

COMPANY HEALTH & SAFETY COMPETENCE & RESOURCES QUESTIONNAIRE

Name, Address & Telephone number of Company:	
Director Responsible for H&S:	Name:
Attach a copy of your company's H&S Policy	Yes <input type="checkbox"/> No <input type="checkbox"/> Tick No if not available
Do you employ a competent person to provide H&S advice	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Qualifications: Experience:
Internal employee or external consultant	
Do you have documented H&S Procedures for the type of work under consideration	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Are H&S Audits/Inspections carried out	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Do you review all accident reports and keep statistics	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes enclose details for last 3 years
Has your company been issued with any improvement or prohibition notices within the past 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Have your employees received appropriate H&S training for the type of work being proposed	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Do you have joint H&S consultation with your employees	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Please provide relevant examples of:	
• Risk Assessments	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Method Statements	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Training Matrix	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Relevant experience	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Client references	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Employers & public liability insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Tick No if not available
Do you ensure that subcontractors comply with your H&S arrangements	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Is your company registered with any SSIP (Safety Schemes In Procurement) Members	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach certification or letter
Signature of Director above:	Date:

RETURN THE COMPLETED FORM & ASSOCIATED DOCUMENTATION TO:
BASTION CONTRACTS LIMITED

8a PIRIN COURT, 59a BROOK CRESCENT, CHINGFORD, E4 9ES

Contractor Approved: Yes No Signature:

SELF EMPLOYED PERSONS HEALTH & SAFETY COMPETENCE QUESTIONNAIRE

Name, Address & Telephone number:	
Trade/Profession:	
CIS Details:	
Details of previous employment:	
Details of any Trade/Job Training:	
Details of any H&S Training:	
Do you have Asbestos awareness Training:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach copy of certificate
Do you have a current CSCS card:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach copy of card or copy of touch screen H&S results
Are H&S Audits/Inspections carried out:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Have you been issued with any improvement or prohibition notices within the past 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Do you have insurances in place:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes attach details
Please feel free to add any further comments:	
Signature of person named above:	Date:

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Contractor Approved: Yes No Signature: