



Contractor competency assessment

Part 1: Summary of approval

Name of property management group proposing to use the contractor:		
Name of person determining approval:		
Position:	Approved?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / /

Part 2: Contractor company information

Company name:	
Address:	
Main contact name:	
Telephone number:	Email:
Services provided:	

Part 3: Insurance

	Level of cover	Renewal date	No insurance
Employers liability		/ /	No <input type="checkbox"/>
Public liability		/ /	No <input type="checkbox"/>
Personal indemnity		/ /	No <input type="checkbox"/>
Other		/ /	No <input type="checkbox"/>

Part 4: Accreditation

Do you have valid accreditation for any contractor health and safety schemes?			
<input type="checkbox"/> CHAS	<input type="checkbox"/> SSIP	<input type="checkbox"/> SMAS	<input type="checkbox"/> Safe contractor
<input type="checkbox"/> ISO 45001	<input type="checkbox"/> NICEIC	<input type="checkbox"/> Gas Safe Register	
<input type="checkbox"/> Other (please state):			
<input type="checkbox"/> None			
If you have one of the above accreditations, please go to part 12			

Part 5: Health and safety arrangements

Does your company have a written health and safety policy? (This is a legal requirement for companies with 5 or more employees.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last review: / /	
Nominated person responsible for health and safety	
Name:	Position:
Qualifications:	
Telephone number:	Email:

Part 6: Risk assessments and method statements

Does your company complete written risk assessments and method statements for each job? Please be aware that you may be asked for copies of these on site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 7: Accidents

	Current year	Previous year	Previous year	Previous year
Fatal accidents				
RIDDOR reportable				
Minor accidents				
Dangerous occurrences (under RIDDOR)				
Near misses				

Part 8: Enforcement action

	Date	Ref no.	Details
Improvement notice	/ /		
Prohibition notice	/ /		
Prosecution	/ /		
Safety/industrial tribunal hearing	/ /		
Near misses	/ /		

Part 9: Sub-contractors

Does your company use subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details of how you control and monitor them:	

Part 10: Training

What training (including asbestos awareness training) do you provide for your employees? (Please attach your training matrix and relevant certificates where applicable):

Part 11: Personal protective equipment (PPE)

What PPE do you provide to your employees?
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Part 12: Plant and equipment

What plant and equipment do your employees use? Is the equipment tested in accordance with LOLER, PSSR and PUWER Regs 1998 and records kept up to date?

Part 13: Monitoring

How do you monitor the health and safety of your employees to ensure they're working safely and in accordance with procedures?
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Part 14: Declaration

I confirm that to the best of my knowledge, the information within this submission is current and correct. I accept the conditions and undertakings requested within this questionnaire and to:

- Provide adequate control of health, safety and welfare risks arising from our work activities which may affect employees or others
- Consult with our employees on matters affecting health and safety
- Provide and maintain safe plant and equipment
- Ensure safe handling and use of substances
- Provide information, instruction and supervision of employees
- Ensure all employees are fit and competent to do their tasks and give them adequate training
- Prevent accidents and cases of work-related ill health
- Maintain safe and healthy working conditions
- Ensure sufficient funds are available to implement the declarations
- Review and revise this declaration as necessary at regular intervals and at least every 12 months

I understand that false information in any aspect of this submission could result in the rejection of the application.

Name:	
Position:	
Signature:	Date: / /

Part 15: Monitoring

	Yes	NA	Comments
Certificate and schedule for employer liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate and schedule for public liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate and schedule for professional indemnity insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Details of any litigation or prosecutions	<input type="checkbox"/>	<input type="checkbox"/>	
Health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>	
Training certificates for employees	<input type="checkbox"/>	<input type="checkbox"/>	
Accreditation(s) certificates	<input type="checkbox"/>	<input type="checkbox"/>	