

BPC 1 Competency Assessment for PSDP/Designer



Client to assess competency, based on information submitted by the PSDP/Designer

Designer:

Project:

Tick duties being assessed: PSDP and Designer PSDP only Designer only

Where details or evidence is specifically requested, these must be attached to this questionnaire and submitted to the client. Questions marked "*" relate specifically to PSDP. All remaining questions must be answered by the Designer and PSDP.

Section 1:

Client ticks if response is adequate

If you answer "yes", proceed to Section 2. If you answer "no", respond to the remaining questions first.

1.1 Do you have a third-party accredited Safety Management System (e.g. OHSAS 18001)?

Yes No → 1.2 Provide an outline of your Safety Statement (e.g. table of contents)

1.3 Provide evidence of how you manage health & safety on your projects

1.4 Provide an example of how risk assessments are undertaken at design

1.5 Detail how you take account of the General Principles of Prevention

1.6 Provide an example of how you have designed out hazards

1.7 Detail how you assess competency for persons engaged in a project

1.8 Detail how you assess the health and safety resources required

1.9 Detail how you assess time required for completion of a project*

1.10 Detail how you take corrective action and issue directions*

Section 2:

Answer all questions.

2.1 Provide details of similar projects previously completed

2.2 Provide details of previous PSDP* and/or Designer appointments

2.3 Provide details of experience of the staff you propose for this project

2.4 Provide evidence of relevant qualifications and/or relevant safety training for staff

2.5 Provide evidence of membership of professional bodies (e.g. RIAI, EI, ACEI)

2.6 Detail how design safety is communicated and coordinated*

2.7 Provide an example of a previous Preliminary Safety and Health Plan*

2.8 Describe your processes for preparing a Safety File*

2.9 Detail any accidents/incidents associated with your projects

2.10 Detail any previous convictions/enforcement action by the Health and Safety Authority

In accordance with the Statutory Declarations Act 1938, I/we attest to the completeness, accuracy and truthfulness of the statements I/we have made in completing this form and to any information I/we have attached.

Signed by Designer/PSDP:

Date:

Submission approved, signed by Client:

Date approved by Client: