|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***(For Health and Safety office use only)*** | | | | | |
| **Company:** |  | | | | |
| **Comments:** |  | | | | |
| **Reviewed by**  **(Print name)** | | **Signature** | **Approved:** | **Yes/No** | **Date** |
|  | |  |  |  |  |

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| **Section 1.0: COMPANY DETAILS** | | | |
| **1.1** | Full company name and address |  | |
|  | |
|  | |
|  | |
| Telephone & Fax No. |  | |
| Company e-mail address |  | |
| Web site address |  | |
| **1.2** | Give a description of the type of work that your company undertakes |  | |
| **1.3** | Company Registration No. and year registered |  | |
| **1.4** | Public or private company? |  | |
| **1.5** | Address of registered office (if different from above) |  | |
| **1.6** | How many staff does your company directly employ?  **Less than 5?**  **More than 5?** | Directors: |  |
| Support Staff: |  |
| Site Management: |  |
| Site Operatives: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2.0: COMPANY POLICY / PROCEDURES** | | | |
| **2.1** | Do you sub-contract work?  If so, give details of the type of work: |  | |
| **2.2** | Does your company have an environmental policy or an Environmental Management System, which is registered to ISO 14001:2015? | Yes / No | If **Yes**, please provide details |
|  |
| **2.3** | Is your company SSIP accredited? |  | |
| **2.4** | Does your company have a health and safety policy? | Yes / No | If **Yes**, please provide a copy |
|  |
| **2.5** | Does your company have a health & safety manual or safe working procedures | Yes / No | If **Yes**, please provide a copy |
|  |
| **2.6** | Does your company undertake risk assessments | Yes / No | If **Yes**, please provide a copy of relevant risk assessments. |
|  |
| **2.7** | What are your procedures for identifying training needs? |  | |
| **2.8** | What are your procedures for training staff? |  | |
| **2.9** | Does your company hold membership of any industry, trade or safety organisations? | Yes / No | If **Yes**, please provide membership details: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3.0: HEALTH, SAFETY & ENVIRONMENTAL MANAGEMENT** | | | | | | | |
| **3.1** | Is a specific company director responsible for health & safety | Name of director: | | | | | |
| **3.2** | Do you employ a health & safety advisor, or retain the services of an external safety consultant?  (Please tick one box) | **Employ a safety advisor** | | | | |  |
| **Use external safety consultant** | | | | |  |
| **3.3** | Give details of your health & safety advisor or consultant. | Name: | | |  | | |
| Qualifications: | | |  | | |
| Address: | | |  | | |
|  | | |
|  | | |
| Tel No. | | |  | | |
| **3.4** | How do you obtain information and advice concerning safety? |  | | | | | |
| **3.5** | How do you investigate accidents? |  | | | | | |
| **3.6** | How do you ensure that work on site is completed in compliance with legal requirements and your safety policy? |  | | | | | |
| **3.7** | How do you undertake audits on the sites you are working on? |  | | | | | |
| **3.8** | How do you review the effectiveness of your health and safety policy? |  | | | | | |
| **3.9** | Do you prepare regular reports of all accidents/incidents? | Yes / No | | | | | |
| **Please give an accident summary of the past three years:** | | **Year 2018** | | **Year 2017** | | **Year2016** | |
| **3.10a** | Fatal accidents |  | |  | |  | |
| **3.10B** | Major injuries |  | |  | |  | |
| **3.10C** | “Over three day” accidents |  | |  | |  | |
| **3.10D** | Dangerous occurrences: |  | |  | |  | |
| **3.11** | Has your company been prosecuted under health & safety or environmental legislation in the last five years? | Yes / No | If **yes**, please enclose details of the corrective action that was taken to prevent a reoccurrence  (HSE database may be used for confirmation) | | | | |
|  | | | | |
| **3.12** | Have any prohibition or improvement notices been issued against your company within the last five years? | Yes / No | If **yes**, please enclose details of the corrective action that was taken to prevent a reoccurrence  (HSE database may be used for confirmation) | | | | |
|  | | | | |
| **3.13** | Have all the directors and managers attended a health and safety course within the last three years? | Yes / No | If **no**, please state percentage who have | | | | |
| **……. %** | | | | |
| **3.14** | Have all site supervisors within your organisation attended a health and safety course within the last three years? | Yes / No | If **no**, please state percentage who have | | | | |
| **……. %** | | | | |
| **3.15** | Have all operatives received appropriate health & safety training for their type of work? | Yes / No | If **no**, please state percentage who have | | | | |
| ……. % | | | | |
| **3.16** | Does your company implement CSCS or similar safety passport training? | Yes / No | If **no**, please provide details of what training your operatives undertake | | | | |
|  | | | | |
| **3.17** | Do you carry out induction training for new employees? | Yes / No | If **no**, how are new employees informed about the risks associated with their job? | | | | |
|  | | | | |
| **3.18** | Does your company implement health and safety refresher courses? | No | If **no**, how are your employees informed about changes in health and safety legislation and best practice? | | | | |
|  | | | | |
| Yes | If **yes,** how often? | | | | |
|  | | | | |

