**Appendix 1**

**Question 8A.3**

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| **Health and Safety Competence Questionnaire** | | | | |
|  | **To be completed by all businesses** | | | |
| **1.** | **What is the trading name of your business?** | |  | |
| **2.** | **Brief description of the service/works that your business will provide for Darlington Borough Council?** | |  | |
| **3.** | **Your registered business address including postcode;** | |  | |
| **4.** | **Number of Staff employed** | |  | |
| **5.** | **Do you hold a valid Safety Scheme in Procurement (SSIP) forum member scheme accreditation i.e. CHAS?** | |  | |
| **6.** | **Who is the Director responsible for health and safety within your business?** | |  | |
| **7.** | **Provide details of any prosecutions or enforcement notices served on your business in the past 3 years by the HSE or Local Authority.**  *A prosecution notice will not prevent your business from approval, however, failure to declare or failure to provide information will.*  *If applicable please attach details separately alongside details of corrective action taken.* | |  | |
| **8.** | **What is the name of the person completing this application and what is their role?** | |  | |
| **If your business has met the requirements of point 5. above and can provide a copy of the accreditation certificate, you do not need to complete any further sections.**  **If you do not meet the above requirements of point 5 above, please continue and complete the sections relevant to your business.** | | | | |
| **ABOUT YOUR BUSINESS** | | **Please tick** | | **Complete the section(s) identified below** |
| Business has less than 5 employees (except designers and principal designers) | |  | | Section 1 |
| Business has 5 or more employees (except designers, principal designers and care service providers) | |  | | Section 2 |
| Principal Designers and Designers | |  | | Section 3 |
| Principal Contractors | |  | | Section 2 + Section 4 |
| Care services providers including residential care | |  | | Section 5 |

**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

**What to do now?**

1. It is advised that this questionnaire is completed by the **competent person** for health and safety in your business.
2. Please read through **each question** in your sections for completion carefully. If a section is not applicable to your business, you do not need to complete that section.
3. Please read through the **required standards** next to each question carefully
4. Please indicate your answer Yes or No.
5. Please complete any **additional notes** to support your answer
6. Please provide requested **evidence** and indicate unique references to relevant supporting information
7. Ensure you answer **all** questions in your section
8. Ensure that the information and evidence provided is;
   1. Relevant to your business, is applicable and appropriate
   2. Current and in date
   3. Completed documents. Blank copies of records are not evidence to demonstrate compliance and may not be accepted. Please redact any personal information where possible.
   4. Copies – do not send original documents, we cannot guarantee a return
9. If your business believes a question is not applicable a full explanation must be detailed within the notes column for the assessor’s consideration.

**Assessment Process**

1. Once the documentation has been received it will be assigned to a member of the Health and Safety Team who will carry out an assessment.
2. The results of the assessment will be returned and the business will either be **approved or required to provide additional information**. Where it has been identified that additional information is required then the business will have two further opportunities to submit suitable and sufficient information.
3. Businesses are required to **supply additional information** in accordance with the deadline set, this is usually 4 weeks from the date of assessment however this may be altered depending on contract requirements.
4. **Reasons the assessment may not be approved include**;
   1. Inability to satisfactorily demonstrate a health and safety management system is operating effectively in the day to day management of the business;
   2. Inability to demonstrate competence i.e. training undertaken or provided, is compliant with core regulations criteria, industry guidance and/ or best practice
   3. Provision of insufficient relevant information or incomplete sections of the application form *(including not providing a full explanation of why you believe a question/ section is not applicable)*
   4. Quality of application and documentation falls significantly below the required health and safety standards.
5. Businesses will be provide with a total of 3 opportunities. If after **three submissions** (including the initial assessment), the business is unable to satisfy the requirements of the assessment, they will be marked as a fail and no resubmissions will be accepted for 6 months. The business can appeal this decision and must contact their procurement officer for details of the process.
6. **If approved**, businesses will be approved for 2 years and Darlington Borough Council’s Health and Safety Team may carry out ad-hoc monitoring.

