

Competency Assessment for Outside Contractor

Contractor Health & Safety Assessment of Competency Form

Section 1. Safety, Health & Welfare Management

Number of company employees - less than 3 ☐ >3<20 ☐ more than 20 ☐

Number of employees for this work, less than 3 ☐ >3<20 ☐ more than 20 ☐

Does your company have a third-party accredited Safety Management System (e.g. Safe-T-Cert)?
Yes/No

If **Yes** to previous question, please state which SMS **and proceed to Section 2**

If **No** to previous question:

Does your company have a current safety statement?

Yes/No

Is the company safety statement based on HSA Code of Practice model with SSHPs?

Yes/No

Does your safety statement include the following ?:

- | | |
|---|---------------|
| • A signed and dated health & safety policy by the head of company | Yes/No |
| • Up to date legislation | Yes/No |
| • Hazard identification/risk assessment and controls for your work activities | Yes/No |
| • Emergency procedures | Yes/No |
| • Roles and Responsibilities of Management & Employees | Yes/No |
| • Safety Training for all Employees / Subcontractors | Yes/No |

Do you do have a Health & Safety Communication Procedure for your Employees/Subcontractors
Yes/No

Do you intend to sub-contract out works?
Yes/No

Do you have procedures for the management of subcontractors with regard to health and safety during any project/works.
Yes/No

If Yes, please submit a further copy of this form completed by any sub-contractor engaged in this project/works.

Section 2. Health & Safety Performance

Please give an accident summary for the past three years below:

Fatal Accidents: _____

Major Injuries: _____

Notifiable accidents to the Health & Safety Authority

Dangerous Occurrences reported to the Health & Safety Authority

Has your company been issued with a prohibition notice from HSA in last five years?

Yes/No

If yes to any of the above please outline procedures that been put in place to prevent a reoccurrence:

Has your company or individuals employed by your company been prosecuted for any breaches of health and safety legislation within the past five years?

Yes/No

If yes give details:

What action was taken to prevent a re-occurrence?

Do you have any formal method of evaluating your company's safety record

Yes/No

Please describe?

Section 3. Declaration by Contractor

This company declares that it is competent to perform the works as **at** _____ required by Wicklow County Council.

I confirm

- That the company has a thorough knowledge of the requirements of the current Safety, Health & Welfare at Work Act, Regulations, Codes of Practice and Guidance.
- That the Safety Statement refers to the appropriate Hazards and Risks of the works **at** _____ required by Wicklow County Council.
- That the Risks have been assessed and Control Measures have been detailed.
- That I have signed the Safety Statement as Chief Executive of this company.

Name: _____

Position: _____

Date: _____

Internal use only

Contractor approved for Competency :

☐ Yes

☐ No

Competency assessed by:

Date: