## Health & Safety Questionnaire to Assess Competency of PSCS.

**Instructions:** XYZ Council intends to appoint a competent Project Supervisor Construction Stage (PSCS). Please provide a response to all fields to enable the Council to assess the competence under the Safety, Health & Welfare at Work Act, 2005, Regulations made there under and the Safety, Health & Welfare at Work (Construction) Regulations 2013. Failure to answer all questions in Parts 1 to 11 inclusive, may adversely affect the assessment. The Council reserves the right to seek further information and/or require any person being considered for the role of PSCS or Contractor to attend for interview. Please attach or forward any additional documents, which support the responses you have provided in this questionnaire. The assessment is based on a Pass / Fail Criteria.

---

### Part 1 – Company Information

○ Limited Company ○ Unlimited Company ○ Sole Trader ○ Tendering as a Joint Venture

Registered Company Name: _____

Registered Address: _____

_____

Trading Name (if different): _____

Company Registration No: _____ No. of Employees: _____

Describe your company's main areas of work:

| |
|---|
| |

Name of Person completing form: _____

Position: _____ Telephone Number: _____

Email Address: _____

Date Submitted to the Council: _____

**Part 2: Compliance with the requirements of the Safety, Health & Welfare at Work Act, 2005.**

| | Yes | No |
|---|---|---|
| Do you have a documented policy or procedure for Hazard Identification & Risk Assessments? | O | O |

Describe your policy/ procedure for Hazard Identification & Risk Assessments in your Workplace:

| |
|---|
| |

| | | |
|---|---|---|
| Do you have a Safety Statement? | O | O |

Describe how you communicate the Safety Statement to employees:

| |
|---|
| |

At what frequency is your Safety Statement reviewed? _____

| | | |
|---|---|---|
| Do you have OHSAS 18001? | O | O |
| Do you have documented arrangements for Employee Consultation & Participation | O | O |

Describe how you achieve consultation and participation of Employees _____

_____

Describe your policy for the provision of instruction, training & supervision: _____

_____

Name & title of individual with ultimate responsibility for Health & Safety: _____

_____

Name of your competent Safety Officer: _____

Qualifications of H&S Officer: _____

Is this Safety Officer in house or an external consultant: _____

Contact telephone number of Safety Officer: _____

Describe how you ensure that your projects are constructed to be safe & without risks to health:

| |
|---|
| |

Describe how you manage and construct projects:

Describe how you ensure that your projects comply with relevant statutory provisions:

Describe how you achieve cooperation between Contractors sharing the place of work:

Describe how you ensure Public Safety at all times on your projects:

Describe how you coordinate the activities of Contractors with respect to health, safety and welfare matters:

**Part 3 Compliance with the Safety, Health & Welfare at Work (Construction) Regulations 2013:**

As Contractors, please describe how you comply with Parts 3 to 14:

| |
|---|
| |

In particular, please describe any formal system for taking General Principles of Prevention into account during construction:

| |
|---|
| |

| | Yes | No |
|---|---|---|
| Do you complete written Risk Assessments as part of managing health, safety & welfare during construction works ? | O | O |
| Do you use Risk Registers as part of managing health & safety during construction works ? | O | O |
| Do you use Safe System of Work Plans ? | O | O |
| Do you have procedures for Contractors to cooperate & communicate with PSCS? | O | O |
| Do you have procedures for Contractors to cooperate & communicate with PSDP? | O | O |
| Do you have procedures for subcontractors to communicate with PSCS & PSDP | O | O |

Describe the policies & procedures for communicating the health, safety & welfare issues to Direct & Indirect employees:

| |
|---|
| |

Do you complete audits of your procedures and work practices during construction works:

| |
|---|
| |

Describe how you assess the competency of your staff to manage health, safety & welfare during construction works:

| |
|---|
| |

As PSCS, please describe how you comply with Regulations 16 to 21:

| |
|---|
| |

In particular, please describe how you coordinate the activities of Contractors engaged on projects where you are PSCS:

| |
|---|
| |

Please describe your procedures for communicating & managing health, safety & welfare across all Contractors:

| |
|---|
| |

As PSCS, please indicate which of the following contractors you have experience of coordinating their activities on site (tick all that apply):

