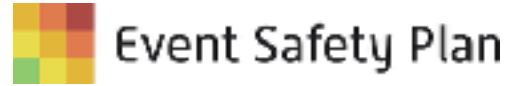


# CONTRACTOR QUESTIONNAIRE



THE COMPANY	
Name:	SAMPLE
Contact Address :	SAMPLE
Phone Number:	SAMPLE
Email address :	SAMPLE
Company Registration Number:	SAMPLE
Industry Service / Sector:	SAMPLE
Director Responsible For Safety:	SAMPLE

PROJECT INFORMATION
Provide details of who is responsible for managing safety onsite: SAMPLE SAMPLE

COMPANY STATEMENTS		
Our company health and safety policies regularly reviewed and has been signed by the most senior director of the company.	YES	NO
Our risk assessment includes fire protection, noise protection and lone working.	YES	NO
As a result of our risk assessment we have implemented control measures.	YES	NO
We ensure our staff carry suitable pieces of Personal Protective Equipment. They will have suitable PPE insurance.	YES	NO
Our company has a written drugs and alcohol policy.	YES	NO

# CONTRACTOR QUESTIONNAIRE

COMPANY STATEMENTS		
Our staff are trained and competent in the work they will undertake on site.	YES	NO
We will brief our staff on your site rules and health & safety requirements before they arrive on site.	YES	NO
We are aware that all our staff will be required to undertake a health & safety induction when they arrive on site.	YES	NO
Has any legal action been taken against your company by the authorities?	YES	NO
Have any H&S Executive / Local Authority / Police / Prosecution or issue of improvement or prohibition notice been taken against your organisation in the past three years.	YES	NO

**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**  
**SAMPLE**

# CONTRACTOR QUESTIONNAIRE

## COMPANY STATEMENTS

Has your company or any of its representatives ever been asked to leave site due to miscellaneous conduct?	YES	NO
<b>SAMPLE</b>		
<b>SAMPLE</b>		
Will you be outsourcing or using a third party for any element of your contract?	YES	NO
<b>SAMPLE</b>		
<b>SAMPLE</b>		
Do you currently hold any external health and safety accreditations, such as OHS, Constructionline, Safety Contractor, or equivalent?	YES	NO
<b>SAMPLE</b>		
<b>SAMPLE</b>		

## INSURANCE DOCUMENTS

PLI Renewal Date:	EL Renewal Date:
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**SAMPLE**

# CONTRACTOR QUESTIONNAIRE

Please supply references who would be able to confirm that your company has a positive attitude to health and safety, both during the planning and delivery stages of a project, and a strong record in working safely.

CLIENT REFERENCE	
Name:	SAMPLE
Company:	SAMPLE
Contact Address :	SAMPLE
Phone Number:	SAMPLE
Email address :	SAMPLE
INDUSTRY REFERENCE	
Name:	SAMPLE
Company:	SAMPLE
Position :	SAMPLE
Phone Number:	SAMPLE
Email address :	SAMPLE
YOUR DETAILS	
Name:	SAMPLE
Position:	SAMPLE
Phone Number:	SAMPLE
Email address :	SAMPLE
REPORT INFORMATION	
Form Completion Date:	SAMPLE

SAMPLE  
SAMPLE