

**MANAGEMENT PROCEDURES
PROCUREMENT
SUB-CONTRACTOR SELECTION QUESTIONNAIRE**

Project approval required for Person seeking approval Section 2 approved YES/NO

Section 3 approved YES/NO

1.0 General Requirements

- 1.1 Nature of Business:
- 1.2 Company Name:
- 1.3 Year Company Established:
- 1.4 Head Office Address:
- 1.5 Company Registration No:
- 1.6 VAT No:
- 1.7 Registered Office Address:
(If different)
- 1.8 Telephone No:
- 1.9 Facsimile No:
- 1.10 Web Site Address:
- 1.11 Contact Name:
- 1.12 Contact Position:
- 1.13 Contact No:
- 1.14 Contact Mobile:
- 1.15 Contact e-mail Address
- 1.16 Name & Address of Parent Company:

2.0 Health & Safety

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- 2.1 How many persons do you employ? (state overall numbers)
(*identify status in numbers i.e. subcontractor /CIS /part time etc*)
- 2.2 Do you have an up-to-date and signed Health & Safety Policy (2 years
expiry)? **Enclose copy**
- 2.3 Name the person responsible for Health & Safety in your Company (*signature
on the policy statement*).
- 2.4 What position is the person named in 2.3 job title (*If not a Director*)?
- 2.5 What safety related training has this person (2.3) received? (*enclose details*)
- 2.6 Do you employ an in-house Safety Advisor (*enclose CV*) **YES /NO**
- 2.6.1 If NO, state who provides Health & Safety advice.
(*State safety qualifications – provide CV AND state agreement/cover agreed
for your business if external consultant*)
- 2.7 Please provide details of health & safety training undertaken by your employees (*incl. CITB, mobile
towers, CTA,CSCS courses. IF NONE state NONE, induction training is not applicable*).
State here or provide details/certificates.....
- 2.8 Do you undertake:
- 2.8.1 Task specific Risk Assessments **YES/NO** **Enclose example**
- 2.8.2 (if high risk activity) Safety Method Statements **YES/NO** **Enclose example**
- 2.8.3 COSHH Assessments **YES/NO/NA** **Enclose example**
- 2.9 **Please provide details of how you intend to comply with the
requirements of the ‘Work at Height Regulations 2005.** **Enclose**
- 2.10 **Please provide details of any formal notices /prosecutions that have
been issued against your company in the last five years by the HSE.** **Enclose**
- 2.11 **Please provide details of accidents /dangerous occurrences as defined
by RIDDOR notified to the HSE within the last five years.** **Enclose**

The person responsible for Health & Safety (section 2.3)
in your organisation is to sign below:

Signature:**Date**..... **Position:**

HS&E Advisor Authorisation (section 2 only) **Date**

.....

3.1 Management Systems:

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	YES	NO
3.1.1 ISO 9000 Award: (If yes please provide copies of relevant certificates)	
3.1.2 Details of Recognition by Professional Bodies / Institutes, (please give details)	

3.2 Labour/Sub Contractors

3.2.1 Do you employ Sub-Contract Labour?	YES	NO
3.2.2 If so, to what extent? (i.e., 50% of works)	
3.2.3 Do you check competence of your sub contractors? How?	

3.3 Insurance Details:

Sum Insured Expiry

3.3.1	Public Liability:		
3.3.2	Employer's Liability:		
3.3.3	Professional Indemnity:		
3.3.4	All Risks:		

Enclose all current copies of insurance information detailed above

3.4 Other Information

3.4.1 **Please provide any other information that you feel may be beneficial in your application for inclusion on Database of Suppliers:**

Completed by: **Position**

S/C Director Signature: **Date**

Co. Authorisation: **Date**

(Section 3 only)