

The purpose of this questionnaire is to assist Goodyer to assess the competency of your company to effectively control health and safety risks to your employees and others who may be affected by your work activities when working on Goodyer sites.

Completion of this questionnaire (with required documents) and acceptance on 'Goodyer Approved Sub-contractors Register' is a pre-requisite of an order being placed with your company.

* Please note that if your company holds current accreditation with CHAS for similar services that you are intending to offer to Goodyer then please provide us copy of your current accreditation certificate and complete sections 1, 3 and 16 - 20 only.

1. Company Details

Name of Company / Organisation			
Trading Name (if different to above)			
Company Registration Number			
Trade / Service			
No of Direct Employees			
UTR Number:			
Address		Telephone No	
		Fax No	
		Contact Email	
Post Code		Website	

Below Questions Are for **Sole Traders ONLY**:

N.I Number:	
D.O.B:	

2. Experience

Please provide details of two recently completed contracts of a comparable nature and size as follows, (Client contact must be able to verify the details).

	Contract 1	Contract 2
Project		
Description		
Contract Value		
Any H&S Issue		
Client		
Client Contact Name		
Client Tel No		
Client Mobile No		

3. Health and Safety and Other Related Documents		
Please provide copies of the following documents:	Yes	No
Health and Safety Policy (statement, organisation and arrangements)	<input type="checkbox"/>	<input type="checkbox"/>
List of Company Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Sample Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Method Statements completed for one of the recent contracts (contract 1 or 2 as above)	<input type="checkbox"/>	<input type="checkbox"/>
Sample COSHH Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Copies of two site health and safety inspection reports from previous contracts	<input type="checkbox"/>	<input type="checkbox"/>
Annual company health and safety audit report	<input type="checkbox"/>	<input type="checkbox"/>
Employers Liability Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Public Liability Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Professional Indemnity Certificate	<input type="checkbox"/>	<input type="checkbox"/>
4. Health and Safety Management		
Who is the Director responsible for health and safety?		
Name	<input type="text"/>	
Who in your company has day-to-day responsibility for the management of health and safety?		
Name	<input type="text"/>	Position <input type="text"/>
5. Health and Safety Competent Advice/Assistance		
Please provide the details of person (in-house) or external consultant appointed to provide competent advice in matters of health and safety?		
Name	<input type="text"/>	Position <input type="text"/>
Qualifications	<input type="text"/>	
Address in case of an external organisation	Telephone No	<input type="text"/>
	Fax No	<input type="text"/>
	Contact Email	<input type="text"/>
	Post Code	<input type="text"/>
Website	<input type="text"/>	
6. Health and Safety Training		
Please provide records, certificates and details of health and safety training provided to your employees to ensure their competence whilst they are working on Goodyer sites.		
Records/Details enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Accident Investigation and Records		
Do you have procedures in place for investigating and reporting incidents, accidents, dangerous occurrences or occupational illnesses? Please provide details. Details enclosed?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please provide number of incidents and accidents (including those required by RIDDOR) recorded/reported by your company for the last 3 years.		
Fatalities	<input type="text"/>	
Major Injuries	<input type="text"/>	
Other RIDDOR reported dangerous occurrences	<input type="text"/>	
Other RIDDOR reported ill health (diseases) incidents	<input type="text"/>	

8. Enforcement Notices and Prosecutions

Please provide number of improvement/prohibition notices issued, or prosecutions against your company by the enforcing authorities (HSE/Local Authority etc) within the last 5 years.

Improvement Notices

Prohibitions Notices

Prosecutions and cases

9. Site Monitoring, Inspections and Audits

Do you have of a formal system in place for monitoring, inspecting or auditing your site health and safety on a regular basis? Please include details / copies of previous inspection reports etc. Details enclosed?

Yes No

10. Sub-Contractors and Agency Staff Selection and Monitoring

Do you have procedures in place to ensure that all sub-contractors and agency operatives who you may/will engage for various work packages on Goodyer sites are competent in their work and in health and safety and their performance will be monitored on site? Please provide details of how you achieve this. Details enclosed?

Yes No

If you are planning to use sub-contractors as part of your works for us please provide copies of their Health and Safety policies. Details Enclosed?

Yes No

11. Workforce Involvement

How do you ensure compliance with the relevant legal requirements to consult with your employees on health and safety matters on site (incl. safe systems of work)? Please provide the details below.

12. Site Induction and Emergency Arrangements

Please provide copies of your procedure and/or form to carry out site inductions for your employees, sub-contractors and agency operatives when working on Goodyer sites?

Records/Details enclosed?

Yes No

Name

Position

Please provide details of your staff who are trained in first aid (including full first aid course and one day appointed person)?

13. Personal Protective Equipment (PPE)

Please provide details of what Personal Protective Equipment (PPE) you will provide to your operative when they will be working on Goodyer sites?

14. Construction Phase Risks

Have the risks from the construction phase been assessed? Please provide copies of all appropriate Risk Assessments, Method Statements, Site Security Arrangements? If you are planning to use sub-contractors have you obtained risk assessments/method statements from your Sub-Contractor? Details Enclosed?

Project Risk Assessments Included	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Project Method Statement/s Included	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Site Compound Layout / Security Arrangement Details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Project Risk Assessments / Method Statements Included	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What procedures will you use or put in place to develop and implement the Health & Safety Plan?

15. Any Additional Information/Details

Please provide any relevant information/details to demonstrate your good health and safety record.

16. Data Protection

Are you aware of Data Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all of your operatives aware of Data Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide details including dates of any training carried out with regard to Data Protection:

If no training has been carried out are you happy to receive training from Goodyer regarding Data Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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17. Fraud Protection

Are you aware of Fraud Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all of your operatives aware of Fraud Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide details including dates of any training carried out with regard to Fraud Protection:

If no training has been carried out are you happy to receive training from Goodyer regarding Fraud Protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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18. Financial Information

VAT Number

Please provide copy of VAT Registration Certificate. Certificate attached?

Yes No

Bank Details:

Account Name:

Account Number:

Sort Code:

19. CRB

Have you been CRB checked?

Yes No

If yes please provide a copy of your CRB certificate. Certificate attached?

Yes No

Have your operatives been CRB checked?

Yes No

If yes please provide a copy of their CRB certificates. Certificates attached?

Yes No

If you have answered no to any of the above will you be applying for CRB checks before starting work with Goodyer?

Yes No

20. Declaration and Signature

I confirm that the above information is true and to the best of my knowledge.

Signature

Position

Signatory Name

Date

Goodyer (Office Use Only)

The above information and attached documents have been checked against the core criteria of the CDM Regulations and based on the information provided (considering the nature and scope of proposed work to be carried out by the Contractor and their size), it is confirmed that _____ meets/does not meet the core competency criteria required as the proposed Contractor. The Contractor is recommended/not recommended for inclusion in 'Goodyer Approved Sub-Contractor Register'. Please state the reasons below if the Contractor failed to meet the requirements and has not been recommended.

Signature

Position

Name

Date