



**Pre-qualification Questionnaire for acceptance onto the
Eurosafes UK Approved List of Contractors for Health and Safety
Contractors with 5 or more employees**

N.B.:- Please ensure all requested documents are included with your submission, as failure to do this will delay your submission

Section 1 – Your Organisation

	Information Requested	Guidance Notes as applicable	Response
A	<p>Please state category you wish to be approved under corresponding to the role you will be fulfilling.</p> <p>Please detail your main work activities.</p>	<ul style="list-style-type: none"> • Principal Contractor • Repair and Maintenance Contractor • Facilities Contractor • Trade Contractor (including specialist trades) <p><i>Supply a brief summary of the activities you carry out e.g. electrical installer, general builder, plasterer etc.</i></p>	
B	<p>State the name of your organisation, full address, main telephone number, e-mail address and web site address.</p>		
C	<p>State the name of the person dealing with this questionnaire, their contact phone/fax numbers and e-mail address.</p>	<p><i>Also please supply details of a secondary contact, detailing; name, title, phone/fax and email address.</i></p>	

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

D	What was the turnover of your organisation for your last completed financial year?	<i>This information is needed so that you can be fairly assessed in relation to the size of your business</i>	
----------	--	---	--

Section 2 – Health and Safety Policy

E	<p>Please list the number of individuals currently employed in the following areas:-</p> <ul style="list-style-type: none"> • Office based managers • Site based managers • Site based operatives • Labour only sub-contractors • Total number of employees 	<p><i>e.g. directors, contracts managers</i> <i>e.g. site managers, foremen</i> <i>e.g. tradesmen, labourers etc.</i> <i>Self-employed operatives</i></p>	
F	Please provide a copy of your current health and safety policy.	<p><i>The policy should include:-</i></p> <ul style="list-style-type: none"> • <i>a signed statement of intent</i> • <i>a responsibilities section</i> • <i>an arrangements section.</i> <p><i>The policy must be up to date and include references to latest relevant legislation.</i></p> <p><i>This policy should be specific and applicable to your organisation.</i></p>	
G	Competent Health & Safety advice.	<p><i>Please provide details of how your organisation and your employees have ready access to competent H&S advice, preferably within your organisation. Provide the name and competency details of the source of advice including a CV and evidence of competence e.g. copies of certificates/professional membership. (Where external advice is used, please attach a letter of appointment.)</i></p>	
H	How does your organisation keep up to date with changes in health and safety legislation?	<p><i>Legislation is constantly changing and your business needs to have clear procedures for identifying and implementing such changes.</i></p> <p><i>e.g. membership of industry and other relevant forums</i></p>	

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

Section 3 – Insurances

I	Please provide a copy of your PLI and ELI insurance certificates and schedules	<i>It is important that BOTH insurances are submitted. Your broker will assist with any queries you may have.</i>	
----------	--	--	--

Section 4 – Training

J	Provide a training matrix detailing what health and safety training has been undertaken by the groups detailed:- (Staff positions and dates of training should be included in your matrix)	<ul style="list-style-type: none"> • <i>Directors</i> • <i>Office based managers</i> • <i>Site based managers/supervisors</i> • <i>Site based operatives</i> • <i>Labour only sub-contractors</i> <p><i>An example training matrix has been enclosed to demonstrate the format required.</i></p>	
K	Provide evidence of training for one individual in each of the above groups. (Ensure these individuals are identified on your matrix)	<p><i>Evidence that training has been undertaken <u>must</u> be submitted with your return.</i></p> <p><i>Please note that the minimum training requirements for each category are as detailed below:-</i></p> <ul style="list-style-type: none"> • <i>Senior managers including project managers and contracts managers must have CITB SMSTS, IOSH Managing Safely in Construction or similar H&S Management Training relevant to your organisations activities.</i> • <i>Site managers must have CITB SMSTS or IOSH Managing Safely in construction.</i> • <i>Site operatives and management must have the CSCS card appropriate to their occupation with additional training as required e.g. mobile tower erection, work at height etc. training. (CCNSG and other equivalent competency schemes may also be</i> 	

