



The awarding of contracts by the University of Greenwich is not only on grounds of price and technical ability, but also on past safety record and present ability to carry out the work with minimal risks. To assist in our assessments in this connection, please complete and return this questionnaire without delay, including details and attachments as appropriate.

Part A. Company Details

Registered Company Name:			
Co. Registration No:			
Main Areas of Work			
Total No. of people employed:			
Registered Company Address:			Correspondence Address (If Different to Reg. address):
Contact Telephone No:			
Fax No.			
e-mail address of person completing this form:			

Part B. Insurance Arrangements

Provide details of	Employers Liability Insurance	Public Liability Insurance
<i>Insurer name</i>		
<i>Certificate No.</i>		
<i>Sum Assured</i>		
<i>Expiry Date</i>		

Part C. Associations or Memberships

Is your company a member of the SSIP Approved Membership scheme Yes No

If Yes, provide details of your membership level:

Is your company a member of any trade association? (e.g. CITB, CHAS, ConstructionLine) Yes No

If Yes, provide details of the scheme and your membership level:

Please describe any other sources you may use to get health and safety information.

Part D. Safety Management System

Has your safety management system been externally validated as meeting the requirements of a recognised standard e.g. OHSAS 18001, ISO 45001, or similar? Yes No

If yes, please **attach** a copy of your certificate(s) and proceed to part F. Attached

If no, please proceed to **part E**.

Part E1. Policy

Do you have a Health and Safety Policy? Yes No

If yes, please **attach** a copy. Attached



Part E2. Organisation / Planning

How do you organise / plan for Health and Safety?
(Please include the name of the most senior person responsible for Health and Safety and how you assign duties and responsibilities to the remainder of your staff.)

How do you identify, assess and control the hazards present in your work activities? Attached
(Please **attach** examples of any Risk Assessments relevant to the work your company performs, including one or more relevant to the work you are bidding to undertake.)

How do you ensure that suitable and safe work equipment is used in the course of your work activities?
(Please describe the arrangements for identifying, testing, inspection, maintenance, training and the suitability of work equipment including portable appliances)

Part E3. Implementation

Do you provide written instructions for employees? E.g. a Safety Manual. Yes No
If yes, please **attach** copies of instructions relevant to work on our site. Attached

How do you provide health and safety training, information and instruction to your employees? Attached
(Please **attach** copies of training records for the employees likely to work at our sites)

How do you consult / communicate with employees?
(Please describe what you do / how you do it and **attach** any relevant evidence) Attached

Part E4. Monitoring, Audit

Please describe the active steps you take to monitor and correct safety performance on site? Attached
(Please **attach** examples of relevant inspections, audits and / or reviews)

Part F. Emergency Arrangements

Are any of the personnel performing work on our site trained to provide first aid? Yes No
If Yes, please **attach** evidence of training. Attached



Part G. Subcontractors

Do you use, or intend to use, sub-contractors? Yes [] No []
If Yes, how do you assess the competence of the sub-contractors? Attached []
(If applicable, please attach an example of a contractor assessment)

Part H. Incident Reporting

Please enter the number of incidents that have occurred to your staff:

Table with 4 columns: Year, Fatal, RIDDOR reportable, Non-Reportable. Rows: This year (to date), Last year (full year)

Explain briefly about any of the above incidents which were investigated and what actions, if any, arose from that investigation.

Part I. Enforcement

Has your Company been prosecuted or served with enforcement notices by an enforcement authority (e.g. HSE, LA, Police) in the last 3 years with regard to an offence under health, safety law? (Please note that this will be checked against the relevant prosecution & notices databases.) Yes [] No [] Attached []

If yes, please attach details, including remedial action taken.

Part J. Management Declaration

As the person responsible for this company or organisation's health and safety arrangements, I confirm that I have either (A) Completed the application myself; or (B) Checked the contents of the application. I declare the application is a true reflection of this company or organisation's management systems at the time of application.

Signed

For and on behalf of (Company Registered Name):

Date: