensure the suitability of equipment, any specific training requirements e.g. chainsaws, ride-on mowers, along with maintenance and inspection procedures. These arrangements should also cover portable electrical equipment if used. | | | | | | | |
| **8a** | |  | | | | | |
| **9** | | **PERSONAL PROTECTIVE EQUIPMENT** | | | | | |
| Please explain how you ensure that your staff have access to suitable PPE where appropriate. Please also forward evidence of any issue records | | | | | | | |
| **9a** | |  | | | | | |
| **10** | | | **FIRST AID** | | | | |
| Please forward your arrangements for ensuring that you and your employees have access to adequate first aid facilities. Please inform us if you have any trained first aid personal. Arrangements can include ensuring that a fully stocked first aid is in all work vehicles and/or making a request to be covered by the host sites first aid procedures etc. | | | | | | | |
| **10a** | | |  | | | | |
| **11** | | | **ACCIDENT REPORTING - RIDDOR** | | | | |
| Please explain your arrangements for ensuring that accidents are recorded, investigated and reported to the relevant enforcing authority. | | | | | | | |
| **11a** | | |  | | | | |
| **12** | | | **HAZARDOUS SUBSTANCES - COSHH** | | | | |
| Please explain your arrangements for the purchase and safe use of hazardous substances. This should include arrangements for purchasing less hazardous substances and carrying out COSHH assessments. Recent examples of COSHH assessments may also be required. Please also forward arrangements for health surveillance if it is required for your work activities. | | | | | | | |
| **12a** | | |  | | | | |
| **13** | | | **Manual Handling** | | | | |
| Please explain your procedure for reducing the risks associated with manual handling operations. This should include details of how you have sought to avoid these operations such as the use of handling aids etc. | | | | | | | |
| **13a** | | |  | | | | |

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| **14** | **COORDINATION AND CO-OPERATION** |
| Please explain your arrangements for ensuring cooperation and coordination with other trades who could be working on-site at the same time as you e.g. arrangements for regular site meetings or pre-start discussions about the day’s work etc. | |
| **14a** |  |
| **15** | **RISK ASSESSMENT** |
| Please explain your arrangements for identifying the hazards associated with your works and the sensible and proportionate measures to eliminate or reduce the risks that they pose. This should include your procedure for completing risk assessments, implementing the control measures and a review and revision of the assessments. We will also require recent job specific examples of completed risk assessments. | |
| **15a** |  |
| **16** | **USE OF SUBCONTRACTORS** |
| Please detail your procedures for assessing the competence of any sub-contractors that you use. This should include your procedures for ensuring that they can carry out the services that they state and their health and safety competence. Completed copies of any assessment questionnaires that are used will be required to support your application. | |
| **16a** |  |
| How do you ensure effective communication with sub- contractors whose first language is other than English e.g., use of interpreters, implementation of a buddy system etc. | |
| **16b** | |

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| **17** | **ASBESTOS** | | | | | |
| If your work involves disturbing the fabric of a building, pipe lagging, sprayed coatings/insulation etc., please forward your arrangements for ensuring that you and your employees are not exposed to asbestos. This should include checking the asbestos register to see where it is located and action taken when discovering asbestos or an unknown substance that could be asbestos. We will also require copies of asbestos awareness training records from the past 12 months. Please note that we only require asbestos awareness training and not training for work with asbestos. | | | | | | |
| **17a** | **Arrangements** | | | | | |
| **17b** | Have your staff received asbestos awareness training in the last year?  **Please attach evidence of asbestos awareness training** | **Yes** | |  | **No** |  |
|  | Have your staff had a face fit test on the mask they are using?  **Please attach evidence of face fit testing** | **Yes** | |  | **No** |  |
| **18** | **WORK AT HEIGHT** | | | | | |
| Please explain your arrangements for working at height and high level access (where applicable). | | | | | | |
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| **18a** | Please explain your procedures for working on roofs and/or roof work. | |  | | | |

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| **18b** | Please explain your procedure when working from ladders |  |
| **18c** | Please explain your procedure when working at height from Fixed scaffold |  |
| **18d** | Explain your procedure when working from a tower scaffold |  |
| **18e** | If you erect such equipment, please forward copies of appropriate training certificates e.g., PASMA etc. |  |
| **18f** | Please explain your arrangements for use of mobile elevating work platforms (MEWPs). |  |
| **18g** | Please also forward examples of adequate training for the use of such equipment e.g. IPAF etc. |  |
| **19** | **AUDIT AND REVIEW** | |
| Please explain how you keep your procedures up-to-date. For example, how often do you carry out audits or reviews? | | |
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**DECLARATION**

***A Director of the company must sign the following declaration***

The answers given to the above questions are a true reflection of this company’s operations, policy and health and safety record. Furthermore, we confirm that all premiums have been paid to date and the above stated insurance policies are not subject to any express conditions, which would affect cover for work, which would be undertaken for -----------------------. We also undertake to update this information annually or on request.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Print Name:** |  |
| **Position Held:** |  |
| **Date:** |  |

On completion, please return this form to:

**-----------------------**

**Office Manager/Director**

**Address**

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