

Subcontractor Pre-Qualification Questionnaire

Details

Company Name:	
Address:	
Telephone Num:	
Contact Name:	
Type of Business:	

Health and Safety Management

	YES	NO
Do you have a health and safety policy?		
Do you have public liability insurance?		
Do you have employee liability insurance?		
Do you maintain accident records?		
Do you investigate accidents?		
How many RIDDOR accidents has your company had in the last 3 years?		
Have you had an improvement or prohibition notice served on you in the last 3 years?		
Do you formally monitor systems of work and procedures?		
Do you monitor subcontractors under your control?		
Have your staff received formal training for the tasks they are required to perform e.g. CSCS scheme, Gas Safe etc?		
Do you carry out Risk Assessments for the activities you undertake?		

You must supply evidence of the above (copies of documents, certificates etc) for review with this questionnaire.

Declaration

The information I have given above is accurate and true to the best of my knowledge. I understand that we will need to provide project specific risk assessments and method statements for future projects.

Signature:		Date:	
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A Oxley & Son Building Contractors Ltd

Please complete form and return with supporting documents.

For office use only

	YES	NO
Subcontractor Approved:		
Approved By:		
Approved Date:		