



Sweeney Architects

Pre - Qualification Questionnaire (Contractor PSCS)

Note:

Failure of the contractor to successfully complete or where the contractor has been assessed as not fulfilling the requirements, the contractor will be excluded from proceeding further

Section 1: Certificate of Competence

- 1.1 This company declares that it is competent to perform the works as required by the project and has a thorough knowledge of the requirements of the current Safety, Health & Welfare at Work Act, Regulations, Codes of Practice and Guidance.
- 1.2 This company declares that the information provided in this questionnaire is an accurate summary of the company's current safety and health management system.
- 1.3 Please supply details of service/supplies that you wish to provide to the Project including name of Project

Registered Company Name: _____

Company Registration Number: _____

The year the company was registered: _____

Average No. of employees in the last 12 months: _____

Registered Company Address: _____

24 Hour Tel No.: _____ Fax: _____ Email: _____

Completed by: _____ Position in Company: _____

Contact Number: _____ Date: _____

Signed: _____

Signed: _____

Position: _____

Position: _____

Note: All answers are to be categorised as per this questionnaire and where any supporting documents are being used to provide the answers, reference is to be made to the specific subsections as applicable.

Section 2. Safety Health & Welfare Management

1	Have you experience of previously carrying 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 <i>Enclose Details</i>
2	Does your company have access to a competent Health and Safety Advisor (in-house/consultant) <u>Please insert name and contact details:</u>	Yes/No <i>Enclose Details</i>
3	Is a copy of your current Safety Statement enclosed? (<u>Please ensure it is enclosed</u> , signed and dated by the head of the company before submission)	Yes/No
	<u>Does your safety statement include the following?</u>	
	4. Up to date legislation?	Yes/No
	5. Does you company have a hazard identification/risk assessment and controls for your activities?	Yes/No
	6.Does it include emergency procedures	Yes/No
	7.Does it include company structure chart, roles and responsibilities of management & employees?	Yes/No
	8. Do you consult with your staff on health & safety matters?	Yes/No
	9. Do you bring the safety statement to the attention of your employees, at least annually?	Yes/No
	10. If you don't have a safety statement please detail how you intend to comply with section 20 of the Safety ,Health & Welfare at Work Act 2005 (only applicable for companies with 3 employees or less and complying with a construction safety code of practice)	<i>Enclose Details</i>
11	Do you intend to sub-contract any part of the works for which you have quoted for? If Yes list what elements will be sub-contracted out?	Yes/No <i>Enclose Details</i>
12	Does your safety statement give details on how sub-contractors are managed? If yes, please state which section of your safety statement	Yes/No <i>Enclose Details</i>
13	Does your safety statement give details on how the competency of sub-contractors is assessed?	Yes/No

Section 3. Health & Safety Performance

14	Have your company's employees been involved in 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 <i>Enclose Details</i>
15	Has your company or individuals employed by your company been prosecuted for any breaches of Health & Safety Legislation within the past three years? If yes, please provide details: _____	Yes/No <i>Enclose Details</i>
16	Has any prohibition, improvement or other enforcement notice/order been issued against your company in the	Yes/No

	past three years? If yes, please provide details: _____	Enclose Details
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Section 4. Health & Safety Training, Instruction & Information

17	Please indicate if the following training has been carried out by your company: IOSH Managing Safety Safe Pass Manual Handling Confined Spaces First Aid Fire safety Abrasive Wheel training Induction training Toolbox Talks CSCS Training for plant/activity operation (as per schedule 4 of the Construction Regulations 2006) Sign, Lighting and Guarding CSCS training (3 day and 1 day) Other (please insert details):	 Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA Yes/No/NA
18	Do you ensure that relevant staff obtains CSCS/Safe Pass re-accreditation?	Yes/No/NA
19	Are records maintained of all training and any certifications or licences obtained and induction undertaken for employees of your company?	Yes/No

Section 5. Site Management

20	Is your company willing to act as Project Supervisor Construction Stage? <u>If yes please complete questions in Question 23 overleaf?</u>	Yes/No

Tick duties being assessed: ☐ PSCS and Main Contractor

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

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

☐ Yes ☐ No



23.2 Provide evidence of how you manage health and safety on your projects

23.3 Provide an example of how you assess risks for construction activities?

23.4 Detail how you take account of the General Principles of Prevention?

23.5 Provide an example of how you managed hazards for a similar project?

23.6 Detail how you assess competency for persons engaged in a project?

23.7 Detail how you assess health and safety resources required?

23.8 Detail how you implement and manage time constraints for a project?

23.9 Detail how you take corrective action and issue directions?

Section 2: Answer all questions.

23.10 Provide details of PSCS appointments & similar projects completed?

23.11 Provide details of experience of the staff you propose for management of this project?

23.13 Provide evidence of relevant qualifications and/or relevant safety training for staff with regard to PSCS appointments?

23.14 Provide evidence of membership of professional bodies (e.g. CIF, CIOB, IOSH etc)?

23.15 Detail how safety is communicated and coordinated on site?

23.16 Provide an example of a previous Safety and Health Plan?

23.17 Describe how you coordinate the implementation of safe working procedures on site?

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 behalf of PSCS:

Date:

Submission signed by Client:

Date signed by Client: