Safety and Health Prequalification Questionnaire for External Duty Holder

Description of works or service to be undertaken:					
Duty Holder Role (Tick one box only)					
PSDP, Designer & PSCS		**PSDP and Designer**		**PSDP only**	
Designer only		**PSCS and Contractor**		**PSCS only**	
Contractor only		**Non-Construction Contractor/Consultant/Service Provider**			

Company Information			
Registered Name			
Registered Address			
Safety Professional/ Consultant Contact Person:		**Contact No.**	
		Email	
Project Contact Person:		**Contact No.**	
		Email	
I, the undersigned, solemnly and sincerely declare that the statements and information provided to the Client in this document are complete, accurate and truthful.			
Signature:		**Date**	

Information for Company Completing the Prequalification Questionnaire

1. All questions must be answered or an automatic fail mark applies to the question.
2. The green shaded sections are to be answered by PSDP or PSCS applicants ONLY
3. Where the question states “Provide Details” or “Provide Evidence”, supporting documentation must be provided and referenced, including the specifc page number(s) and subsection(s).
4. The Company will be facilitated with two opportunities to submit information to meet the requirements of the assessment. Should the Company fail to pass after the second attempt, they will be removed from the process.
5. Successful assessments will be valid for 3 years for works which are of a similar nature, size and complexity.
6. Where an inspection/audit queries the competency of the appointed Company, they shall be suspended.

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1.0	Declaration of Competence	N/A	Yes	No	Marks (RCC use only)
1.1	**Do you declare that your Company is competent to perform/ provide the service as detailed in the Tender Agreement and has a thorough knowledge of the requirements of the current Safety, Health and Welfare at Work Act 2005 and all other relevant regulations, codes of practice and guidance?**				___/15
2.0	**Safety & Health Management**	**N/A**	**Yes**	**No**	
2.1	**Do you have a certified Safety Management System (e.g. Safe-T-cert; ISO 45001)?**				
	Please provide evidence of certification.				
	Appendix (page & subsection):				___/5
2.2	**Does your company comply with Section 19 and 20 of the Safety, Health and Welfare at Work Act 2005?**				
	Which of the following systems are used for compliance?				
	a. Safety Statement and Risk Assessments				
	b. H.S.A. BeSmart Safety Management and Risk Assessment Tool				
	Provide an UP TO DATE and SIGNED copy of Safety Statement or BeSmart Documents inclusive of relevant Risk Assessments.				
	Appendix (page & subsection):				___/10
2.3	**Do you assess the competency for persons/sub-contractors engaged in a project?** (Please select N/A if no subcontractors are used for this project.)				
	Please provide details:				
	Appendix (page & subsection):				___/5
3.0	**Experience**	**N/A**	**Yes**	**No**	
3.1	**Do you have previous experience with similar projects?**				
	Please provide details of 2 projects including 2 no. references (e.g. Contact name; Company; contact number and email; project title)				
	Appendix (page & subsection):				___/5

3.0	Experience (continued)	N/A	Yes	No	Marks (RCC use only)
3.2	**Have you previously been appointed as PSDP and/or PSCS for projects which are comparable in size, nature and complexity?**				
	Please provide details of 2 projects including 2 no. references (e.g. Contact name; Company; contact number and email; project title)				
	Appendix (page & subsection):				___/5
4.0	**Training, Qualifications**	**N/A**	**Yes**	**No**	
4.1	**Are key personnel proposed for this project competent to perform their role?**				
	Please provide details including experience, evidence of relevant qualifications and / or relevant safety training.				
	Appendix (page & subsection):				___/5
4.2	**Do you have membership to a trade association or professional body?** (e.g. RIAI, CIF, NISO, RECI, RGI, etc.)				
	Please provide evidence of membership, or if N/A, give details.				
	Appendix (page & subsection):				___/5
4.3	**Do you have a nominated Safety Officer*?**				
	Please provide details including evidence of relevant qualification and/or relevant safety training.				
	* Where a contractor is tendering for the role of PSCS, they must demonstrate that they have/or have access to adequate training in the role of PSCS e.g. hire of an external H&S consultant. A Safe Pass qualification does not suffice as adequate PSCS training. Examples of adequate training include Managing Safely in Construction (MSIC), IOSH Health & Safety for PSCS Training etc.				
	Appendix (page & subsection):				___/5

5.0	Safety & Technical Knowledge	N/A	Yes	No	Marks (RCC use only)
5.1	**Do you co-ordinate and implement safe working procedures on site?**				
	Please provide details and at least one example (e.g. site specific risk assessments, method statements, etc.)				
	Appendix (page & subsection):				___/5
5.2	**Have you previously developed a Temporary Traffic Management Plan which is comparable in size, nature and complexity to this project?** (Please select N/A if Works or Service will not take place on a road.)				
	Please provide details including 1 no. example.				
	Appendix (page & subsection):				___/5
5.3	**Have you previously developed a Design Process Safety and Health Plan and /or Construction Stage Safety and Health Plan which is comparable in size, nature and complexity to this project?**				
	Please provide 1 no. example.				
	Appendix (page & subsection):				___/5
5.4	**Is H&S communicated and coordinated within your Company?**				
	Please provide details (e.g. Client ↔ PSDP ↔ Permanent Works Designer ↔ Specialist Designer ↔ Temporary Works Designer ↔ PSCS ↔ Contractors ↔ Sub-contractors).				
	Appendix (page & subsection):				___/5

5.0	Safety & Technical Knowledge (continued)	N/A	Yes	No	Marks (RCC use only)
5.5	Do you have a procedure for contributing to or preparing a Safety File?				
	Please provide details:				
	Appendix (page & subsection):				___/5
5.6	Is there an incident/non conformity reporting procedure in place?				
	Please provide details:				
	Appendix (page & subsection):				___/5
6.0	**Regulatory Compliance**	**N/A**	**Yes**	**No**	
6.1	Have any prosecutions, convictions or enforcement actions been issued by the Health and Safety Authority (H.S.A.) to your company in the last 3 years?				
	Please provide details:				
	Appendix (page & subsection):				___/5
6.2	Have you kept a record of all accidents/incidents and dangerous occurrences in your company in the last 3 years?				
	Please provide details:				
	Appendix (page & subsection):				___/5

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For RCC H&S Officers' use only

Name of Company	
Project/Tender Title	

Marking Scheme

Each Section must be passed to pass the questionnaire. Note: Half a mark can be awarded in a number of questions e.g. if details are provided but they are not satisfactory.

Duty Holder	Potential Mark	Pass Mark
PSDP/PSCS	100	64
Contractor/Supplier	80	50/47

Section	Topic	Marks	Pass	Score	More Info Required?	Received?
1.0	Declaration of competence	15	10			○
2.0	Safety & Health Management	20	10			○
3.0	Experience	10/5	7/3			○
4.0	Training & Qualifications	15	10			○
5.0*	Safety & Technical Knowledge	30/15	25/10*/7*			○
6.0	Regulatory Compliance	10	7			○
	Total Mark	100/80	64/50/47		Update	

Overall Result:		**Pass**		**Fail**	**Awating Further Information**	
Assessment completed by:					**Date**	

***Note Section 5:**

For the role of **contractor only where works are taking place on a road,** a pass mark of **10 applies.** Where works or Service **will not take place on a road,** a pass mark of **7 applies.**

Overall pass mark for the role of **contractor only reduces to 47** where works or a service **will not take place on a road.**