☐ Civil Contractors ☐Building Contractors ☐Ground Works Contractors

☐ M&E Contractors ☐ Sub-Contractors ☐ Concrete Works Contractors

☐Precast Concrete Contractors

| | **Yes** | **No** |
|---|---|---|
| Have you prepared Safety & Health Plans for projects of a similar nature & scale? | O | O |
| If appointed as PSCS, do you intend appointing a Health & Safety Advisor for the Construction Stage? | O | O |

If known, name of Health & Safety Advisor Construction Stage _____

## Part 4 Qualifications & Previous Health & Safety Experience

Detail H&S Qualifications & experience of key personnel, who will be assigned to this project. Please supplement with CV's.

| Name | Qualifications | Summary of Experience |
|---|---|---|
| | | |

| Name | Qualifications | Summary of Experience |
|---|---|---|
| | | |

| Name | Qualifications | Summary of Experience |
|---|---|---|
| | | |

| Name | Qualifications | Summary of Experience |
|---|---|---|
| | | |

| Name | Qualifications | Summary of Experience |
|---|---|---|
| | | |

Please provide details of projects where you have undertaken the role of PSCS

| |
|---|
| |

## Part 5 Appointment of Sub-Contractors

| | Yes | No |
|---|---|---|
| Will you engage Sub-Contractors for this project? | O | O |

Please describe how you assess the competency of Sub-Contractors:

| |
|---|
| |

Describe how you assess the H&S resources of Sub-Contractors:

| |
|---|
| |

Describe how you communicate H&S issues to Sub-Contractors:

| |
|---|
| |

Describe how you control subsequent sub-lettings of elements of the construction works by the Sub-Contractor:

| |
|---|
| |

## Part 6 Accidents and Dangerous Occurrences:

| | Yes | No |
|---|---|---|
| Do you have a documented procedure for investigating & reporting accidents & dangerous occurrences? | O | O |

If yes, describe the procedure:

| |
|---|
| |

Please attach a copy of your Accident / Incident Report Form.

Who is responsible for reporting & investigating accidents? _____

_____

**Part 7 Accident Statistics:**

| | 2025 | 2024 | 2023 | 2022 | 2021 |
|---|---|---|---|---|---|
| Number of Fatal Accidents within last 5 years | ____ | _____ | _____ | _____ | _____ |
| No of Fatal Accidents within last 5 years (Indirect) | ____ | _____ | _____ | _____ | _____ |
| No. of Reportable Accidents within last 5 years | ____ | _____ | _____ | _____ | _____ |
| No. of Reportable Accidents (Indirect) | ____ | _____ | _____ | _____ | _____ |
| No. of Dangerous Occurrences | ____ | _____ | _____ | _____ | _____ |
| No. of Dangerous Occurrences (Indirect) | ____ | _____ | _____ | _____ | _____ |
| No. of Prohibition Notices | ____ | _____ | _____ | _____ | _____ |
| No. of Prohibition Notices (Indirect) | ____ | _____ | _____ | _____ | _____ |
| No. of Prosecutions | ____ | _____ | _____ | _____ | _____ |
| No. of Prosecutions (Indirect) | ____ | _____ | _____ | _____ | _____ |
| No. of Hours Worked | ____ | _____ | _____ | _____ | _____ |

Details of Reportable Accidents within the last 5 years:

**Part 8 Any Further Information:**

Please provide any further information which would assist the Council to assess your competence to be appointed as PSCS:

## Part 9 References:

Please provide details of references which the Council may contact in relation to safety, health & welfare performance.

| |
|---|
| Reference 1: |
| Reference 2: |

## Part 10 Training:

| | Yes | No |
|---|---|---|
| Are all personnel, including subcontractors for this project Safe Pass trained | O | O |
| Have personnel completed the relevant CSCS training for this project | O | O |

## Part 11 Insurance:

| | | |
|---|---|---|
| Do you have current Public Liability Insurance? | O | O |
| Do you have current Employers Liability Insurance? | O | O |
| Do you have Contractors All Risk Insurance | O | O |
| Have Consultants providing professional advice & services have Professional Indemnity Insurance? | O | O |

## Part 12 Attachments to Forward to Cork City Council:

1. Safety Statement, signed & dated.
2. Project Specific Health & Safety Plan.
3. Names of sub-contractor(s).
4. Safety Statement(s) for sub-contractors.
5. CV for intended Safety Advisor.
6. CV's for Project Manager, Site Engineer etc.
7. Training Records.
8. Risk Assessments.
9. Method Statements.
10. Copy of Accident / Incident Report Form.
11. Insurances.
12. Insurances for sub-contractor(s)