

CONTRACTOR ORGANISATION SAFETY, HEALTH & ENVIRONMENTAL QUESTIONNAIRE

**All contractors conducting work on behalf of Babcock will be allocated a SH&E Indicator that relates to the safety, health and environmental**

**impacts of the work within the scope of supply. This questionnaire is to be completed by all Contractors assessed as SH&E Indicator H1-3 prior to work being awarded by Babcock.**

If the supplied information is part of a separate document or continued on a separate sheet, please mark it with the relevant item number.

**Company Name and Registered address**

……………………………………………………………………

Tel: ……………………………………………………………………

Fax: ……………………………………………………………………

Email: ……………………………………………………………………

Contact: ……………………………………………………………………

Number of Employees: ……………………………………………………….

Signed: ………………………………….. Date: …………………………..

Print Name; …………………………………………………………………….

Position in Company: ………………………………………………….……..

**Scope of supply and work that this questionnaire relates to including details of on-site high-risk activities (lifting operations, working at height, confined space entry, high energy systems, operation of vehicles and machinery):**

…………………………………………………………………………………….

…………………………………………………………………………………….

…………………………………………………………………………………….

…………………………………………………………………………………….

…………………………………………………………………………………….

…………………………………………………………………………………….

**Have you received / sought sufficient information to allow you to fully understand the scope of supply and work and complete your SH&E risk assessments for the work you may be employed to do YES / NO**

**If NO, why not and what additional information is required to assess the risk?** ………………….…………………………………………………….………….

………………….…………………………………………………….………….

………………….…………………………………………………….………….

|  |
| --- |
| Item |
| 1 | Does your company have:-   1. A written health & safety policy as required by Section 2(3) of the H.A.S.A.W.A. 1974. 2. A manual or document describing the organisation and arrangements for implementing your health & safety policy.   (Management of Health and Safety at Work Regulations 1999, Regulation 5 – Health and Safety Arrangements).   1. A written environmental policy |  | | | | |  | |  | | | | | | |
| (a) | | | | | YES | | NO | | | | | | |
|  | | | | |  | |  | | | | | | |
| If yes please provide a copy | | | | | | | | | | | | | |
| (b) | | | | | YES | | NO | | | | | | |
|  | | | | |  | |  | | | | | | |
| If yes please provide a copy of the organisation structure e.g. staff tree and indexes of H&S procedures. | | | | | | | | | | | | | |
| (c) | | | | YES | | | | | NO | | | | |
|  | | | |  | | | | |  | | | | |
| If yes please provide a copy | | | | | | | | | | | | | |
| 2 | How does your Company bring its Safety, Health & Environmental policy statement(s) to the attention of employees? | Please provide a brief summary e.g. provide with a personal copy, toolbox talk, notice boards, induction. | | | | | | | | | | | | | |
| 3 | How does your Company encourage people to report and if necessary, pause/stop work if they observe unsafe acts or conditions? | Please provide a brief summary and supporting documentation eg. Reporting system overview, stop work authority campaign. | | | | | | | | | | | | | |
| 4 | How does your Company consult with employees in matters of Safety, Health & Environment? | Please provide a brief summary e.g. Health and Safety Meetings, face to face forums. | | | | | | | | | | | | | |
| 5 | How does your Company and it’s leadership support an engaged safety culture to ensure visible leadership of safety, health and environment? | Please provide a brief summary e.g. Safety Culture policy, leadership site visit schedule. | | | | | | | | | | | | | |
| 6 | How does your Company encourage, recognise and reward positive behaviours in relation to Safety, Health and Environment? | Please provide a brief summary e.g. Recognition policy, Internal SH&E Awards. | | | | | | | | | | | | | |
| 7 | Does your Company issue Safety, Health & Environmental information to your employees? If yes, how do you deliver it? | YES | NO | | | | | | |  | | | | | |
|  |  | | | | | | |
| If yes, please explain and provide a sample of information issued. | | | | | | | | | | | | | |
| 8 | How does your Company deal with breaches of your Company Health, Safety & Environment policy? | Please provide a brief summary e.g. disciplinary procedures etc. | | | | | | | | | | | | | |
| 9 | Accident History[[1]](#footnote-1)  1. Number of RIDDOR major injury reportable accidents (over 7 days lost time).   (b) Number of lost time accidents (over 1 day lost time). (c) Number of RIDDOR reportable Dangerous Occurrence. (d) Average number of employees in the Company.  (e) Number of environmental incidents | Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| 10 | Health, Safety & Environmental History  (a) Number of Prohibition Notices.  (b) Number of Improvement Notices.  (c) Number of Safety, Health or Environmental related prosecutions pending or taken against your Company. | Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| Previous 12 months  …………….. | | | | | | Previous 36 months  …………….. | | | | | | | |
| If in receipt of any prosecutions or enforcement notices please provide details of any corrective / preventative action taken. | | | | | | | | | | | | | |
| 11 | Monitoring and ReviewingHow does your Company carry out assurance, audit and review your Health, Safety & Environmental Management Systems. | Please provide a brief summary of arrangements and a recent audit report / annual review report. | | | | | | | | | | | | | |
| 12 | Are Safety, Health & Environmental Performance Indicators used to support audit and assurance activities? e.g. accident frequency rates, near miss reporting rates, finding closure timescales. | YES | NO | | | | | |  | | | | | | |
|  |  | | | | | |
| If yes please provide a summary e.g. Supply examples of company accident trends and causal analysis, reporting rates | | | | | | | | | | | | | |
| 13 | Does your Company have certification to the following management systems? |  | | | | | | YES | | | | | | | NO |
| ISO 45001 | | | | | |  | | | | | | |  |
| ISO 14001 | | | | | |  | | | | | | |  |
| ISO 9001 | | | | | |  | | | | | | |  |
| Please provide copy of certification and summary of any other certification held. | | | | | | | | | | | | | |
| 14 | Equipment Maintenance and Inspection  Does your Company have a system to ensure statutory inspection and certification of lifting equipment?  (Lifting Operations & Lifting Equipment Regulations LOLER 1998). | YES | NO | | | | | | N/A | | | | | | |
|  |  | | | | | |  | | | | | | |
| If yes, supply copies of your 4 latest lifting equipment insurance certificates. | | | | | | | | | | | | | |
| 15 | Does your Company have a system to ensure the maintenance and inspection of work equipment? A system of identification, inspection, testing, repairing, and tagging tools, plant, and portable powered equipment.  (Provision and Use of Work Equipment Regulations PUWER 1998, Regulation 5 Maintenance and Regulation 6 Inspection). | YES | | NO | | | | | N/A | | | | | | |
|  | |  | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
| 16 | Does your Company have a system for checking vehicles used on site and for ensuring that they comply with current Regulations? | YES | | NO | | | | | N/A | | | | | | |
|  | |  | | | | |  | | | | | | |
| Please provide brief summary e.g. maintenance schedule. | | | | | | | | | | | | | |
| 17 | Does your Company have a system for the control of substances hazardous to health?  (Control of Substances Hazardous to Health Regulations 2002) COSHH. | YES | NO | | | | | | N/A | | | | | | |
|  |  | | | | | |  | | | | | | |
| If yes, supply copies of 4 latest COSHH assessments. | | | | | | | | | | | | | |
| 18 | Does your Company have a register of portable electrical equipment and asystem of identification, inspection, testing, repairing, dating, and tagging of portable electrical equipment.  (Electricity at Work Regulations 1989). | YES | NO | | | | | | N/A | | | | | | |
|  |  | | | | | |  | | | | | | |
| If yes please provide a copy of the register | | | | | | | | | | | | | |
| 19 | Does your Company conduct task specific risk assessments, including safety, health and environmental protection risks, prior to the commencement of work to be carried out?  (Management of Health and safety at Work regulations 1999, Regulation 3) | YES | | NO | | | | |  | | | | | | |
|  | |  | | | | |
| If yes please supply a copy of your last risk assessment. | | | | | | | | | | | | | |
| 20 | Does your Company supply a Health and Safety Plan relevant to the work to be carried out?    (Construction (Design and Management) Regulations 2015). | YES | | NO | | | | | N/A | | | | | | |
|  | |  | | | | |  | | | | | | |
| If yes, please provide a copy of your latest Construction Phase Plan or project of a similar nature prepared under the auspices of CDM. | | | | | | | | | | | | | |
| 21 | Does your Company supply task specific method statements, relevant to the work to be carried out? | YES | | NO | | | | | N/A | | | | | | |
|  | |  | | | | |  | | | | | | |
| If yes, please provide a copy of your latest method statement relevant to the work to be carried out. | | | | | | | | | | | | | |
| 22 | Does your Company have a control procedure for issue, use and inspection of Personal Protective Equipment (PPE)?    (Personal Protective Equipment at Work Regulations 1992). | YES | | NO | | | | | | N/A | | | | | |
|  | |  | | | | | |  | | | | | |
| Please details of your company policy and procedures regarding issue, maintenance, and use of PPE e.g. supervisor 6 monthly check etc. | | | | | | | | | | | | | |
| 23 | Environmental Protection  Does your Company have an Environmental Protection Plan and maintain a Register of Environmental Impacts and Aspects? | YES | NO | | | | | | N/A | | | | | | |
|  |  | | | | | |  | | | | | | |
| If yes, please provide a copy of the register and plan. | | | | | | | | | | | | | |
| 24 | Personnel Safety, Health & Environmental Competence  Who does your Company appoint in writing as your competent Safety, Occupational Health & Environmental Advisor(s).    (Management of Health and Safety at Work Regulations 1999, Regulation 7 - Health and Safety Assistance). | Name: ……………………………..  Company: ……………………………..  Position: ……………………………..  Tel: ……………………………...  Please provide a copy of their CV including confirmation of length of time with your Company. | | | | | | | | | | | | | |
| 25 | Who will be responsible for day to day occupational health, safety & environmental protection for the package of work? | Name:  ………………………………  Position:  ………………………………  Please provide a copy of their CV including confirmation of length of time with your Company. | | | | | | | | | | | | | |
| 26 | Is it likely that your Company will engage contingent workers and / or sub-contractors to carry out work on our site? | YES | | NO | | | | | | N/A | | | | | |
|  | |  | | | | | |  | | | | | |
| Provide contact details of your intended sub-contractors should you be awarded the contract, also provide a brief description of their expected activity on the project. | | | | | | | | | | | | | |
| 27 | How do you assess the competence of sub-contractors, with specific focus on matters that impact Safety, Health, & Environmental Protection? | Explain system or provide a copy of the relevant procedure.  All contractors & sub-contractors must attend and pass a site induction | | | | | | | | | | | | | |
| 28 | How do you identify competency requirements of your employees and any contingent workers, including training, qualifications/licences, fitness for task medical assessments and health monitoring, for roles relating to planned work? | Please provide a brief summary of the arrangements eg. task training matrix, overview of occupational health provision | | | | | | | | | | | | | |
| 29 | Do you maintain a record of Health, Safety & Environmental Training provided for your Managers, Supervisors and all other employees who are likely to be involved in the project?    (Management of Health and Safety at Work Regulations 1999, Regulation 13 - Capabilities and Training). | YES | | NO | | | | |  | | | | | | |
|  | |  | | | | |
| If yes, please provide a copy of the training profile for each level, manager, supervisor and employee, which details the Health, Safety & Environmental courses undertaken. | | | | | | | | | | | | | |
| 30 | Do your Managers, Supervisors and all other employees have current relevant Safety, Health and Environmental training such as IOSH Managing Safety or Working Safety certificate? | YES | | NO | | | | | | | | |  | | |
|  | |  | | | | | | | | |
| If yes, please provide one certificate for a manager, supervisor & employee  If training is not a widely recognised certificate or is internal training please provide summary of training content. | | | | | | | | | | | | | |
| 31 | Does your Company provide and deliver information to front line employees for continuous learning such as tool-box talks / safety, health & environmental briefs and information sharing or alerts following events? | YES | | NO | | | | | | | |  | | | |
|  | |  | | | | | | | |
| If yes, please indicate the frequency of providing tool-box talks / SH&E briefs and provide examples of material. | | | | | | | | | | | | | |
| 32 | Does your Company have Employers liability insurance?    The Employers Liability (Compulsory Insurance) Regulations 1998. | YES | | NO | | | | | | | | |  | | |
|  | |  | | | | | | | | |
| Please provide a copy of current policies | | | | | | | | | | | | | |
| 33 | Does your company have Public liability insurance? | YES | NO | | | | | | | | |  | | | |
|  |  | | | | | | | | |
| Please provide a copy of current policies | | | | | | | | | | | | | |
| 34 | Has the company won, or been finalists for, any SH&E or relevant industry awards? | YES | | | NO | | | | | | | | |  | |
|  | | |  | | | | | | | | |
| Please provide an overview of awards | | | | | | | | | | | | | |

###### LIST OF DOCUMENTS SUPPLIED WITH COMPLETED SH&E QUESTIONNAIRE

##### Please list all documents provided below.

|  |  |
| --- | --- |
| ITEM | TITLE OF DOCUMENT |
|  |  |

1. **A Reportable accident**:- Clarification of a reportable accident is contained in Regulation 3 and Schedule 1 of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (and includes any accident at work which causes incapacity for work for more than three consecutive days not including the day of the accident.

   **A lost time accident**:- Is an accident at work which causes incapacity for work for one day or more not including the day of the accident (lost time accident figures include reportable accidents). [↑](#footnote-ref-1)