



**Annual Renewal Questionnaire for acceptance onto the
Eurosafes UK Approved List of non-construction Organisations for Health and Safety
Organisations with less than 5 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 | Please detail the work activities you undertake as part of your business. | <i>Supply a list of the activities you carry out</i> | |
| B | State the name of your organisation, full address, main telephone number, e-mail address and web site address. | | |
| C | 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> | |
| D | What was the approximate 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> | |

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Section 2 – Health and Safety Policy

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| E | Please list the number of individuals currently employed in the following areas:- <ul style="list-style-type: none"> • Directors/Owners • Office based employees • Site based employees • Total number of employees | | |
| F | Please provide a copy of your current health and safety policy. | <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 procedures to staff.</i> | |
| G | 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, where applicable. (Where external advice is used, please attach a letter of appointment.)</i> | |
| H | How does your organisation keep up to date with changes in health and safety legislation? | <i>Legislation is constantly changing and your business needs to have clear procedures for identifying and implementing such changes. e.g. membership of industry body and other relevant organisations / forums</i> | |

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Section 3 – Insurances

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| 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> | |
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Section 4 – Training

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| J | Provide detail training undertaken by the employees. Please list staff positions and dates of training in a matrix or similar format | <ul style="list-style-type: none"> • Directors/Owners • Office based employees • Site based employees <p><i>Headline Training Records. Evidence of health & safety training culture including records, certificates of attendance and adequate H & S induction training. Evidence of an active CPD programme. Work specific training evidence such as relevant job-specific NVQ's, specialist equipment or product related training.</i></p> <p><i>An example training matrix has been enclosed to demonstrate the format required.</i></p> | |
| K | <p>Please provide details of first aid arrangements 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> premises regardless of size.</i></p> <p><i>Details of equipment available and any trained persons are to be confirmed</i></p> | |

Section 5 – Risk Assessment & Welfare

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| L | <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.</p> <p>Please provide a Safe System of Work or written procedure for a typical task.</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 provide 2 risk assessments for tasks the company would routinely undertake.</i></p> <p><i>The procedure needs to be for a specific task the company would routinely undertake.</i></p> | |
| M | <p>Provide details of arrangements you have in place to ensure welfare facilities are in place before people commence work on site.</p> | | |
| N | <p>Provide examples of COSHH assessments for products/substances you use which could be harmful to health.</p> | <p><i>COSHH assessments are required for substances used which are hazardous or harmful to health. Note – Safety data sheets do not qualify as an example of a COSHH assessment</i></p> | |

Section 6 – Accidents /Prosecutions etc.

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| O | <p>Under your current name, or any previous title, please give details of any HSE/Local Authority improvement or prohibition notices, and any prosecutions in the last five years.</p> | <p><i>Where any notice of prosecution is declared, please provide details of the notice of prosecution and actions taken.</i></p> | |
| P | <p>Provide details of the number of RIDDOR accidents /incidents in the last 3 years.</p> | <p><i>Include details of any actions taken to prevent re-occurrence. Where available please confirm your injury incidence and frequency rates.</i></p> | |

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Section 7 – Communication & Monitoring

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| Q | 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, briefings etc.</i> | |
| R | Provide details of the company system for monitoring activities of employees. | <i>Please provide evidence such as copies of formal checklists, evidence of recent monitoring and management responses.</i> | |
| S | 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 risk assessments, procedural arrangements and/or project team meeting minutes. Evidence of how the organisation coordinates its work with other interested parties.</i> | |

Section 8 – Equipment Maintenance

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| T | Provide details of arrangements for selecting, inspecting and maintaining equipment to ensure safe conditions to the required standards. | <i>Provide details of the equipment you use and evidence of checks / maintenance such as PAT testing.</i> | |
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Section 9 – Corporate Competence

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| U | Is your company a member of any trade associations | <i>Provide copies of current membership.</i> | |
| | Please list any further relevant accreditations i.e. ISO 9001, 14001,18001 | <i>Please supply copies of current accreditation.</i> | |

Section 10- Payment

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| V | Submission Fee | £156.00 inc. VAT | Method of payment: Cheque <input type="checkbox"/> On line <input type="checkbox"/> |
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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.

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EXAMPLE TRAINING MATRIX

| Individual | Role | NVQ | Induction Training | 4 Day First Aid | Appointed First Aid | Others |
|------------|------------|-----------|--------------------|-----------------|---------------------|--------|
| A. Brown | Director | | | | | |
| B. Black | Director | July 2011 | | | | |
| C. Green | Supervisor | July 2011 | June 2011 | | | |
| D. Orange | Technician | | June 2011 | Jan. 2011 | | |
| E. White | | | June 2011 | | | |
| F. Pink | | | | May 2011 | | |
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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> | 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> | First Aid training | | |
| <u>L</u> | Risk assessment | | |
| <u>M</u> | Welfare | | |
| <u>N</u> | COSHH | | |
| <u>O</u> | HSE notices | | |
| <u>P</u> | Details of RIDDOR incidents/accidents | | |
| <u>Q</u> | Evidence of communication | | |
| <u>R</u> | Evidence of procedure monitoring/auditing | | |
| <u>S</u> | Evidence of equipment inspection/maintenance | | |
| <u>T</u> | Evidence of Corporate Competence | | |
| <u>U</u> | Payment of £156 inc. VAT | | |

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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

www.constructionforums.co.uk

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