



**CDM COMPETENT QUESTIONNAIRE FOR DESIGNERS AND DESIGN RELATED PRACTICES**  
**Companies with 5 or more employees**

**Note – If you act or intend to act in the role of Principal Designer you must complete the Principal Designer Questionnaire**

**Section 1 – Background**

Please provide the following information:

<b>Information Requested</b>	<b>Guidance Notes as applicable</b>	<b>Response</b>
State the name of your organisation, full address, main telephone number, e-mail address and web site address.		
State the name of the person dealing with this questionnaire, their contact phone/fax numbers and e-mail address.	<i>Also please supply details of a secondary contact, detailing; name, title, phone/fax and email address.</i>	

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

Design discipline:	<i>Describe the main type or types of work your company undertakes</i>	
Number of directly employed staff:	<i>Please confirm the number of staff employed in each key function e.g. designers, administrative staff, managers, directors etc.</i>  <i>This information is needed so that you can be fairly assessed in relation to the size of your business.</i>	
Number of office locations:	<i>This information is needed so that you can be fairly assessed in relation to the size of your business.</i>	
What was the turnover of your organisation for your last completed financial year?		
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>	
Provide details of the number of RIDDOR accidents /incidents in the last 3 years.	<i>Include details of any actions taken to prevent re-occurrence. Where available</i>	

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

Do you review accidents/incidents and undertake follow-up action	<i>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 2 – Technical Information

Please provide the information requested in the subject areas outlined below. In order to help you provide us with relevant information we have included guidance for each section as deemed necessary.

**2.1 Competent Health & Safety advice**

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.

**2.2 H&S Policy and Management Arrangements**

Please provide a copy of your latest Health and Safety Policy and associated management procedures relating to design, training, co-operation with the CDM Co-ordinator, Principal Designer and other designers, appointment of sub-contracted designers (if applicable) etc.

Form: SOF03	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015

**2.3 Design Risk Elimination and Risk Control**

Please describe how you ensure hazards are eliminated in the design process and any remaining risks controlled.

Please provide a COMPLETED example of a Design Risk Assessment for an actual project undertaken in the last 2 years where hazards have been eliminated and where any remaining risks have been controlled at design stage.

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

#### 2.4 The Workplace (Health, Safety and Welfare) Regulations 1992

Please explain the procedures that you have in place to ensure that your designs meet the requirements of the above legislation.

--

#### 2.5 Skills, Knowledge, Experience and Training – Relevant Safety Training and Knowledge

Please provide summary details of any Health and Safety training provided to staff within your organisation. Of particular relevance would be CSCS cards ), Design Risk Management and CDM Regulations 2015, Health and Safety Awareness Training etc. Please provide copy certificates as evidence of such training. A training matrix is preferred.

--

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

**2.6 Monitoring, audit and Review**

Provide details of the company system in place for monitoring procedures and auditing at regular intervals. Please provide evidence such as copies of formal audit reports, evidence of recent monitoring and management responses. If accredited with ISO 9001 copies of recent audits should be provided.

**2.7 Workforce Involvement**

Provide details of how you consult with and involve your employees and others in health and safety matters. Please provide evidence such as minutes for a recent project design meeting where health & safety issues were discussed.

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

**2.8 Skills, Knowledge, Experience and Training - Professional Qualifications**

You and your employees should have suitable skills, knowledge , qualifications and experience to enable them to do the work they do safely and professionally.

Please detail the professional qualifications and experience held by key members of your team and provide evidence of such qualifications and experience.

**2.9 Sub-contracting Work**

If your company appoints other designers, consultants or contractors to undertake work on your behalf please provide details on how you assess their competence. Please submit a vetting exercise to evidence how you ensure that only companies who have the necessary skills, knowledge, training and experience to deliver their work are appointed.

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015

**3.0 Insurances**

Please provide a copy of your latest Public Liability and Professional Indemnity Insurance Schedules.

**3.1 Project Experience - business**

Please provide brief summary details of at least three projects that you have been involved with during the last 2 years (Duration, value, description of project, key design considerations). Use a separate sheet or provide other information as necessary.

**3.2 References**

Please provide 2 referees who will verify that your design work on their project(s) addressed all relevant health and safety issues

**Fees**

Form: SOF03	Rev3
Revised by: ESUK/JY	Date of rev: 03/2015



£216 inc. VAT	Method of payment:  Cheque <input type="checkbox"/> On line <input type="checkbox"/>
---------------	--

Please return the completed questionnaire to the following address:

**Eurosafe UK  
Eurosafe House  
Centurion Park  
Tribune Way  
York  
Y030 4RY  
Telephone:- 01904 691 515**

**E-mail:- [cdm-competent@eurosafeuk.co.uk](mailto:cdm-competent@eurosafeuk.co.uk)**

**Submit on line:- [www.ssipassessors.com](http://www.ssipassessors.com)**

**[www.eurosafeuk.co.uk](http://www.eurosafeuk.co.uk)**

**[www.cloudsuk.com](http://www.cloudsuk.com)**

<b>Form:</b> SOF03	Rev3
<b>Revised by:</b> ESUK/JY	<b>Date of rev:</b> 03/2015