

Suitability Assessment Questionnaire

Note: Failure of the contractor to successfully complete this form, or where the contractor has been assessed and found not to fulfil the requirements, the contractor will be excluded from proceeding further within the tender process.

Contractor Details

1	Registered Company Name	
2	Registered Company Address	
3	Telephone No.	
4	Fax No.	
5	Email:	
6	No. of Employees	
7	Does your company hold a Tax Clearance certificate/ Subcontractors C2 certificate for the current year?	Yes/No
8	Does your company have the following Insurance Indemnities • Employers Liability €12,700,000.00 (minimum) • Public Liability €6,400,000.00 (minimum) If so please state the name of your insurance company and the policy expiry date: Insurer: _____ Expiry Date _____	Yes/No
9	Is you company in compliance with the Registered Employment Agreement (Construction Industry Pensions Assurance & Sick Pay Scheme) Evidence will be required of such compliance prior to employment.	Yes/No

Experience

10	Has your company previously been employed by Carlow County Council? If so please state location and extent of works. _____ _____ _____ _____ _____	Yes/No
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11	Have you previously carried out work, which is comparable in size and nature to this proposed work? List your top five jobs over the past twelve months: _____ _____ _____ _____ _____	Yes/No
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Safety Health & Welfare Management

			Page No
12	Is a copy of your Safety Statement enclosed with this form? Is your Safety Statement: • Up to-date • Does it include legislative requirements • Is it signed by the Head of your Company • Does the safety statement set out the company's commitment to safety, health & welfare and the responsibilities of individuals within the company • Does the safety statement describe your arrangements for ensuring relevant work equipment borrowed or hired-in is accompanied by all appropriate training (Including induction training), inspection and maintenance records • Who is your Nominated Safety Officer? _____	Yes/No Yes/No Yes/No Yes/No Yes/No	Page ____ Page ____ Page ____ Page ____
13	How often do you show your safety statement to your staff? _____		
14	State how your Safety policy is brought to the attention of all your employees: _____ _____ _____		
15	Does your company have specific arrangements for the implementation of the Safety Statement? Is this detailed in your safety statement? Does each driver have possession of the companies Safety Statement on site?	Yes/No Yes/No Yes/No	Page ____
16	Is there a procedure in place for the provision, use and maintenance of personal protective equipment? Is this detailed in your safety statement?	Yes/No Yes/No	Page ____
17	Does your company have a hazard identification/risk assessment procedure in place? Is this detailed in your safety statement?	Yes/No Yes/No	Page ____

18	Are there procedures for maintaining, inspecting and assessing the hazards of plant & machinery operated/hired, or owned by the company for use on and off site?	Yes/No	Page
19	Would your company be competent to carry out traffic management services?	Yes/No	
20	Has your company a procedure for the preparation of a traffic management plan where required?	Yes/No	
21	Are the following procedures detailed in your safety statement: Work inspection system, Machine inspections, Maintenance inspection Regular inspections	Yes/No Yes/No Yes/No Yes/No	Page ____ Page ____ Page ____ Page ____
22	Are there procedures for dealing with emergencies'?	Yes/No	Page ____
<u>Site Management</u>			
23	Is your company willing to co-ordinate with the Project Supervisor(s) prior to work commencing and during the performance of the work?	Yes/No	
24	Are you familiar with the process of preparing safety statements	Yes/No	
<u>Health & Safety Performance</u>			
25	Have your company's employees been involved on any accidents, which were required to be notified to the Health & Safety Authority over the past three years? If yes, please provide details: _____ _____ _____ _____ _____	Yes/No	
26	Has your company or individuals employed by your company been prosecuted for any breaches of Health & Safety Legislation within the past three years?	Yes/No	

27	Has any prohibition, improvement or other enforcement notice/order been issued against your company in the past three years? If yes, please provide details: _____ _____ _____ _____ _____	Yes/No
28	Have there been any dangerous occurrences?	Yes/No
<u>Health & Safety Training, Instruction & Information</u>		
29	Have all your supervisors attended Health & Safety courses within the past three years?	Yes/No
30	Have all your operatives received appropriate training for their work and in general Health & Safety aspects of your type of work?	Yes/No
31	Are records maintained of all training and any certification or licenses obtained and induction undertaken for employees of your company?	Yes/No
32	Provide evidence that all employees have completed the Safe Pass Scheme. Details enclosed?	Yes/No
33	Provide evidence that all relevant persons have completed the CSCS Scheme as per Schedule 9 of 2001 Construction Regulations as amended in 2003. Details Enclosed?	Yes/No
<u>Undertaking</u>		
34	I certify that the information supplied is accurate and I accept the conditions and undertakings requested in the questionnaire. I understand and accept that false information could result in exclusion from the tendering process or rejection of our tender. Signed on behalf of Contractor: _____ Name (Block Capitals) _____ Position within Company: _____ Date: _____ Note: This undertaking is to be signed by an authorised representative on behalf of the Contactor.	