



SUB-CONTRACTOR

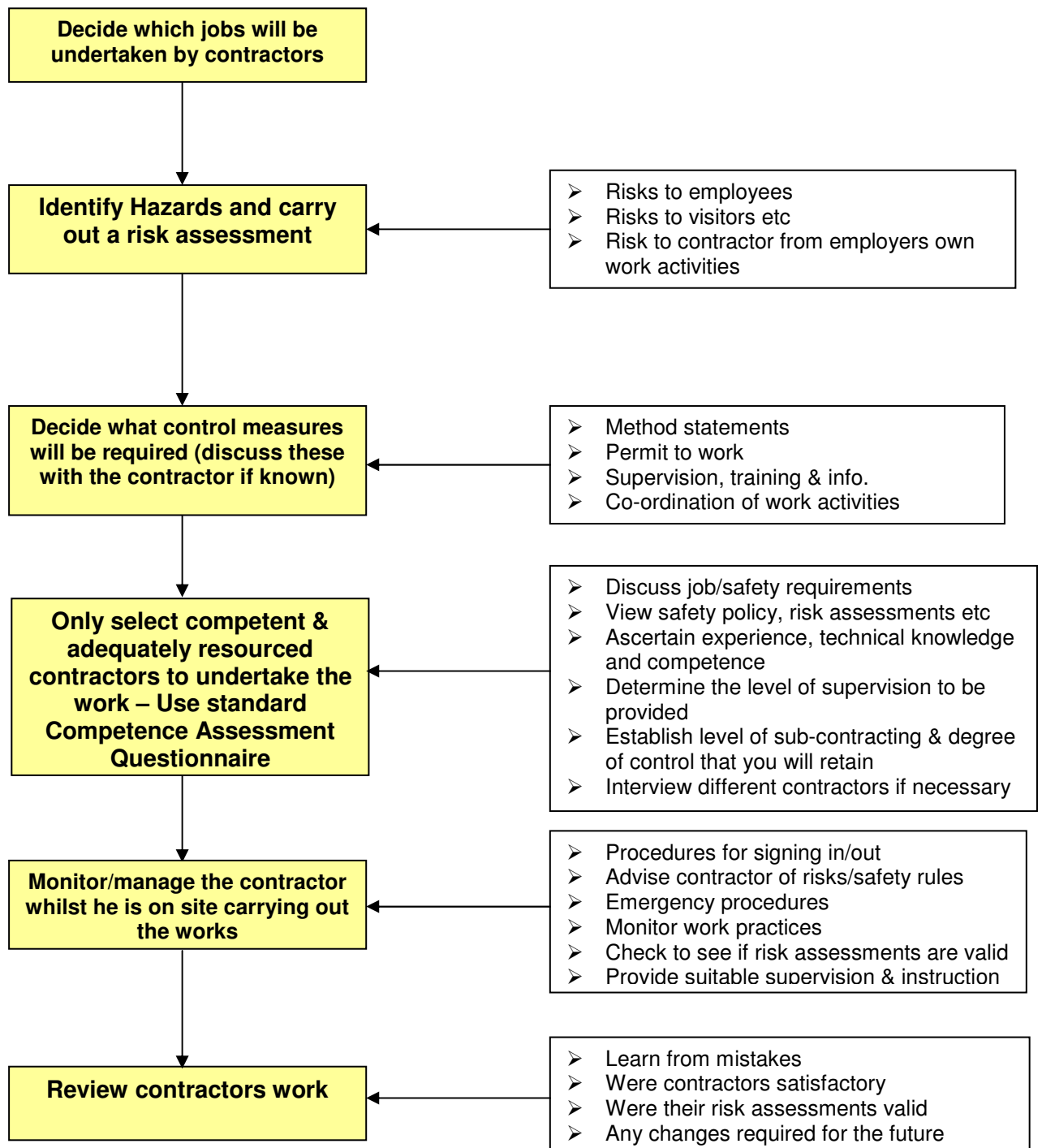
ASSESSMENT PROCEDURES

Section 1.0

Management and Control
of Contractors

Selection & Control of Contractors

The selection, management and control of contractors/sub-contractors is an important area of site safety management, however the selection of competent and adequately resourced contractors/sub-contractors is actually a strict legal requirement under both the CDM Regulations 2007 and the Management of Health and safety at Work Regulations 1999. The following the flow chart can be used to help understand the requirements and processes of contractor selection and management. Section 2.0 also contains copies of Competence and Resource Questionnaires, which can be used to assist in the assessment of suitable contractors prior to their appointment.



