

## **ARPG Construction**

## **Pre-Qualification Questionnaire**

## **CONTRACTOR DETAILS:**

Name and Address	
Nature of Business	
N° of Employees	
Contact N°	
Email Address	

## Please respond to the following:

Flease lespolid	to the following:					
1	Have you got a Health & Safety Policy - 'Yes'/'No'					
	If <b>'Yes'</b> please provide a current copy.					
2	State how many of the following you have reported under RIDDOR in the la					
	years:					
		Year 1	Year 2	Year 3	This year to date	
	Specified					
	Injuries					
	Over 7 Day Injuries	operty	Group			
	Dangerous					
	Occurrences					
	Reportable					
	Diseases					
3	3 Have you been served with any improvement notices within 'Yes'/'No'				he last 3 years?	
	If <b>'Yes'</b> please provide details on a separate sheet.					
4	Have you been prosecuted for a Health & Safety offence in the last 3 years?					
	'Yes'/'No'					
	If <b>'Yes'</b> please provide details on a separate sheet.					
5					s, where the risks	
	are comparable with those of the work for which you wish to be considered:					
	1.		2.			
	1		1			



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6	Are you a member of or accredited by a trade organisation? 'Yes'/'No' If 'Yes' please provide details and copies of the certificates;		
7	Please enclose examples of site specific risk assessments completed in the past 12 months.		
8	Please enclose examples of site specific method statements completed in the past 12 months.		
9	<ul> <li>Please enclose copies of your insurance certificates/schedules or brokers letters for:</li> <li>Public Liability</li> <li>Product Liability (where appropriate)</li> <li>Employers Liability (where appropriate)</li> <li>Professional Indemnity (where appropriate)</li> </ul>		
10	Please provide 2 references from similar jobs completed in the past 12 months:         1.         2.		
11	Please describe your onsite arrangements for monitoring your staff to ensure the task is completed to the specification.		
12	Please provide details and enclose evidence of staff competencies, e.g. CSCS cards		
13	Please provide the name, qualifications and or experience of your internal Health & Safety Coordinator. If you also use and external source, please provide full details; Internal – External –		
14	Please provide details of your co-operation and co-ordination arrangements when working on a multi-disciplined job with other trades.		



15	Do you issue your staff with appropriate personal protective equipment for the job? 'Yes'/'No' If 'Yes' please provide issue records. If 'No' please justify the reasons for not adhering to the requirements of the Personal Protective Equipment at Work Regulations 1992 as amended.
16	How do you ensure all equipment used on site is well maintained and safe for use? (Please also enclose maintenance records or hire invoices where appropriate)
17	Do you appoint sub-contractors? Yes / No If 'Yes' please provide details of how you assess the competence of your sub- contractors prior to appointment. Property Group
18	How do you monitor the performance of your sub-contractors?

Name:	Position:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_