

Assessment of Contractor for:	
B&K Group Company	
Project Name	
Project Number	
Please complete and return this questionnaire:	
By (date)	
To (name)	
Email	
Address	
1.0 Contractor Details	
Name of Contractor	
Date	
Address of Contractor	
Telephone	
Fax	
E-mail	
Website	
Activities of Business	
Number of employees	
Number of contractors	
No of offices / depots	
<p>Has your Company or any related Company worked for Bowmer & Kirkland before? If Yes please state the number of Projects and list the most recent 5 with dates:</p>	
Number of Projects: _____ 1. 2.	

3.					
4.					
5.					
2.0 Health & Safety Policy and Insurance					
2.1	Provide a copy of your Company's written Health & Safety Policy				
2.2	Please give the name and title of the Director Responsible for Health & Safety.				
2.3	Provide a copy of your current Employers Liability Compulsory Insurance, Public Liability Insurance and Contractors All Risks Insurance.				
3.0 General Information					
3.1	Please give the name and qualifications of your professional Safety Adviser/Consultant or Employee of External Consultant (delete as appropriate).				
3.2	How frequently are project health & safety inspections carried out? Please provide an example report.				
3.3	Please provide details of any enforcement Notices or criminal proceedings taken against your Company over the last 5 years: (Include Health & Safety Executive, Environment Agency and Local Authority)				
3.4	Please provide details of your accident performance for the last three years (including contractors and members of the public)				
	Year	Fatal	Major Injury or "Over 3-day"	Non-Reportable	Total Number of Employees

3.5	What specialist trade associations or industry bodies does your organisation belong to?	
3.6	What other sources of specialist or general Health & Safety advice do you use?	
3.7	Is your organisation Accredited by (Please provide evidence of Registration or accreditation and date of expiry):	
	SSIP Recognised * Scheme (CHAS etc.)	
	SAFEcontractor *	
	Achilles *	
	OHSAS 18001 *	
	Other	
<p>* If you are accredited by a member of an SSIP recognised scheme, SAFEcontractor, Achilles, OHSAS 18001 (must be by UKAS accredited body) then you do not need to answer sections 4.0 - 9.0</p>		
<p>4.0 Inspections and Monitoring</p>		
4.1	How do you ensure the safety of the working practices and procedures used by your employees on site?	
4.2	How do you operate any Health and Safety disciplinary or incentive schemes?	

5.0 Health & Safety Training and Competence	
5.1	Does your Company have a safety training policy / skills matrix?
5.2	Please provide details of the training and qualification of key personnel including Managers, Supervisors and Operatives (including sub contractors):
5.3	How do you assess the competence of your employees to undertake their work?
5.4	How do you assess the safety competency of sub-contractors and companies with whom you will place contracts?
6.0 Accidents / Incidents	
6.1	Provide details of how you report and investigate accidents, incidents and near misses?
6.2	Please provide details on how you identify causes of accidents and incidents and the follow-up or preventative measures taken

7.0 Risk Controls and Documentation	
7.1	How do you revise or amend Method Statements if works change or for snagging activities?
7.2	Please provide examples of recently prepared risk and COSHH Assessments
7.3	How and how frequently do you review your: <ul style="list-style-type: none"> ▪ Health & Safety Policy ▪ Risk and COSHH Assessments? ▪ Method Statements
7.4	Please demonstrate your process to communicate your Health & Safety Policy, Risk Assessments and Method Statements to your workforce
7.5	Do you use any substances in your works that require health monitoring or surveillance of your workforce – if yes please provide details.
8.0 Work Equipment Inspections and Maintenance	
8.1	How do you ensure that plant and equipment used on site by your employees is correctly registered, controlled and maintained in a safe working condition?
8.2	How do you ensure all on site electrical equipment is maintained and safe?
8.3	What specialist plant or equipment do you use in your operations and how is it controlled?

8.4	What arrangements does your Company have for the provision, use and maintenance of Personal Protective Equipment including safety harnesses?
9.0 Workforce Consultation	
9.1	You should have a means of consulting with your workforce on health & safety matters. You should include your documented consultation arrangements or other evidence of how you consulted with your employees.
9.2	If you do not have formal arrangements for consultation you should explain below why that is, and describe how you consult with your employees.
10.0 Design / Design Checks (including Temporary Works)	
10.1	Please provide information on how your organisation manages design development for permanent and temporary works, and the scope of works undertaken, including any exclusions.
10.2	Please provide proof of Insurance (Professional Indemnity) and any specified limitations or exclusions
10.3	How can you demonstrate competence of Designers (internal and Consultants) who may prepare designs, or carry out checks on your behalf
10.4	What processes do you have in place to ensure designs are checked e.g. different Engineer, Consultant etc? (For temporary works this includes using an alternate method of calculation)
10.5	Please describe how information on safety critical elements or residual design risks will be communicated to the construction team

11.0 Further Information	
11.1	Are there any other safety arrangements, systems of work, or monitoring that you have in place that you have not described elsewhere?
11.2	What specialist skills or qualifications does your workforce have?
11.3	Please provide details of 3 recent projects as references.
11.4	Do you have any specialist licenses or Permits? (e.g. Asbestos removal license or Environmental Permit)

Declaration

As the Director responsible for this organisation's health & safety I declare this application represents a true reflection of my organisation's safety management system.

Signed _____

Print Name

Dated:

Evaluation	
Accepted?	
Name of person making evaluation	
Signature	
Position	
Date	
Comments:	