

BPC 2 Competency Assessment for PSCS/Contractor



Client to assess competency, based on information submitted by the PSCS/Contractor

Contractor: Project:

Tick duties being assessed: ☐ PSCS and 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 specifically to PSCS. All remaining questions must be answered by the Contractor and PSCS.

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. Safe-T-Cert)?

☐ 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 you assess risks for construction activities

1.5 Detail how you take account of 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 competency for persons engaged in a project

1.8 Detail how you assess the health and 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:

Answer all questions.

2.1 Provide details of similar projects previously completed

2.2 Provide details of previous PSCS* and/or Contractor appointments

2.3 Provide details of experience for 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 trade associations (e.g. CIF, CIOB)

2.6 Detail how safety is communicated and coordinated*

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

2.8 Describe how you coordinate the implementation of safe working procedures*

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 Contractor/PSCS:

Date:

Submission approved, signed by Client:

Date approved by Client: