



**Annual Renewal Questionnaire for acceptance onto the  
Eurosafe UK Approved List of Contractors for Health and Safety  
Contractors with 5 - 25 employees**

<b>A</b>	<p>State the name of your organisation and any details of amendments to the address, telephone number, e-mail address or web site address.</p> <p>State the name of the person dealing with this questionnaire, their contact phone/fax numbers and e-mail address.</p>	<p><i>Also please supply details of a secondary contact, detailing; name, title, phone/fax and e-mail address</i></p>	
<b>B</b>	<p>Please detail your main work activities.</p>	<p><b><i>Supply a list / summary of all the activities you carry out e.g. electrical installer, general builder, plasterer etc.</i></b></p>	
<b>C</b>	<p>Please provide a copy of your current health and safety policy.</p>	<p><i>The policy should include:</i></p> <ul style="list-style-type: none"> <li>• <i>a signed statement of intent</i></li> <li>• <i>a responsibilities section</i></li> </ul> <p><i>an arrangements section.</i></p> <p><i>The policy must be up to date and include references to latest relevant legislation.</i></p>	

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<b>D</b>	Competent Health & Safety advice.	<b><i>Please provide details of how your organisation and your employees have ready access to competent H&amp;S advice, preferably within your organisation. Provide the name and competency details of the source of advice including a CV and evidence of competence e.g copies of certificates/professional membership. If an external consultant is used please also provide evidence to demonstrate that the arrangement is current such as a current letter of appointment.</i></b>	
<b>E</b>	Please list the number of individuals currently employed in the following areas:-  <ul style="list-style-type: none"> <li>• Office based managers</li> <li>• Site based managers</li> <li>• Site based operatives</li> <li>• Labour only sub-contractors</li> <li>• <b>Total number of employees</b></li> </ul>	<i>e.g. directors, contracts managers e.g. site managers, foremen e.g. tradesmen, labourers etc. Self-employed operatives</i>	
<b>F</b>	Provide an updated training matrix detailing health and safety training undertaken by all staff.	<b><i>Please provide one set of samples certificates for each of the groups above, including such as first aid training, IPAF, PASMA, asbestos awareness etc and trade specific training such as City and Guilds, NVQ's etc.</i></b>	
<b>G</b>	Provide at least two sample current risk assessments.	<i>Please provide completed current risk assessments for site specific tasks.</i>	

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	Also provide a method statement for an activity you would normally undertake on a construction site.	<i>Please provide a completed current method statement for a site specific task.</i>	
<b>H</b>	Provide details of arrangements you have in place to ensure welfare facilities are in place before people commence work on site.	<i>Please provide evidence of your arrangements and their implementation which could include details of the type of welfare facilities provided on previous projects.</i>	
<b>I</b>	If you are acting in the role of Principal Contractor or you will be the only contractor working on a project, you are required under the Construction (Design & Management) Regulations 2015 to produce a Construction Phase Health & Safety Plan.	<i>Provide a copy of a recent completed Construction Phase Health &amp; Safety Plan for a project.</i>	
<b>J</b>	Please provide a copy of your PLI and ELI insurance certificates and schedules.	<i>It is important that BOTH insurances are submitted. Your broker will assist with any queries you may have.</i>	
<b>K</b>	Subcontractor appointment If your company appoints sub-contractors to undertake work on your behalf please submit a vetting exercise to evidence how you ensure that only sub-contractors who have the necessary skills, knowledge, training and experience in health and safety issues are appointed.	<i>Please provide evidence of an <u>actual</u> successful vetting exercise that you have undertaken on a sub-contractor. The vetting exercise must include all documentation received from the sub-contractor and must be for a sub-contractor you have deemed competent. Provide details of your arrangements for vetting of contractors, this should form part of your health and safety policy arrangements.</i>	
<b>L</b>	Under your current name, or any previous title, please give details		

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	of any HSE improvement or prohibition notices, and any prosecutions in the last 12 months.		
<b>M</b>	Provide details of the number of RIDDOR accidents /incidents in the last 12 months.  Do you review accidents/incidents and undertake follow-up action	<i>Include details of any actions taken to prevent re-occurrence.</i>  <i>Provide evidence to demonstrate that your organisation has a system in place for recording, reporting and reviewing incidents and recording actions taken as a result.</i>	
<b>N</b>	Provide details of the company system for monitoring procedures and auditing them at regular intervals.	<b><i>Please provide evidence such as copies of formal reports, site inspection reports, evidence of recent monitoring and management responses.</i></b>	
<b>O</b>	Provide details of how the company communicates with the workforce on Health & Safety Matters.	<b><i>Please provide details of your company arrangements and details of any appointed safety representatives together with evidence of how consultation is carried out such as records/minutes of any safety meetings.</i></b>	
<b>P</b>	Provide details of arrangements you have in place for co-operating and co-ordinating your work with others including contractors and suppliers.	<b><i>Please provide practical evidence of systems in place including procedural arrangements or project team meeting minutes.</i></b>	
<b>Q</b>	Provide details of arrangements for selecting, inspecting and maintaining work equipment to ensure safe conditions to the required standards.	<b><i>Provide details of your equipment policy arrangements and evidence of completed equipment inspection/maintenance e.g. plant inspection register, ladder inspection register etc.</i></b>	

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Please return the completed questionnaire as follows:-

**Eurosafe UK  
Eurosafe House  
Centurion Park  
Tribune Way  
York  
Y030 4RY  
Telephone:- 01904 691 515**

**E-mail:- [cdm-competent@eurosafeuk.co.uk](mailto:cdm-competent@eurosafeuk.co.uk)**

**Submit on line:- [www.ssipassessors.com](http://www.ssipassessors.com)**

**[www.eurosafeuk.co.uk](http://www.eurosafeuk.co.uk)**

**[www.cloudsuk.com](http://www.cloudsuk.com)**

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