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| **3.19** | How many of your employees are trained in first aid? | Number of first aiders… | |  |
| Please provide details of the first aid training course. | |  |
| **3.20** | Does your company undertake Tool Box talks to their operatives? | Yes / No | If **yes,** please provide an example. | |
|  | |
| **3.21** | Have you undertaken manual handling risk assessments? | Yes / No | If **yes,** please provide an example. | |
|  | |
| **3.22** | Have you undertaken risk assessments for hand-arm vibration (HAV) and whole body vibration (WBV)? | Yes / No | If **yes,** please provide an example. | |
|  | |
| **3.23** | How do you ensure all work at height is properly managed? |  | | |
| **3.24** | How do you ensure that work equipment is maintained, and complies with current legislation? |  | | |
| **3.25** | Do you use any hazardous substances? | Yes / No | If **yes,** please provide your agent inventory and relevant COSHH risk assessments. | |
|  | |
| **If you normally sub-contract works, how do you ensure that sub-contractors:** | | | | |
| **3.26** | Employ competent staff? |  | | |
| **3.27** | Have an adequate health and safety policy |  | | |
| **3.28** | Ensure that work on site is carried out in compliance with legal requirements and their own safety policy? |  | | |
| **3.29** | Operate with adequate Public Liability insurance |  | | |
| **3.30** | Are adequately inducted with regard to your own safety policy. |  | | |

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| --- | --- | --- |
| **Section 4.0: INSURANCE INFORMATION** | | |
| **4.1** | **Employer’s Liability** | |
| Insurer’s name and address: | |  |
|  |
|  |
|  |
| Policy No. | |  |
| Renewal Date: | |  |
| Business activities as defined in the policy: | |  |
| Indemnity limit for any one occurrence | | £……………………………….. |
| **4.2** | **Contractors “All Risk”** | |
| Insurer’s name and address: | |  |
|  |
|  |
|  |
| **Policy No:** | |  |
| **Renewal Date:** | |  |
| Business activities as defined in the policy: | |  | |
| What is the sum assured under the policy? | | £……………………………….. | |
| **4.3** | **Professional Indemnity** | | |
| Insurer’s name and address: | |  | |
|  | |
|  | |
|  | |
| Policy No. | |  | |
| Renewal Date: | |  | |
| Business activities as defined in the policy: | |  | |
| Indemnity limit for any one occurrence | | £……………………………….. | |
| **4.4** | **Public Liability** | | |
| Insurer’s name and address: | |  | |
|  | |
|  | |
|  | |
| Policy No. | |  | |
| Renewal Date: | |  | |
| Business activities as defined in the policy: | |  | |
| Indemnity limit for any one occurrence | | £……………………………….. | |

**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 the -----------------------. We also undertake to update this information annually or on request.

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

On completion, please return this form to:

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