

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: