

## Health & Safety Questionnaire

**For (Sub)-Contractors intending to carry out work on behalf of EntireFM**

Date issued	
Date received back	
Checked for completion	
Checked and found satisfactory	

<b>Company Name</b>

<b>Company Address</b>

<b>Brief description of relevant business services</b>

<b>Contact Names and Telephone Numbers</b>	

<b>Health &amp; Safety Policy</b>	
Do you have an H&S Policy?	
Who is responsible for your H&S Policy?	
When was it last reviewed/updated?	
Please provide: a copy of;	<ul style="list-style-type: none"> <li>• A copy of H&amp;S Policy</li> <li>• Copies of relevant Policies and Procedures</li> </ul>

<b>Staffing</b>	
How many staff do you employ?	
Do you use sub contractors?	
Please give a break down of your staffing levels. (e.g. 2x electricians, 1x plumber etc)	

<b>Health &amp; Safety Advice</b>	
Who provides your company with competent Health & Safety Advice?	
Name:	
Position (In Company or Consultant)	
Qualification(s)	

<b>Insurance</b>	
Please provide a copies of :	Employers' Liability Insurance Policy £10,000,000.00 indemnity level
	Public Liability Insurance Policy £10,000,000.00 min indemnity level
	Professional Indemnity Insurance

<b>Health &amp; Safety Training</b>	
Are staff given: <ul style="list-style-type: none"> <li>• General H&amp;S Training?</li> <li>• Manual Handling Training?</li> <li>• Site Induction Training?</li> </ul>	
Please identify (name) workers to be used for site work:	
Please provide copies of:	<ul style="list-style-type: none"> <li>• Training records for workers to be used for site work.</li> <li>• Relevant certificates</li> </ul>
How do you ensure that new employees are qualified and suitbally trained?	

<b>Accident reporting and investigation</b>			
Do you investigate all site accidents?			
If so, who does the investigation?			
Please provide copy of accident investigation procedure			
What arrangements are in place for First Aid?			
<b>Please provide details of:</b>			
	This year	Last year	Year before
Number of fatalities			
Number of major and 3 day loss time accidents			
Number of non-reportable injuries			

<b>Enforcement actions and prosecutions</b>	
Have you been prosecuted (in the last 5 years) by an enforcing authority?	
If so, please give details:	
Have you been subject to an improvement or Prohibition Notice in the last 5 years?	
If so, please give details:	

<b>Risk Assessments</b>	
Do you undertake risk assessments	
Please provide copies of relevant risk assessments, such as:	<ul style="list-style-type: none"> <li>• Manual Handling</li> <li>• Use of hand tools</li> <li>• Use of power tools</li> <li>• Use of bladed tools, etc.</li> <li>• Electrical safety</li> <li>• Fire safety</li> <li>• Use of chemicals</li> <li>• Work at height</li> <li>• Lone working</li> </ul>

<b>Method Statements</b>	
Do you have method statements?	
Please provide copies of relevant method statements:	

<b>(Active) Monitoring</b>	
Do you actively monitor any of the following? <ul style="list-style-type: none"> <li>• Site housekeeping</li> <li>• Adherence to method statements</li> <li>• Adherence to Risk Assessments</li> <li>• Proximity to, and influence of, other contractors</li> <li>• Access/egress</li> <li>• Lighting</li> <li>• Ventilation</li> <li>• Disposal of waste</li> </ul>	

<b>Please list examples of related previous contracts</b>	

<b>I can confirm that the information provided in this Questionnaire is accurate and complete</b>	
Name (printed)	
Position	
Signature	
Date	