

**Contractor Pre- appointment Questionnaire (non-SSIP members)**

Prior to adding a company to an operating businesses approved contractor or designer list, a representative of the company must complete this questionnaire and be able to supply evidence to support the answers.

The Quantity Surveyor or the person appointing the contractor or designer is then required to check the form and the associated evidence prior to approving them to be included on the approved contractor or designer list. This form must be kept for the duration the company remains on our approved contractor or designer list and for at least three years from the completion of any project in which they were involved.

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| COMPANY INFORMATION– To be completed by the contractor  |
| Name of the company and trading name if different to the company name |  |
| Details of the person dealing with the assessment. To include contact details; email and telephone number |  |
| Position of the person dealing with the assessment |  |
| If registered at Companies House, the company number  |  |
| Registered address, office telephone number and website address |  |
| Number of years the company been trading |  |
| Number of directly employed staff |  |
| Number of labour only subcontract staff |  |
| Brief description of the work the company carries out |  |
| Details of any trade membership organisations |  |

**Assessment Questions**

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| **Question 1 Competent health and safety advice***The organisation is expected to have access to competent health and safety advice. This could be internal or external, such as a health and safety consultancy.*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company have access to competent health and safety advice?If yes, please provide evidence.For example:* **Internal resource** – details of the competent person and their

 C.V and health and safety qualification certificates**External resource** – details of the consultant and their CV and health and safety qualification certificates. Latest SSIP (SMAS/CHAS) workplace certificate  |  |  |
| **Question 2 H&S Policy Statement***The organisation is expected to document and implement an appropriate H&S policy. The responsibilities section of the policy must list the person/s with specific H&S duties within the organisation. The arrangements within the policy should be appropriate and applicable to the organisations activities and undertakings.*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company have a H&S policy and/ or statement of intent?Please provide a copy of the H&S policy/ policy statement of intent. This must be dated and signed within the last 12 months. It must also be signed by the most senior person within the company. |  |  |
| **Question 3 Monitoring, audit and review***The organisation must have a system in place to monitor its H&S policies and procedures and conduct periodic audits to confirm the processes remain both applicable and up-to-date.*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company have a system to monitor, audit and review?Please provide evidence of monitoring, audit and review dated within the last 12 months. For example:* Site inspections
* Equipment inspections
* Audits
* Confirmation that only ever work for large/ principal contractor clients, and monitored on a regular basis by them
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| **Question 4 Contractor control (if employ labour only subcontractors and sub-contract companies)***The organisation must have an appropriate system in place to appoint competent sub-contractors.* |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company employ labour only sub-contractors and sub-contract companies? |  |  |
| If yes, please provide evidence of sub-contractor control dated within the last 12 monthsFor example: * Example sub-contractor pre appointment questionnaire
* Sub-contractor qualifications and experience
* Example signed RAMS by the sub-contractor
 |  |  |
| **Question 5 Risk assessments and method statements (RAMS)***The organisation must have a system in place for:** *Identifying significant hazards and the preventative measures taken to reduce the risk to the lowest reasonably practicable level.*
* *Developing and implementing method statements which incorporate a safe system of works.*
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| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company have RAMS?If yes, please provide an example copy of RAMS which must be dated and signed within the last 12 months. It must also be relevant to the task completed on site.  |  |  |
| **Question 6 H&S training information***You should be able to demonstrate training arrangements and refresher training to ensure your employees and sub-contractors have the skills and understanding necessary to discharge their duties.*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Does the company have appropriate training arrangements?If yes, please provide evidence of training arrangements dated within the last 12 months. For example:* Training matrix for employees and sub-contractors
* Training certificates
 |  |  |
| **Question 7 Supervisory management***Supervisory management must have the appropriate supervisory skills, H&S and trade qualifications and experience for the assigned tasks, to ensure there is controlled and competent supervision.* |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Do you have supervisory managers? If yes, please provide evidence of the supervisor’s skills, qualifications and experience. For example* CV
* Qualification certificates
* Training certificates
 |  |  |
| **Question 8 Workforce H&S qualifications** *Employees and subcontractor workforce must have the appropriate H&S qualifications and experience for the assigned tasks.*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Please provide evidence of workforce qualifications and experienceFor example:* Trade qualifications
* H&S training
* Certification to use specialist equipment
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| **Question 9 HSE enforcement***The organisation must maintain accurate information regarding HSE or Local Authority enforcement action taken against the organisation in the last 5 years*. |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria. This must be checked on the HSE website by the above using these link:[Public register of enforcement notices (hse.gov.uk)](https://resources.hse.gov.uk/notices/default.asp) [HSE - Register of prosecutions and notices](https://www.hse.gov.uk/enforce/convictions.htm) |
| Has any HSE enforcement or Local Authority action been taken against the organisation in the last 5 years?This includes:* Prohibition Notice
* Improvement Notice
* Prosecution

If yes, please provide details  |  |  |
| **Question 10 Accident/ incident reporting and reviewing***The organisation must have a method of recording, reporting and investigating accidents.* |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Please provide evidence of the organisations accident/ incident reporting and recording proceduresFor example:* Accident/ incident policy
* Accident/ incident report form
 |  |  |
| Please provide details of all accidents reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations in the last 3 years. |  |  |
| **Question 11 Consultation and communication***The organisation must have systems in place to ensure the communication of H&S information to staff and others (including sub-contract workforce).*  |
| Question | Answer | Comments of QS/ AppointerEvidence supplied which meets the above criteria |
| Please provide evidence of the organisation consults and communicates with its workforceFor example:* Safety committee or site safety meetings
* Toolbox Talks
* Safety alerts
* Safety reviews/ briefings
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**Final Approval**

**Approved (For internal use only)**

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| Approved by, name and role: |  |
| Date |  |
| Signed: |  |
| Director/ Head of Department approval, name and role: |  |
| Date  |  |
| Signed |  |
| Remarks |  |

**Not Approved**

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| --- | --- |
| Not approved by, name and role: |  |
| Date |  |
| Signed: |  |
| Reason for not approving: |  |

**The contractor must be given feedback as to why they have not been approved.**