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| **Section 1 - All high risk activity contracts less than 5 staff** |

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|  | **Question** | **Required standard – minimum evidence required to support responses.** | **Yes** | **No** | **Supporting Notes** | **Suppliers unique reference to relevant supporting information** |
| **1.1** | **Do you have systems in place for identifying and controlling health and safety risks?** | * Please provide a statement outlining how you manage health and safety. This may be your statement of intent/ health and safety policy. * Please describe how you identify and manage risk. Include details of the hazards and controls you have identified and have in place relevant to the work activities you will be undertaking. * Please provide an example of any risk assessments you may have completed |  |  |  |  |
| **1.2** | **Do you have access to competent health and safety advice?** | * Please describe how you obtain advice relevant to your business activities (this does not have to be an external consultant – it may be internal with reference to advice and guidance on the HSE website) * If internal please describe the persons competency i.e. training, knowledge, experience |  |  |  |  |
| **1.3** | **Do you have arrangements to ensure your workforce has the skills, knowledge and experience to work safely?** | * Please describe your arrangements outlining how you identify and implement training requirements. * Please supply evidence to support your statement e.g. example of training records, toolbox talks, competence cards, training certificates |  |  |  |  |
| **1.4** | **Do you have arrangements in place for recording and investigation accidents, incidents and near misses?** | * Please describe your arrangements for accident reporting and investigation * Please provide statistics for the past 3 years. |  |  |  |  |
| **1.5** | **If you use contractors do you have arrangements for ensuring that your suppliers apply health and safety measures to a standard appropriate to the activity they are being engaged for?** | * Please describe your arrangements for assessing health and safety competence and performance for your contractors. |  |  |  |  |

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| **Section 2 - All high risk activity contracts more than 5 staff** |

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|  | **Question** | **Required standard – minimum evidence required to support responses.** | **Yes** | **No** | **Supporting Notes** | **Suppliers unique reference to relevant supporting information** |
| **2.1** | **Are you able to demonstrate that you have a health and safety policy?** | * Please provide a copy of your health and safety policy that has been reviewed periodically and signed by the chief executive/ Director. * Documentation to demonstrate how health and safety responsibilities have been assigned within the business |  |  |  |  |
| **2.2** | **Are you able to demonstrate that you have health and safety management arrangements, policies, and procedures in place to support the implementation of your health and safety policy?** | * In addition to your health and safety policy, please provide examples of health and safety management arrangements, policies, and procedures that you have in place to show how you comply with and implement health and safety legislation within your business. * Please provide evidence to demonstrate how these arrangements are effectively communicated to the workforce. |  |  |  |  |
| **2.3** | **Do you have access to competent health and safety advice?** | * Please confirm who provides your competent health and safety advice on a day to day basis. * If you access external health and safety services, please provide details of the service that is provided. * Please provide evidence of the persons competency i.e. CV, IOSH Membership Certification, Training Certificates etc. |  |  |  |  |
| **2.4** | **Do you provide staff with training and information regarding the hazards, risks and control measures associated with your work activities?** | * Records of induction * Specific and refresher health and safety training * Professional qualifications/ competence cards where applicable * Training matrix for all staff including managers and supervisors |  |  |  |  |
| **2.5** | **Do you assess risks, identify what could cause harm and put appropriate control measures in place to manage risk?** | * Please describe your arrangements for risk management and provide the following; * A copy of your risk assessment procedure * Examples of risk assessments completed for activities undertaken by staff * Examples of safe systems of work/ method statements * Where applicable to your business, examples of COSHH risk assessment, manual handling risk assessment, noise assessments etc. * Evidence to show you have communicated your risk assessments to staff.   **Please ensure relevant HEALTH risks are identified as well as SAFETY risks.** |  |  |  |  |
| **2.6** | **Do you have arrangements for communication at all levels on health and safety matters?** | * Please describe how you communicate and consult on health and safety matters within your business. * Please provide evidence of communication and consultation at staff level and management levels. Evidence could include minutes of team meetings, 1:1 supervisions with staff. |  |  |  |  |
| **2.7** | **Do you have arrangements in place to ensure work equipment is maintained and staff are competent in the use of equipment? (Work equipment is any machinery, appliance, apparatus, tool or installation for use at work, whether exclusively used at work or not.)** | * Please describe your arrangements. * Please provide evidence of staff training and/ or instruction provided in how to safely use equipment * Please provide examples of statutory inspection and service records |  |  |  |  |
| **2.8** | **Do you have arrangements in place for ensuring there is adequate first aid provision at all times?** | * Please provide evidence of first aid assessment of needs to determine whether provision is adequate and evidence of training, including 3hr update training. |  |  |  |  |
| **2.9** | **Do you monitor and review health and safety performance?** | * Please describe how you monitor compliance with your health and safety management arrangements. * Evidence should include;   + A recent health and safety management system audit report.   + A recent health and safety inspection.   + Any other monitoring records you deem appropriate.   + If actions have been identified please ensure you evidence what remedial action was taken. |  |  |  |  |
| **2.10** | **Do you routinely record and review accidents, incidents and near misses and undertake follow-up action?** | * Please provide a copy of your accident reporting procedures and instructions/ training provided to staff. * Please provide records of accident rates/ statistics for at least the last three years – staff, service users, member of public etc. * Demonstrate that your business has in place a system for reviewing significant accidents, incidents and near misses by providing evidence of at least 1 investigation together with remedial action taken to prevent a recurrence. |  |  |  |  |
| **2.11** | **If you use contractors, do you have arrangements for ensuring that you assess their health and safety competence?** | * Please describe your arrangements for assessing health and safety competence and performance for your contractors. |  |  |  |  |

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| **Section 3 – Principal Designers and Designers** |

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|  | **Question** | **Required standard – minimum evidence required to support responses.** | **Yes** | **No** | **Supporting Notes** | **Suppliers unique reference to relevant supporting information** |
| **3.1** | **Are you able to demonstrate that you have a policy and business for health and safety?** | * Copy of your health and safety policy reviewed periodically and signed by the chief executive * Documentation to demonstrate how health and safety responsibilities have been assigned within the business |  |  |  |  |
| **3.2** | **Can you demonstrate that you have appropriate qualifications and experience working on similar projects?** | * Provide evidence of capabilities of carrying out similar projects/ activities, a project record, demonstrating skills and experience, including description of the project and cost. * Please provide evidence of qualifications |  |  |  |  |
| **3.3** | **Do you ensure that you and your workforce have the appropriate capabilities to meet your legal duties under health and safety legislation?** | * Provide evidence of your CPD programme and / or examples of training and development plans (which may include in-house training) demonstrating how you will keep up to date with professional changes etc. * Please provide evidence of how your business obtains health and safety Information, including how you maintain your technical knowledge and understanding of developments in construction. * Provide commentary on how you match individual capabilities with the work undertaken * Please provide an up to date training matrix |  |  |  |  |
| **3.4** | **Do you have and implement, arrangements for meeting the designer duties under the Construction Design and Management**  **Regulations?** | * Please describe how you ensure the client is aware of their duties; * Describe how you ensure co-operation and co-ordination of design work within the design team and with other designers/contractors; * Describe how you carryout design risk management, to ensure hazards are eliminated and show how remaining risks are managed, (with reference to build ability, maintainability and use); * Describe how you manage design changes and include significant findings in PCI and health and safety file. * Describe how you ensure that any structure that will be used as a workplace will meet relevant requirements of the Workplace (Health, Safety and Welfare) regulations 1992; |  |  |  |  |
| **3.5** | **Do you have sufficient resource (time/ capacity) available to successfully meet project milestones and complete on programme?** | * Please describe how this will be achieved |  |  |  |  |
| **3.6** | **Do you have access to competent health and safety advice?** | * Please describe how you obtain advice relevant to your business activities (this does not have to be an external consultant – it may be internal with reference to advice and guidance on the HSE website) * If internal please describe the persons competency i.e. training, knowledge, experience |  |  |  |  |
| **3.7** | **If you contract designers do you have arrangements for ensuring they apply health and safety measures to a standard appropriate to the activity for which they are being engaged?** | * Please provide evidence to demonstrate that you have arrangements in place for assessing health and safety competency and performance of suppliers that you may engage as part of the contract. |  |  |  |  |
| **3.8** | **Do you check, review and where necessary**  **improve your health and safety performance?** | * Please provide evidence that your business has in place and implements, an ongoing system for monitoring health and safety procedures and for periodically reviewing and updating that system as necessary for example through project design review (during and post-completion). |  |  |  |  |
| **3.9** | **Principal Designers Only**  **How do you plan, manage and monitor the pre-construction phase, including any preparatory work carried out for projects.** | * Assist the client in obtaining, preparing and collating pre-construction information * Ensure designers carry out their duties * Ensure other designers co-ordinate and co-operate * Supplying pre-construction information to others * Liaise with the principal business * Prepare the health and safety file for the client |  |  |  |  |

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| **Section 4 – Principal Contractors** |

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|  | **Question** | **Required standard – minimum evidence required to support responses.** | **Yes** | **No** | **Supporting Notes** | **Suppliers unique reference to relevant supporting information** |
| **4.1** | **Are you able to plan, manage and co-ordinate the construction phase of a project?** | * Describe how you liaise with the client and principal designers * Please describe your arrangements for developing the construction phase plan and include an example of a previously developed plan * Describe how you organise and co-operate with contractors * Consult and engage with workers * Provide relevant information for the health and safety file. |  |  |  |  |
| **4.2** | **Do you have sufficient resource (time/ capacity) available to successfully meet project milestones and complete on programme?** | * Please describe how this will be achieved |  |  |  |  |

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| **Section 5- Care services providers including residential care** |

