



## PLP Construction Ltd.

### Subcontractor Competency Questionnaire – Version PLP/02 May '11

We are required under the Health at Work Act 1974 Construction (Design & Management) Regulations 2007 to check the knowledge, ability and resources of our sub-contractors, to this end the following questionnaire has been prepared.

<b>Company Details:</b>		
1	Name:	
	Registered Office:	Company No:
	Post Code:	VAT No:
2	Telephone Number (s)	Facsimile Numbers (s)
3	E-mail address	
4	Who to contact, title (s) and direct line number (s) in the event of any query regarding completed questionnaire information.	
	Name	Title
		Telephone Numbers
5	Give details of the number of people you employ. (include trades and if self employed)	
<b>Contractor Insurance and Construction Industry Tax Scheme</b>		
6	Do you have the following insurance cover? (If YES, please provide a copy of your valid Insurance Certificate)	
	Employers Liability Insurance	Yes / No
	Public Liability Insurance (please attach copy)	Yes / No
	Professional Indemnity Insurance - design duties	Yes / No
7	Is your company a Supply & Fit / Fit only?	
	What is your company's tax status? CIS4 / CIS5 / CIS6 / Exemption	
	Please provide copy of appropriate documentation.	
<b>Is your Company CHAS Accredited? – If Yes, please go to Q. 17</b>		
8	Is your company affiliated to a trade association? <span style="float: right;">Yes / No</span>	
	If Yes, please provide details as confirmation.	
<b>Health and Safety Responsibilities:</b>		
9	Do you have a written Health and Safety Policy as required by section 2 of the Health & Safety at Work Act, 1974? <span style="float: right;">Yes / No</span>	
	If Yes, please provide a copy of your current Policy Statement.	



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10	Who in your company is responsible for providing advice about health and safety matters?												
11	Do you use the services of Health and Safety consultants? <span style="float: right;">Yes / No</span> (If Yes, please provide details of the company and of services provided by them.)												
12	Has your Company been prosecuted, or served with improvement or prohibition notices by the Health and Safety Executive, or other enforcing authorities, e.g. fire or local authorities, within the last 3 years?  If Yes, please provide details. <span style="float: right;">Yes / No</span>												
13	Is your Company a member of a safety group or organisation? <span style="float: right;">Yes / No</span> If Yes, please provide details												
<b>Safe System Of Work:</b>													
14	State how you ensure your site personnel are aware of (direct and sub-contract employed) the health and safety requirements for your work, including Risk assessments, COSHH Assessments, Method Statements etc.												
15	How do you ensure that your employees comply with your Safe Systems of Work?												
<b>Accident &amp; Incident Reporting (R.I.D.D.O.R):</b>													
16	Please provide details of accidents or incidents during the last 3 years which have been reported as required by RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)  <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Last Year</td> <td style="text-align: center;">Previous Year</td> <td style="text-align: center;">Year before that</td> </tr> <tr> <td>Notifiable/Reportable Accidents a)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No of Employees b)</td> <td></td> <td></td> <td></td> </tr> </table>		Last Year	Previous Year	Year before that	Notifiable/Reportable Accidents a)				No of Employees b)			
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Notifiable/Reportable Accidents a)													
No of Employees b)													
<b>Equal Opportunities - Policies and Procedures</b>													
17	Do you have a written Equal Opportunities Policy <span style="float: right;">Yes / No</span>  If yes, please provide a copy of your current Policy.  If yes, please explain how this policy is disseminated to all your employees.												
<b>Training:</b>													



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18	Do you provide Health and Safety training within your company ? If Yes, please provide details of training undertaken applicable to your Operatives; Supervisors and Management.	Yes / No
19	Do any of your Operatives, Supervisors and Management hold current CSCS Health and safety cards or equivalent health and safety training ? If so, please list names and card numbers below:	Yes / No
<b>Sub-Contractors:</b>		
20	Does your company employ Sub-Contractors ? If Yes, how do you assess the competence of your sub-contractors?	Yes / No
<b>C.R.B. Checking:</b>		
21	Have all your Operatives had a CRB check carried out during the last three years? Please provide CRB disclosure numbers and expiry dates.	Yes / No
<b>Trade Association Membership</b>		
22	Is your Company and member of any Trade Associations? Please Detail:	Yes/No
<b>Quality Assurance:</b>		
23	Is your company registered for Quality Assurance e.g. ISO 9001? (If Yes, please enclose copy of certification.)	Yes / No
24	Is there a person responsible for coordination of your Quality Assurance? (If Yes, who in your company is responsible)	Yes / No
<b>Environmental Policy &amp; Procedures:</b>		
25	Do you have a written Environmental Policy and/or Procedures If yes, please provide a copy of your current Policy. If yes, please explain how this policy and/or procedures are disseminated to all your employees.	Yes / No



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	<p><b>Any further information you wish to submit to support your Subcontractor Competency Questionnaire:</b></p>
	<p>Approved:    Yes                   No</p> <p>Signed: Date:</p>

Many thanks for completing this Questionnaire.