

SF04A – COMPETENCY ASSESSMENT FOR PSCS/ CONTRACTOR



CONTRACTOR _____

PROJECT _____

Assessment of ☐ PSCS & Contractor

☐ PSCS Only

☐ Contractor Only

Where details or evidence is specifically requested, these must be attached to this questionnaire and submitted to the Client. Questions marked * relate specially to PSCS.
All remaining questions must be answered by the Contractor and PSCS

SECTION 1

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?

(Tick Yes or No below and follow)

(Tick if response is adequate)

☐ Yes ☐ No →

1.2	Provide an outline of your Safety Statement e.g. Table of Contents	
1.3	Provide evidence of how you manage Safety & Health on projects	
1.4	Provide an example of how risk assessments are undertaken	
1.5	* Detail how you take into account the General Principles of Prevention	
1.6	Provide an example of how you managed hazards for a similar project	
1.7	*Detail how you assess the competency of any subcontractors engaged by you on the project	
1.8	Detail how you assess the health & safety resources required	
1.9	* Detail how you implement and manage time constraints for a project	
1.10	* Detail how you take corrective action and issue directions	

SECTION 2

2.1	Provide details of similar projects previously completed	
2.2	* Provide details of previous PSCS appointments	
2.3	Provide evidence of relevant experience & qualifications for the role i.e. staff experience, training & qualifications	
2.4	Provide evidence of membership of trade association (e.g. CIF etc)	
2.5	* Detail how safety is communicated and coordinated	
2.6	* Provide an example of a previous Safety & Health Plan	
2.7	* Describe how your company coordinates the implementation of safe working procedures	
2.8	Detail any accidents/ incidents associated with your projects	
2.9	Detail any previous convictions/ enforcement action by the HSA	

SECTION 3

DECLARATION:

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.

Name of Company Representative

Company Name _____

Date _____

SECTION 4

FOR COMPLETION BY MAYO COUNTY COUNCIL

Submission approved on behalf of Client:

Name of Mayo County Council Representative

Date _____

NB: ☐ Please tick on completion of Form SF04B – Appointment & Acceptance of PSCS Role

Internal Use - Health & Safety Section only

Revision Information	SF04A	Rev: 0
	Prepared by H&S Section for consultation:	Dec 2017
	Approved by: H&S Section	March 2018