

CONTRACTOR COMPETENCY QUESTIONNAIRE

LEEDS METHODIST MISSION



Oxford Place Centre

GENERAL INFORMATION:

Registered Company Name & Company Registration No.	
Full Address	
Contact Number	
E-mail	

Your company's status:	Limited Company / Partnership Sole Trader (NI number) Other (please specify)
Your company's main type(s) of work	
Total number of your directly employed staff	

Name & contact details of your Director responsible for Health & Safety	
Please confirm that you hold and will continue to hold on an annual basis, adequate Employer's and Public liability insurance cover.	YES/NO (Copies of current certificates should be attached)

COMPETENCE – EXPERIENCE, KNOWLEDGE, TRAINING:

Please provide details of memberships of Trade Associations or H&S organisations	
Please list the type of technical and health and safety training given to staff	
Please confirm that you hold all legally required qualifications, documentation and certification for the work you will undertake e.g. electrical testing, LOLER etc.	YES/NO (Copies of current certificates should be attached)
Please provide examples of other work of a similar nature that your company has undertaken.	

HEALTH & SAFETY MANAGEMENT:

<p>Please confirm whether you have a health and safety policy which has been reviewed and signed in the previous 2 years.</p>	<p>YES/NO (Copy should be attached)</p>
<p>Please outline the main hazards that are likely to occur in the course of your work.</p>	
<p>Do you have written risk assessments? If so, please provide an example related to the work you will undertake on this Project.</p>	<p>YES/NO (Copies attached)</p>
<p>Do you have safety method statements or safe working procedures developed from the significant findings of your risk assessments? If so, please provide an example related to the work you will undertake on this Project.</p>	<p>YES/NO (Copy attached)</p>
<p>Do you have a process in place for reporting accidents internally and under The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR)?</p>	<p>YES/NO</p>
<p>Have you received any enforcement notices or prosecutions served on your company in the last three years? If yes, attach copies and details of corrective action taken.</p>	<p>YES/NO (Copies and corrective actions attached)</p>
<p>Have you had any fatalities or major injuries in the last 3 years? If so, please provide details?</p>	<p>YES/NO</p>

CONTRACTOR'S DECLARATION:

Please sign below to confirm that the above information is true and correct, and that you will inform us should any of the above details change	
Name of contact and position	
Signature:	Date:

CONFIRMATION OF COMPETENCY CHECK (for office use only):

I confirm that the information provided indicates that the Contractor is competent to carry out the work requested.	
Name and position	
Signature	Date: