

Information for Organisation Completing the Prequalification Questionnaire

- All** questions must be answered or an automatic fail mark applies to the question.
- Shaded sections must be answered by **PSDP or PSCS** applicants only.
- Where the question states “Provide Details”, “Provide Examples” or “Provide Evidence”, supporting documentation **must** be provided using appendices and reference to be made to the specific page(s) and subsections in the space provided on the questionnaire.
- The Organisation will be facilitated with **two opportunities** to submit information to meet the requirements of the assessment, should the Organisation fail to pass after the second attempt, they will be removed from the process.
- Successful assessments will be valid for three years for works which are of a similar nature, size and complexity.
- Where inspection/audit query the competency of the appointed Organisation, they shall be suspended.

1.0 Declaration of Competence

- This Organisation declares that it is competent to perform/provide the services it offers and has a thorough knowledge of the requirements of the Safety, Health and Welfare at Work Act 2005 and all other relevant regulations, codes of practice and guidance.
- The Organisation solemnly and sincerely declares that the statements and information provided to the Client are complete, accurate and truthful and that the Organisation makes this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1938.

Description of works or service to be undertaken:

Duty Holder Role: (Tick one box only)	PSDP, Designer, PSCS and Contractor	<input type="checkbox"/>	PSDP and Designer	<input type="checkbox"/>
	PSDP only	<input type="checkbox"/>	Designer only	<input type="checkbox"/>
	PSCS only	<input type="checkbox"/>	PSCS and Contractor	<input type="checkbox"/>
	Contractor only	<input type="checkbox"/>	Non – Construction Contractor/ Service Provider	<input type="checkbox"/>

Organisation Information:

Registered Name:			
Registered Address:			
Safety Professional / Consultant:	Contact No:		
	Email:		
Project Contact Person:	Contact No:		
	Email:		
Signature:			Date:

Ref.	Item	Details enclosed
2.0 Experience		
2.1	Provide details of similar projects previously completed including 2 no. references (Contact name; Organisation; contact number and email; project title)	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
2.2	Provide details of previous PSDP and/or PSCS appointments including 2 No. references for projects which are comparable in size, nature and complexity (Contact name; Organisation; contact number and email; project title)	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
3.0 Training, Qualifications		
3.1	Provide details of competence for key personnel proposed for the project include experience, evidence of relevant qualifications and/or relevant safety training.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
3.2	Provide evidence of membership to trade associations or professional bodies (e.g. RIAI; EI; CIF; CIOB; NISO, etc)	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.0 Safety and Technical Knowledge		
4.1	Detail how you assess required project safety and health resources and time constraints.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.2	Provide 2 no. examples of Temporary Traffic Management Plans which are comparable in size, nature and complexity to this project. N/a <input type="checkbox"/> Rational: Works or Service will not take place on a road.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.3	Describe how you will co-ordinate the implementation of safe working procedures.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.4	Detail how safety is communicated and co-ordinated. (Client ↔ PSDP ↔ Designer ↔ PSCS ↔ Contractors ↔ Sub-contractors).	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.5	Provide an example of a Design Process Safety and Health Plan and/or Construction Stage Safety and Health Plan which is comparable in size, nature and complexity to this project.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
4.6	Describe your process for contributing to or preparing a Safety File.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____

Ref.	Item	Details enclosed
4.7	Detail how you will undertake corrective action and issue directions.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
5.0 Safety and Health Management		
5.1	Do you have a certified Safety Management System e.g. Safe-T-cert; ISO 45001. Provide evidence of certification.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
5.2	Detail how your Organisation complies with Section 19 and 20 of the Safety, Health and Welfare at Work Act 2005?	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
	a. Safety Statement and Risk Assessments	<input type="checkbox"/>
	b. H.S.A. BeSmart Safety Management and Risk Assessment Tool	<input type="checkbox"/>
	Provide an UP TO DATE and SIGNED copy of Safety Statement or BeSmart Documents and relevant Risk Assessments.	
5.3	Detail how you assess competency for persons engaged in a project.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
6.0 Regulatory Compliance		
6.1	Detail any prosecutions, convictions or enforcement actions issued by Health and Safety Authority (HSA) in the last 5 years.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____
6.2	Provide summaries of statistical information in relation to your organisation's accidents and dangerous occurrences over the last 3 years.	Yes <input type="checkbox"/> No <input type="checkbox"/> Reference: _____