

SUB CONTRACTOR HEALTH AND SAFETY COMPETENCE ASSESSMENT

Name of company:

Address:

Tel:

Fax:

Email address:

Nature of business:

Does your company have five or more direct employees? <i>If yes please answer all questions. If no please answer all questions except 1 and 2</i>		
Does your company have/operate the following: <i>If yes please attach evidence</i>	Rating	
1. A health and safety policy? <i>Please attach your policy statement, describe the health and safety responsibilities of management, and provide an index listing of your general arrangements, and health and safety procedures</i>		
2. An environmental policy? <i>Please attach your policy statement</i>		
3. A procedure for making risk assessments? <i>Please attach an example of a completed assessment</i>		
4. A procedure for making COSHH assessments? <i>Please attach an example of a completed assessment</i>		
5. A person appointed in accordance with Regulation 7 of the Management of Health and Safety at Work Regulations? <i>Please provide details and evidence of health and safety training and qualifications or CV</i>		
Name:		
Position:		
Company:		
6. A health and safety training programme for employees? <i>Please supply details of courses attended in last 5 years</i>		
7. A health and safety training programme for management/supervisory staff? <i>Please supply details of courses attended in last 5 years</i>		
8. An accident investigation procedure? <i>Please provide details</i>		

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9. An accident recording system? <i>Please provide the number of accidents in the last 3 years</i>		
“Over-three-day” reportable:		
Major:		

Fatal:		
10. A plant selection and maintenance procedure? <i>Please provide details</i>		
11. A vetting procedure for contractors or sub-contractors to ensure that they are competent to carry out their work? <i>Please provide details</i>		
12. A procedure for informing staff about health and safety matters? <i>Please provide details</i>		
13. A procedure for discussing/consulting staff about health and safety? <i>Please provide details</i>		
14. Access to health and safety information? <i>Please provide details</i>		
Any other comments that you wish to bring to our attention regarding health and safety:		

<p>Name of person completing questionnaire:</p> <p>Job title:</p> <p>Date of completion:</p>
<p>Required action (for assessor's use only):</p> <p>None</p>

Grading: Competent
Evaluated by:
Date:



Dean Floyd, Managing Director

Review Date: 2nd January 2024