

**THE CONSTRUCTION (DESIGN AND MANAGEMENT) REGULATIONS 2015**

**CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE**

**PROJECT: Lomeshaye Bridleway Construction**

**NAME OF**

**TENDERER:**

Neighbourhood Services

Elliott House

9 Market Square

NELSON

Lancashire

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# contents

**SECTION 1** Introduction 1

**SECTION 2** Organisation Details 2

**SECTION 3** Health and Safety Arrangements 3

**SECTION 4** Health and Safety Management Arrangements 6

# SECTION 1

## INTRODUCTION

The purpose of this questionnaire is to enable organisations to provide Pendle Borough Council with sufficient health and safety information to assess their capability and suitability to undertake this project.

# SECTION 2

## organisation details

**2.1 Organisation Name**  ……………………………………………………………………….…………….

**2.2 Registered Office**  ……………………………………………………………………….…………….

……………………………………………………………………….…………….

**2.3 VAT Number** ……………………………………………………………………….…………….

**2.4 Primary Contact**  ……………………………………………………………………….…………….

**2.5 Telephone Number**  ……………………………………………………………………….…………….

Please provide the evidence of the following insurance requirements. If you do not hold the insurance, please indicate as such –

|  |  |  |
| --- | --- | --- |
| **INSURANCE TYPE** | **PROVIDED Y/N** | **VALUE (£)** |
| Employers Liability Insurance |  |  |
| Public Liability Insurance |  |  |
| Professional Indemnity Insurance |  |  |

# SECTION 3

## HEALTH AND SAFETY ARRANGEMENTS

3.1 Please indicate the person(s) responsible for health and safety within your organisation.

|  |  |
| --- | --- |
| **NAME** | **POSITION** |
|  |  |

* 1. Have any formal notices or legal proceedings been taken against your organisations by the Health and Safety Executive in the last 3 years? If yes, please provide details below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | | | No | | |
|  |  |  |  |  |  |

|  |
| --- |
|  |

* 1. Please provide your organisation’s accident statistics for the last three years.

|  |
| --- |
|  |

* 1. Please indicate if you have a health and safety policy. Please indicate how employees are made aware of this policy and the arrangements that it refers to.

|  |
| --- |
|  |

* 1. Please indicate what arrangements you have in place to manage health and safety within your organisation. An overview of your health and safety system should be provided.

|  |
| --- |
|  |

* 1. Please indicate how often your health and safety management arrangements are reviewed (please indicate the last time it was reviewed).

|  |
| --- |
|  |

* 1. Please indicate how you consult with your employees on matters of health and safety.

|  |
| --- |
|  |

# SECTION 4

## HEALTH AND SAFETY MANAGEMENT ARRANGEMENTS

* 1. Please indicate if you have the following:

|  |  |
| --- | --- |
| **MANAGEMENT ARRANGEMENTS** | **YES / NO** |
| Health and Safety Policy |  |
| Management Arrangements for Health and Safety |  |
| CDM Management System |  |
| Competent Health and Safety advice (corporate and construction) |  |
| Confined Spaces trained operatives |  |

For all of the above, evidence should be provided. Additional evidence may be requested by the principal contractor or CDM advisor if required for notifiable projects.

# completion

On completion of the Contractor Health and Safety Questionnaire, this should be signed by both the principal contractor.

Principal Contractor –

Signed

Company

Date