Section 2.0

Competence & Resource
Assessments

Selecting Competent Contractors and Sub-Contractors

The following questionnaire shall be used to carry out competence and resources assessment of any contractors we engage, copies of the questionnaire will be sent to each of our contractors and sub-contractors that we intend to use on a project.

In addition to this we also look for membership of any professional or trade associations such as for example membership of the NASC; CIOB; FMB; Gas Safe; NICEIC, ECA; and IPHE etc, as well as membership of any accreditation scheme such as CHAS; SafeContractor, EXOR or similar.

Furthermore, we are fully aware of our responsibilities to ensure the competence of any organisation or individual that we employ, particularly given the changes implemented under CDM2007. The attached questionnaire is therefore used to collect information so that we may make an assessment in accordance with the criteria specified in the CDM ACOP.

The responses to the questionnaire are carefully reviewed and if necessary further information is requested where clarification is needed. The competence of the individuals undertaking the actual work is also important to us and we will carry out checks to ensure that competent tradesmen are used by the company. For this very reason, we normally only work with contractors with that we have worked before and with whom we have an established working relationship and are confident about their abilities and quality of workmanship.

COMPANY HEALTH & SAFETY COMPETENCE & RESOURCE QUESTIONNAIRE

Name, Address & Telephone Number of Company:	
Director responsible for H & S	Name:
Attach a copy of your Company's H&S policy	Yes No <input type="checkbox"/> <input type="checkbox"/> Tick No if not available
Do you employ an officer responsible for H & S	Yes No Name & Qualifications <input type="checkbox"/> <input type="checkbox"/>
Do you employ external Health & Safety consultants?	Yes No If yes attach consultants CV <input type="checkbox"/> <input type="checkbox"/>
Do you have documented H & S procedures for the type of work under consideration?	Yes No If yes attach details <input type="checkbox"/> <input type="checkbox"/>
Are Health & Safety audits/inspections carried out?	Yes No If yes attach details <input type="checkbox"/> <input type="checkbox"/>
Will you permit us to carry out an inspection of your operations at any site or premises at which you are currently working?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Do you prepare summaries, statistics or reports of all accidents at regular intervals?	Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes enclose details for last 3 years
Has your company or individuals employed by your company been prosecuted or had prohibition, improvement of other enforcement orders, issued against you within the past 5 years?	Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes enclose details
Have all your employees received appropriate training for their work and in general H&S aspects of your type of work?	Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes provide brief details
Do you have joint H & S consultation with your employees?	Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes provide brief details
Please provide relevant examples of: <ul style="list-style-type: none"> • Risk Assessments • Method Statements • Training Plans • Relevant Experience • Client References • Current Employers Liability and Public Liability Insurance 	Yes No <input type="checkbox"/> <input type="checkbox"/> Tick No if not available
Do you ensure that sub-contractors comply with the H&S arrangements detailed above?	Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes provide brief details
Signature of Director named above Date	

**Return the completed form and associated documentation to:
Walker Miller & Co Ltd, 2 Walkley Lane, Sheffield, S6 2NY**

Contractor approved:

Yes	No
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SELF EMPLOYED PERSONS HEALTH & SAFETY COMPETENCE QUESTIONNAIRE

Name, Address & Telephone Number:			
Trade/Profession:			
CIS Details:			
Details of Previous Employment:			
Details of any Trade/Job Training such as apprenticeships or NVQ's:			
Details of Any Health and Safety Training:	Attach copies of certificates where available		
Do you have Asbestos Awareness Training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes attach copy of certificate
Do you have a current CSCS Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes attach a Copy of your card or if you do not have a CSCS card a copy of your Touch Screen H&S Test Results.
Are Health & Safety audits/inspections carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes attach details
Have you ever been prosecuted or had prohibition, improvement of other enforcement orders, issued against you within the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes enclose details
Do you have insurances in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes provide brief details
Please feel free to add any further comments:			
Signature of person named above Date			

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Contractor approved:

Yes	No
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