

FASCEL Group

CONTRACTOR HEALTH & SAFETY **PRE-CONTRACT APPRAISAL**

Document Reference: Appendix 24

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Approved & Authorised by: Managing Director
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FASCEL Group

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Procedure Class: Mandatory

INTRODUCTION

Health and safety legislation places responsibilities on all employers to ensure that Contractors/Sub-Contractors engaged, perform their duties with due regard to occupational health and safety. The awarding of contracts by FASCEL Group is, therefore, determined not only on grounds of price and technical ability, but also on past safety record and present ability to undertake work safely. In order that FASCEL Group may update its assessment in this connection, will you please supply the following information without delay. **All** information must be provided (and the form signed) by a Director/Proprietor/Executive etc of the organisation.

If insufficient space has been provided on any section of this form, please continue on separate sheet clearly indicating a separate sheet is enclosed.

1 DETAILS OF CONTRACTOR

Description of Type(s) of Work(s)/Service(s):

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Name of Company:

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Address of Company:

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Telephone Number/s:

Facsimile Number/s:

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E-mail Address/es:

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Details of any Holding Co/Associated Companies:

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Contact Name:

No of Employees (Approx):

2 **HEALTH & SAFETY POLICY**

a) Please attach a copy of your latest Health & Safety Policy, Organisation and Arrangements under current health and safety legislation. (If you employ less than 5 persons it is not a legal requirement for you to have a written H&S Policy. Therefore if you do not have a written H&S Policy please indicate below.)

ATTACHED/NOT AVAILABLE (as employ less than 5 employees)

b) Please give below the full name and job title of the individual/s in your Company responsible for health and safety matters.

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3 **HEALTH & SAFETY ADVICE**

a) Please provide the full name/s and job title/s of your professional Safety Officer/s, Advisor/s, Consultant/s.

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b) Is this person/are these people Employees or External Consultants?

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c) Address/es (if different from Company address):

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Telephone Number/s:

Facsimile Number/s:

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E-mail Address/es:

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d) Please detail their qualifications/experience:

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e) How much time do they spend on H&S within your Company (average hours/days per month)?

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4 **HEALTH & SAFETY INFORMATION/TRAINING**

a) Briefly outline below how legislative and Company health and safety requirements are communicated to you Employees, Contractors, Sub-Contractors and Suppliers.

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b) Describe how you encourage cooperation, coordination and communication between all parties (eg Employees, Contractors, Designers, Clients).

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c) Give brief details of how Employee training records are maintained and updated.

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d) Give brief details of training that your Employees have received in respect of legislative and Company health and safety requirements.

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e) Could you provide training records/certificates if requested? **YES / NO**

5 **ACCIDENT INVESTIGATION & RECORDS**

a) Please attach Company accident statistics for the past 3 years.

- b) Give brief details of your procedures for the reporting, recording and investigation of accidents, dangerous occurrences, or occupational illnesses.

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6 **RESOURCES & CONTROL PROCEDURES**

Give brief details of your Company's resources and procedures to control and manage the major health and safety risks.

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7 **PLANT, EQUIPMENT, VEHICLE MAINTENANCE & INSPECTION**

Give brief details of your Company's arrangements for ensuring the selection and use of suitable equipment, including procurement/hire; maintenance and inspection.

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8 **SAFETY MANAGEMENT SYSTEMS**

- a) Give brief details of any written processes for safe systems of work (ie permit to work, written safety procedures etc).

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- b) How are unavoidable deviations from the above procedures/any Method Statements managed?

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c) Provide a copy of your Company's general risk assessment process and 2 relevant samples.

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d) Do your operations necessitate the need for health surveillance? **YES/ NO**
(If Yes, please provide details relating to this and how you manage it)

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e) Provide a copy of your Company's active health and safety monitoring system/s.

ATTACHED

8 SAFETY MANAGEMENT SYSTEMS (Continued)

f) Provide details on the process for conducting reviews of your health and safety management system, standards, procedures, policies, etc.

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9 WELFARE PROVISION

Explain how you ensure that appropriate welfare facilities will be available to your workforce before you commence work.

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10 EMPLOYMENT OF CONTRACTORS/SUB-CONTRACTORS

Do you employ the services of Sub-Contractors? **YES / NO** (If YES) -

a) Give brief details on the arrangements for the selection of Contractors/Sub-Contractors. (This should demonstrate how you assess their competence and commitment to attain a high standard of Health and Safety performance prior to their selection.)

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b) Provide information on the arrangements for monitoring the health and safety performance of Contractors/Sub-Contractors.

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11 **ENFORCEMENT NOTICES/LEGAL ACTION ETC**

Please give details of any Enforcement Notices, legal action or judgements against the Company under health and safety legislation, civil or criminal, past (5 years) or pending.

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12 **INSURANCE**

Please attach copies of current certificate/s for the following (delete those which are not applicable) – ***Employer’s Liability / Public Liability / Professional Indemnity / Product***

Other relevant Ins (please detail)

ATTACHED

13 **OTHER RELEVANT INFORMATION**

Please give details of any other information we should have from you to assist us in the assessment of your capabilities, to work effectively on health & safety? (eg booklets, procedures, manuals etc issued to employees.) If applicable, please attach relevant documents.

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14 **DECLARATION**

I certify that the details given in this Appraisal are correct and accurate -

Full Name: Job Title:

Signature: Date (in full):