

West Lancashire Borough Council HS-ePF28

Contractor Health and Safety Pre-Selection Questionnaire (Revised February 2016)

Contract:	Reference:									
Company details										
Company name:										
Address:										
Post code:										
Telephone:										
Email:										
Time of Common.										
Type of Company										
Public Ltd: Private Ltd: Partnership: Sole Trader:										
Number of employees										
Management: Administrative: Professional: Skilled Operatives: Unskilled Labour:										
Total number of employees:										
Required information										
	n details of your organisation's experience in the area that you are tendering for, including details contracts and referees.	YES	NO							
	n a copy of your company's most recent statement of intent and organisation sections of your	YES	NO							
	afety policy. Please include the qualifications and experience of the person appointed to provide ssistance under regulation 7 of the Management of Health and Safety at Work Regulations 1999.									
3. Please enclos	se copies of your safety arrangements relevant to this contract.	YES	NO							
4. The person with ultimate responsibility for health and safety:										
Job Title:										
The person who would have responsibility for the day-to-day management of aspects of this contract:										
Job Title:										



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6.	The person appointed to provide competent advice on health and safety issues, as required by the Management of Health and Safety at Work Regulations 1999:							
			Job Title:					
7.	Please provide details of the experience and qualifications of the person who will have day-to-day responsibility for the safe delivery of the contract (e.g. in the form of a curriculum vitae).						NO	
8.	Please enclose sample copies of any risk assessments undertaken relevant to this contract. Include:							
		general risk assessments,	as required by	y the Manageme	ent of Health and Safety at Work Regulations 1999.	YES	NO	
7."		safety data sheets and COSI applicable)	HH assessmen	ts for all substan	ces that you propose to use (if	YES	NO	
7		any other relevant assessme	ents (e.g. man	ual handling, noi	ise).	YES	NO	
9.	Please provide details of health and safety training provided to all managers and staff, and subcontractors where used. Please also include details of your plans for further training if you win the contract.						NO	
10.	Do you anticipate using subcontractors on this contract?						NO	
		If so, please provide deta	ils of the proce	edures you will u	ise to ensure that they are competent and managed correctly.	YES	NO	
11.	1. Please provide details of the accident reporting and investigation procedures to be adopted for this contract.							
12.	Have any enforcement notices been issued or legal proceedings taken against your organisation by the Health and Safety Executive in the last three years?							
					If so, please provide details.	YES	NO	
Please provide details of any accidents/incidents to employees and non-employees reported by, or on behalf of, your organisation to the Health and Safety Executive during the last three years (as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).							NO	
14.	Please provide details of your emergency arrangements and procedures that you will use on this contract.						NO	
15.	15. Please provide details of your public liability insurance.						NO	
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Declaration:								
I confirm that all information provided above is to the best of my knowledge accurate and correct.								
Signed: Print Name: Date: Position in organisation:								