



HS28: Contractor questionnaire

1 Contractors - Health & Safety Questionnaire

The following questionnaire forms part of the contractor assessment process. Each contractor will be required to ensure that all personnel are competent to carry out their work in a healthy and safe manner.

2 Contractors details

Please enter your details below.

Company Name:

Address:

Tel:

Contact Name:

3 Health and safety policy

Do you have a Company Health & Safety Policy?

Yes

☐

No

☐

If Yes, please supply a copy of this policy.

4 Safety

Who in your organisation is responsible for safety?

Name:

Title:

Safety Qualifications:

5 Safety consultant/advisor

Do you employ a safety advisor?

Yes (please supply details below)

☐

No

☐

Name:

Address:

Title:

Safety Qualifications:

6 Audits

Do you carry out internal safety audits?

Yes

☐

No

☐

If Yes, please provide details.

7 Information to subcontractors

Do you provide health and safety information to your subcontractors?

Yes

☐

No

☐

If Yes, please provide details.

8 Training

Please provide details of your company's training records.

9 Risk assessments

Please provide examples of your risk assessments.

10 COSHH

Please provide examples of your COSHH assessments.

11 Accident statistics

Please provide details of your accident records for the last 5 years.

12 Prosecutions, prohibition/improvement notices, fees for intervention

Please provide details for the past 5 years.

13 Insurance

Please provide copies of your employers and 3rd party liability policy.

14 Plant and equipment maintenance

Please provide details of your planned maintenance system.

15 Method statements

Please provide worked examples of method statements for similar works.

16 Subcontractors

How do you assess the competence of your subcontractors?

17 Environmental policy

Please provide details of your environmental policy.

18 Relevant information

Please provide any other information that you feel may help in the assessment of your company as a contractor to us.

PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS DOCUMENT

I certify that the details provided are an accurate reflection on our organisation.

Name:	
Title:	
Tel:	
Date:	
Signature:	