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

	<ul style="list-style-type: none"> • Trade Contractor (including specialist trades) 	<p><i>H&S management training relevant to your organisations activities.</i></p> <ul style="list-style-type: none"> • <i>Site managers must have CITB Supervisor or IOSH Managing Safely in Construction or similar H&S management training relevant to your organisation's activities.</i> • <i>Site operatives and management must have the CSCS card or equivalent (e.g. ECS) appropriate to their occupation with additional training as required e.g. mobile tower erection, work at height etc. training. (CCNSG and other equivalent competency schemes may also be acceptable).</i> <p><i>Evidence of other training should also be included e.g. IPAF, PASMA etc. Please note that trade training such as City and Guilds, HNC etc. is not classified as health and safety training.</i> <i>Copies of cards are required for CSCS & IPAF – Not just certificates</i></p>	
L	<p>Please provide details and certificates as evidence of current first aid training/arrangements for:-</p> <ul style="list-style-type: none"> • Appointed persons. • EFAW (Emergency First Aid at Work) persons • FAW (First Aid at Work) persons 	<p><i>The First Aid Regulations 1981 require an assessment to be made of your first aid requirements on <u>all</u> sites regardless of size. .Evidence of this training, and the individual to which it relates should be in evidence on the training matrix</i></p>	
M	<p>Please provide evidence of management and operative asbestos awareness training. Provide confirmation that the course meets the requirement of Regulation 10 of the Control of Asbestos Regulations.</p>	<p><i>This is a key requirement of the Control of Asbestos Regulations 2012. Please note that the training must be formal asbestos awareness training given by a qualified/competent trainer with annual refresher training given by a competent person. Please provide evidence of trainer's asbestos related qualifications to evidence competence. <u>The training should be included within your training matrix.</u></i></p>	

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

Section 5 – Risk Assessment, Welfare & Construction Phase Health & Safety Plan

N	<p>As required by the Management of Health and Safety at Work Regulations 1999 please provide at least two example risk assessments for work you would normally undertake on a construction site.</p> <p>Also provide a method statement for an activity you would normally undertake on a construction site.</p>	<p><i>The risk assessments need to be for a specific task the company would routinely undertake. Site specific examples should be provided as opposed to generic templates.</i></p> <p><i>The method statement needs to be for a specific task the company would routinely undertake. A site specific example should be provided as opposed to generic templates.</i></p>	
O	<p>Provide details of arrangements you have in place to ensure welfare facilities are in place before people commence work on site.</p>	<p><i>Please provide evidence of your arrangements and their implementation which could include details of the type of welfare facilities provided on previous projects.</i></p>	
P	<p>If applicable, please detail your procedures for controlling hot works on a typical project. Contractors engaged in electrical work should detail their formal procedures and permits for dealing with electrical isolation and energising.</p>		
Q	<p>If you are acting in the role of Principal Contractor, or you will be the only contractor working on a project you are required under the Construction (Design &</p>	<p><i>Provide a copy of a recent completed Construction Phase Health & Safety Plan for a project.</i></p>	

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

	Management) Regulations 2015 to produce a Construction Phase Health & Safety Plan. Please provide an example of a Construction Phase Health & Safety Plan.		
--	--	--	--

Section 6 – Accidents /Prosecutions etc.

R	Under your current name, or any previous title, please give details of any HSE improvement or prohibition notices, and any prosecutions in the last five years.	<i>Where any notice of prosecution is declared, please provide details of the notice of prosecution and actions taken.</i>	
S	Provide details of the number of RIDDOR accidents /incidents in the last 3 years. Do you review accidents/incidents and undertake follow-up action	<i>Include details of any actions taken to prevent re-occurrence. Where available please confirm your injury incidence and frequency rates. Demonstrate that your organisation has a system in place for reviewing significant incidents and recording actions taken as a result.</i>	

Section 7 – Sub-Contractor Appointment

T	If your company appoints sub-contractors to undertake work on your behalf please submit a vetting exercise to	<i>Please provide evidence of an <u>actual</u> successful vetting exercise that you have undertaken on a sub-contractor. The vetting exercise must include all documentation received from the sub-contractor and must be for a sub-</i>	
----------	---	--	--

