



**Annual Renewal Questionnaire for acceptance onto the
Eurosafes UK Approved List of Contractors for Health and Safety
Contractors with less than 5 employees**

A	<p>State the name of your organisation and any details of amendments to the address, telephone number, e-mail address or web site address.</p> <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>	
B	<p>Please detail your main work activities.</p>	<p><i>Supply a brief summary of the activities you carry out e.g. electrical installer, general builder, plasterer etc.</i></p>	
C	<p>Please provide a copy of your current health and safety policy.</p>	<p><i>Although you are not legally required to have your health and safety policy and arrangements in writing it is good practice to do so as you must still be able to demonstrate your commitment to health and safety and management of it to a potential client. Please provide a copy if you have one including a signed statement of intent, a responsibilities section and an arrangements section. If you do not have a written H&S policy please confirm how you communicate company policies and</i></p>	

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		<i>procedures to staff.</i>	
D	Competent Health & Safety advice.	<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.</i>	
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	Provide an updated training matrix detailing health and safety training undertaken by all staff.	<i>Please provide one set of samples certificates for each of the groups above (where applicable), including first aid training.</i>	
G	<p>Provide at least two sample current risk assessments.</p> <p>Also provide a method statement for an activity you would normally</p>	<p><i>Although not required by legislation to have risk assessments in writing you are still required to be able to demonstrate your capability to assess risk competently. The most practicable way is to provide a risk assessment in writing. Please forward current completed assessments for site specific tasks such as the use of a power tool, the use of a mobile tower scaffold etc.</i></p> <p><i>Please provide a completed current method statement for a site specific task.</i></p>	

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	undertake on a construction site.		
H	Provide details of arrangements you have in place to ensure welfare facilities are in place before people commence work on site.	<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>	
I	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 & Management) Regulations 2015 to produce a Construction Phase Health & Safety Plan.	<i>Provide a copy of a recent completed Construction Phase Health & Safety Plan for a project.</i>	
J	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>	
K	Copies of changed procedures.	<i>Please provide details and supporting evidence of any procedures that may have changed since your submission last year e.g. sub-contractor vetting, hot works etc.</i>	
L	Under your current name, or any previous title, please give details of any HSE improvement or prohibition notices, and any prosecutions in the last 12 months.		
M	Provide details of the number of	<i>Include details of any actions taken to prevent re-</i>	

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	RIDDOR accidents /incidents in the last 12 months.	<i>occurrence. Where available please confirm your injury incidence and frequency rates.</i>	
N	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, site inspection reports, evidence of recent monitoring and management responses.</i>	
O	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.</i>	
P	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>	
Q	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.</i>	
R	Annual Renewal Submission Fee	<i>£156 inc. VAT</i>	Method of payment: Cheque <input type="checkbox"/> On line <input type="checkbox"/>

Please complete the questionnaire and submit as follows:-

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

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

Submit on line:- www.ssipassessors.com

www.eurosafeuk.co.uk

www.cloudsuk.com

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