



PLP Construction Ltd. Subcontractor Competency Questionnaire

We are required under the Health at Work Act 1974 Construction (Design & Management) Regulations 2015 to check the knowledge, ability and resources of our sub-contractors, to this end the following questionnaire has been prepared.

Company Details:							
1	Name: Registered Office: Company No: Post Code: VAT No:						
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Telephone Number (s)</td> <td style="width: 50%; padding: 5px;">Website address</td> </tr> </table>	Telephone Number (s)	Website address				
Telephone Number (s)	Website address						
3	E-mail address						
4	Nature of Business:						
5	Who to contact, title (s) and direct line number (s) in the event of any query regarding completed questionnaire information. <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 33%; padding: 5px;">Name</th> <th style="width: 33%; padding: 5px;">Title</th> <th style="width: 33%; padding: 5px;">Telephone Numbers</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Title	Telephone Numbers			
Name	Title	Telephone Numbers					
6	Give details of the number of people you employ. (include trades and if self employed)						
Contractor Insurance and Construction Industry Tax Scheme							
7	Do you have the following insurance cover? (If YES, please enclose a copy of your valid Insurance Certificate(s)) Employers Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Public Liability Insurance (please attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No Professional Indemnity Insurance - design duties <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
8	Is your company a Supply & Fit / Fit only? What is your company's tax status?						
Is your Company accredited for Quality - 9001 / Environmental - 14001 or Health							



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and Safety - 18001?	
9	If Yes, please enclose a copy of your certificate.
Is your Company CHAS Accredited or holds an accreditation affiliated to any SSIP Member?	
10	If Yes, please enclose a copy of your certificate.
Health and Safety Responsibilities:	
11	Do you have a written Health and Safety Policy as required by section 2 of the Health & Safety at Work Act, 1974? If Yes, please enclose a copy of your current, signed Policy Statement.
12	Who in your company is responsible for providing advice about health and safety matters?
13	Do you use the services of Health and Safety consultants? (If Yes, please enclose details of the company, services provided by them and their CV and professional certificates.)
14	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 enclose full details including dates.
15	Is your Company a member of a safety group or organisation? If Yes, please enclose a copy of your certificate(s)
Safe System Of Work:	



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16	<p>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</p> <p>Please enclose a copy of a recent Method Statement, Risk Assessments & COSHH Assessments.</p>												
17	<p>How do you ensure that your employees comply with your Safe Systems of Work?</p>												
Accident & Incident Reporting (R.I.D.D.O.R):													
18	<p>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 2013)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 16.5%; text-align: center;">Last Year</td> <td style="width: 16.5%; text-align: center;">Previous Year</td> <td style="width: 33%; 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)													
Equal Opportunities - Policies and Procedures													
19	<p>Do you have a written Equal Opportunities Policy</p> <p>If yes, please enclose a copy of your current Policy.</p>												
Training:													
20	<p>Do you provide Health and Safety training within your company ?</p> <p>If Yes, please enclose your training matrix/records applicable to your Operatives; Supervisors and Management.</p>												
Asbestos Awareness:													
21	<p>Do you provide annual asbestos awareness training within your company ?</p> <p>If Yes, please enclose your training matrix/records applicable to your Operatives; Supervisors and Management.</p>												
CSCS Cards:													
20	<p>Do any of your Operatives, Supervisors and Management hold current CSCS Health and safety cards or equivalent health and safety training?</p> <p>If so please enclose a copy of all cards.</p> <p>(Operatives are required to present their cards on site)</p>												
Sub-Contractors:													



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21	Does your company employ Sub-Contractors ? If Yes, how do you assess the competence of your sub-contractors ?
Waste:	
22.	Are you licensed to carry waste? Please provide your waste transfer/waste management licenses.
Waste:	
23.	Do you use any third parties to remove your waste from our sites? Please provide details and licenses for waste companies used.
D.B.S. Checking:	
24.	Have all of your Operatives had a DBS check carried out during the last three years? If you are required to carry out works on our school sites you may be asked to provide your DBS Disclosure Numbers for operatives.
Quality Assurance:	
25	Is your company registered for Quality Assurance e.g. ISO 9001? (If Yes, please enclose copy of certification.)
26	Is there a person responsible for coordination of your Quality Assurance?
Environmental Policy & Procedures:	
27	Do you have a written Environmental Policy and/or Procedures If yes, please enclose a copy of your current Policy.



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28	Modern Slavery Act 2015 Please can you confirm that you adhere to all legislation in relation to the Modern Slavery Act 2015? Yes / No
29	Are you registered with the Considerate Constructors Scheme? Yes / No
	Any further information you wish to submit to support your Subcontractor Competency Questionnaire:



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Please ensure all requested documentary evidence is enclosed with your questionnaire or your questionnaire will be returned

Documents Enclosed :	(Tick as Enclosed)
<ul style="list-style-type: none"><input type="checkbox"/> Health & Safety Policy Statement<input type="checkbox"/> Insurance(s)<input type="checkbox"/> CHAS, SMAS or other SSIP certificate<input type="checkbox"/> Consultants CV & Professional Qualifications<input type="checkbox"/> Recent RAMS for past project<input type="checkbox"/> Equal Opportunities Policy<input type="checkbox"/> Training Matrix / Records<input type="checkbox"/> Copy of all CSCS Cards<input type="checkbox"/> Quality Assurance Certificate<input type="checkbox"/> Environmental Policy<input type="checkbox"/> Waste Licenses	
<p>Internal checks:</p> <p>HSE – verified – YES/NO</p> <p>SSIP – verified – YES/NO</p>	

Many thanks for completing this Questionnaire.