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

	evidence how you ensure that only sub-contractors who have the necessary skills, knowledge, training and experience in health and safety issues are appointed.	<i>contractor you have deemed competent. Provide details of your arrangements for vetting of contractors, this should form part of your health and safety policy arrangements.</i>	
--	--	--	--

Section 8 – Monitoring/Consultation/Co-ordination

U	Provide details of the company system for monitoring procedures and auditing them at regular intervals.	<i>Please provide evidence such as copies of formal reports, <u>site inspection reports</u>, evidence of recent monitoring and management responses.</i>	
V	Provide details of how the company communicates with the workforce on Health & Safety Matters.	<i>Please provide details of your company arrangements and details of any appointed safety representatives together with evidence of how consultation is carried out such as records/minutes of any safety meetings, toolbox talks, team briefings etc.</i>	
W	Provide details of arrangements you have in place for co-operating and co-ordinating your work with others including contractors and suppliers.	<i>Please provide practical evidence of systems in place including procedural arrangements or project team meeting minutes.</i>	

Section 9 – Equipment Maintenance

X	Provide details of arrangements for selecting, inspecting and maintaining work equipment to ensure safe conditions to the required standards.	<i>Provide details of your equipment policy arrangements and evidence of equipment inspection/maintenance e.g. plant inspection register, ladder inspection register etc. with certificates of testing and inspection.</i>	
----------	---	--	--

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

Section 10 – Corporate Competence

Y	Is your company a member of any trade associations or accreditation bodies e.g. UKAS, ECA, NICEIC, Gas safe etc.	<i>Provide copies of current membership or accreditation certificates.</i>	
	Please list any further relevant accreditations i.e. ISO 9001, 14001,18001	<i>Please supply copies of current accreditation.</i>	
	Has your company successfully completed an assessment and been accredited by another SSIP registered member	<i>Provide copy of certificate(s) as evidence. -</i>	

Section 11- Payment

Z	Submission Fee	£336.00 inc. VAT	Method of payment: Cheque <input type="checkbox"/> On line <input type="checkbox"/>
----------	----------------	------------------	--

Finally, it is worth noting that all documentation etc. that we are requesting relates to your legal duties under current health and safety legislation. If you are unsure of any issues raised you may find it beneficial to visit www.hse.gov.uk or to consult a local health and safety consultant.

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

**EUROSAFE UK PRE-QUALIFICATION EXERCISE
SUBMISSION CHECKLIST**

In ALL cases, please supply completed documents, NOT generic templates.

<u>Item reference</u>	<u>Information Required</u>	<u>Information Included</u>	<u>Comments</u>
<u>A</u>	Contractor Category		
<u>B</u>	Company details		
<u>C</u>	Contact name		
<u>D</u>	Turnover		
<u>E</u>	Employee numbers		
<u>F</u>	Health & safety policy		
<u>G</u>	Evidence of competent H&S advice		
<u>H</u>	Legislation updates		
<u>I</u>	PL and EL insurances		
<u>J</u>	Training matrix		
<u>K</u>	Evidence of training		
<u>L</u>	First Aid training		
<u>M</u>	Asbestos training		
<u>N</u>	Risk assessment		
<u>O</u>	Welfare		
<u>P</u>	Hot work procedures		
<u>Q</u>	Construction Phase Plan		
<u>R</u>	HSE notices		
<u>S</u>	Details of RIDDOR incidents/accidents		
<u>T</u>	Sub-contractor vetting		
<u>U</u>	Evidence of procedure monitoring/auditing		
<u>V</u>	Evidence of workforce consultation		
<u>W</u>	Co-operation & Co-ordination		
<u>X</u>	Evidence of equipment		

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

	inspection/maintenance		
<u>Y</u>	Evidence of Corporate Competence		
<u>Z</u>	Payment of £336 inc. VAT		

Once you have completed the questionnaire please take the time to complete the table above to ensure that you have included all the necessary documentation with your return. The return should then be sent to:

**Eurosafe UK
Eurosafe House
Centurion Park
Tribune Way
York
Y030 4RY**

Telephone: - 01904 691 515

E-mail:- cdm-competent@eurosafeuk.co.uk

Submit on line: - www.ssipassessors.com

www.eurosafeuk.co.uk

www.cloudsuk.com

Form: SOF01	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015