CONTRACTOR EVALUATION QUESTIONNAIRE v2.1

This form to be completed by competent personnel in the sections provided.	
1.0 Company Details	
Company Name:	
Registered Address:	
Number of Employees:	
Telephone No:	
Fax No:	
Website:	
Email Address:	
Company Reg. Number:	
VAT Reg. Number:	
UTR Number:	

2.0 Financial Information	
Please provide your bank details below.	
Bank:	
Account Number	
Sort Code:	
Please provide details of your annual turnover for the last three financial years.	
Year 01:	£
Year 02:	£
Year 03:	£
Please indicate the maximum contract value you are willing (and financially able) to undertake.	
Maximum Value:	£

3.0 Insurance Details			
Please indicate you level of insurance cover and confirm that a copy of each certificate is enclosed with this form.			
Employers Liability:	£	Copy of Certificate Enclosed [Y/N]	
Public Liability:	£	Copy of Certificate Enclosed [Y/N]	
All Risks:	£	Copy of Certificate Enclosed [Y/N]	

4.0 General Health & Safety			
Please provide details of the number of accidents that have occurred to your employees, subcontractors, agency personnel and labour only subcontractors in the last three years.			
Signed and Dated Full Health & Safety Policy		Documents Enclosed [Y/N]	
Complete Method Statements and non-generic Risk Assessments for two recent projects		Documents Enclosed [Y/N]	
Completed Site Safety Audits for two recent projects		Documents Enclosed [Y/N]	
4.1	Please give the details of the person in your organisation responsible for Health & Safety and provide a list of their relevant qualifications. Where Health & Safety advice and consultation is provided by an external party, please provide their name and contact details.		
4.1	How often do you review your Health & Safety Policy? What form does this review take?		
4.2	Please provide details of your process for ensuring that your risk assessments are suitable and sufficient?		

4.3	Who within your organisation carries out site specific risk assessments? Please tell us about their qualifications and experience to carry out this task.
4.4	Please tell us about the frequency with which you undertake site safety inspection audits within the course of any scheme or project.
4.5	Please provide details of your process for ensuring accidents and incidents are reported in accordance with legal and client requirements.
4.6	Please tell us how accidents and incidents are investigated and what process you employ in implementing measures to prevent reoccurrence.

5.0 Accident & Incident Statistics

Please provide details of the number of accidents that have occurred to your employees, subcontractors, agency personnel and labour only subcontractors in the last three years.

Year	No Employees & Subcontractors	Fatalities	Major Injury	Over 3 Day Injury	Minor Accidents	Notifiable Ill Health	Notifiable Dangerous Occurrences	Accidents Involving Members of the Public

6.0 HSE Investigation & Site Visits

Please provide the following information below for the last five years.

Year	Number of HSE visits to your sites	Number of EHO visits to your offices?	Number of Improvement Notices	Number of Prohibition Notices	Number of Prosecutions

7.0 Communication with Your Workforce		
Please provide		
New Starter Induction Process showing H&S Consultation	Documents Enclosed [Y/N]	
Records of toolbox talks undertaken for at least one recent project	Documents Enclosed [Y/N]	
Your most recent Safety Committee meeting minutes	Documents Enclosed [Y/N]	

7.1	Please tell us how you make employees aware of your Health & Safety Policy
7.2	Please provide details of what established arrangements you have for employees to draw the attention of management to unsafe working practices and risks to health and safety.

8.0 Health & Safety Training		
Please provide		
Records of Health & Safety training attended during the last year	Documents Enclosed [Y/N]	
Sample training certificates for successfully completed courses	Documents Enclosed [Y/N]	
Health & Safety Training Matrix for the next 12 months	Documents Enclosed [Y/N]	

8.1	Please tell us how you identify individual Health & Safety training needs within your organisation.

9.0 Environmental Management		
Please provide		
Environmental Policy or Policy Statement	Documents Enclosed [Y/N]	
Waste Licenses [Carrier or Management]	Documents Enclosed [Y/N]	
Records of any Environmental Awareness Training undertaken	Documents Enclosed [Y/N]	

10.0 Referees			
Please provide details of three clients for whom you have recently completed a project			
Client, Contact Name & Address	Project	Type of Works	Project Value
			£
			£
			£

11.0 Declaration			
I/We certify that the information provided is true and complete and undertake to notify you in the event of any change or cancellation			
Name		Signature	
Position		Date	