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|  | **Question** | **Required standard – minimum evidence required to support responses.** | **Yes** | **No** | **Supporting Notes** | **Suppliers unique reference to relevant supporting information** |
| **5.1** | **Are you able to demonstrate that you have a health and safety policy?** | * Please provide a copy of your health and safety policy that has been reviewed periodically and signed by the chief executive/ Director. * Documentation to demonstrate how health and safety responsibilities have been assigned within the business |  |  |  |  |
| **5.2** | **Are you able to demonstrate that you have health and safety management arrangements, policies, and procedures in place to support the implementation of your health and safety policy?** | * In addition to your health and safety policy, please provide examples of health and safety management arrangements, policies, and procedures that you have in place to show how you comply with and implement health and safety legislation within your business. * Please provide evidence to demonstrate how these arrangements are effectively communicated to the workforce. |  |  |  |  |
| **5.3** | **Do you have access to competent health and safety advice?** | * Please confirm who provides your competent health and safety advice on a day to day basis. * If you access external health and safety services, please provide details of the service that is provided. * Please provide evidence of the persons competency i.e. CV, IOSH Membership Certification, Training Certificates etc. |  |  |  |  |
| **5.4** | **Do you provide staff with training and information regarding the hazards, risks and control measures associated with your work activities?** | * Records of induction * Specific and refresher health and safety training * Professional qualifications/ competence cards where applicable * Training matrix for all staff including managers and supervisors |  |  |  |  |
| **5.5** | **Do you assess risks, identify what could cause harm and put appropriate control measures in place to manage risk?** | * Please describe your arrangements for risk management and provide the following; * A copy of your risk assessment procedure * Examples of risk assessments completed for activities undertaken by staff * Examples of COSHH risk assessment * Where applicable, example of a safe system of work for sharps. * Evidence to show you have communicated your risk assessments to staff.   **Please ensure relevant HEALTH risks are identified as well as SAFETY risks.** |  |  |  |  |
| **5.6** | **Do you have arrangements in place to ensure risks related specifically to service users are identified and incorporated into care plans?** | * Please describe how relevant risks are identified, recorded and communicated to staff * Please provide details and examples of the arrangements used for the safe moving and handling of service users – whether home based or on your premise. * Please provide evidence to show that risk assessment for service users is part of the care planning process. |  |  |  |  |
| **5.7** | **Do you have arrangements in place to manage fire safety?** | * Please describe your arrangements for fire safety. * Please provide; * a copy of your fire risk assessment * a copy of your evacuation procedure * an example of a completed personal emergency evacuation plan * evidence to show that staff have received appropriate training. |  |  |  |  |
| **5.8** | **Do you have suitable arrangements in place to manage the risks associated with Legionella?** | * Please describe your arrangements and provide the following; * Evidence of training * Legionella risk assessment and remedial actions identified * Sample copies of your water temperature checking records. * Sample copies of your legionella flushing and disinfection records. |  |  |  |  |
| **5.9** | **Do you have arrangements for communication at all levels on health and safety matters?** | * Please describe how you communicate and consult on health and safety matters within your business. * Please provide evidence of communication and consultation at staff level and management levels. Evidence could include minutes of team meetings, 1:1 supervisions with staff. * Any other relevant evidence |  |  |  |  |
| **5.10** | **Do you have arrangements in place to ensure work equipment is maintained and staff are competent in the use of equipment?** | * Please describe your inspection, maintenance and examination regime for lifting equipment and hoists. * Please provide evidence of staff training and/ or instruction provided in how to safely use equipment * Please provide examples of statutory inspection and service records |  |  |  |  |
| **5.11** | **Do you have arrangements in place for ensuring there is adequate first aid provision at all times?** | * Please provide evidence of first aid assessment of needs to determine whether provision is adequate and evidence of training, including 3hr update training. |  |  |  |  |
| **5.12** | **Do you monitor and review health and safety performance?** | * Please describe how you monitor compliance with your health and safety management arrangements. * Evidence should include;   + A recent health and safety management system audit report.   + A recent health and safety inspection.   + Any other monitoring records you deem appropriate.   + If actions have been identified please ensure you evidence what remedial action was taken. |  |  |  |  |
| **5.13** | **Do you routinely record and review accidents, incidents and near misses and undertake follow-up action?** | * Please provide a copy of your accident reporting procedures and instructions/ training provided to staff. * Please provide records of accident rates/ statistics for at least the last three years – staff, service users, member of public etc. * Demonstrate that your business has in place a system for reviewing significant accidents, incidents and near misses by providing evidence of at least 1 investigation together with remedial action taken to prevent a recurrence. |  |  |  |  |
| **5.14** | **If you use contractors, do you have arrangements for ensuring that you assess their health and safety competence?** | * Please describe your arrangements for assessing health and safety competence and performance for your contractors. |  |  |  |  |