Form 23.5

Project Supervisor (Construction Stage)
Competence Assessment
Form

General Information required for assessment of competence of contractor to carry out the role of Project Supervisor (Construction Stage) as required under the Safety Health and Welfare at Work (Construction Regulations) 2019 S.I. 129 of 2019. Additional information may be sought at a later stage, if deemed necessary.

Project Title: B8996/24/0001 Refurbishment works to Café and Ticket Office Building, Garnish Island, Glengarriff Bay, Co. Cork.

Reg. No. _____

The following sections should be fully completed by the contractor:-

Sections 1, 2, 3, 5, 6, 7, 8 and 9

Section 4 will be completed by OPW.

Please return to: -

The Office of Public Works
Head Office
Jonathan Swift Street
Trim
Co. Meath

1. General Details

Contractor/
Contracting Firm: _____

Address: _____

_____

Tel: _____

Fax: _____

E-Mail Address: _____

Legal Status: _____

2. Contractor's Experience and Resources

2.1 Please list comparable projects of similar size, complexity and value completed in the past 5 years.

Client	Description	Value	Year

2.2 Details of turnover for the past 3 years, per annum.

Year	Turnover (€)

3. General Information about the contractor.

3.1 Applicant's management structure.

3.2 Management and technical resources.

3.3 Plant and equipment resources.

3.4 Applicants quality policy.

4. Tax Clearance/Bond/Operatives Pension Scheme Documentation

This Section is to be completed by O.P.W.

	Yes	No	N/A
Tax Clearance			
Bond			
Operatives Pension Scheme			

5. Insurances

Please confirm that you have the following insurance policies and state the amount of cover in each case.

You are also required to submit confirmation from your insurers that your insurance specifically covers you to act in the role of project supervisor under a collateral agreement with the O.P.W.

Insurance	Yes/No	Amount of Cover	Expiry Date
Employers Liability			
Public Liability			
Contractors All Risks			
Project Supervisor Cover			

6. Information pertinent to Health and Safety

6.1 Do you have a Safety Policy Yes/No

7. Further Safety Information

7.1 Do you have a Safety Statement Yes/No

7.2 Have you had any notifiable accidents that have occurred on Construction sites for which you/your firm has/had possession over the past 7 years Yes/No

If yes please give details.

7.3 Have you/your firm incurred any convictions over the past 7 years in respect of Health and Safety provisions in any jurisdiction. Yes/No

If yes please give details.

8. Competence to carry out role as Project Supervisor (Construction Stage)

Firms Safety Officer: _____

Safety Training:

Course Title	Body that organised Course/Award	Duration

This firm declares that it is competent to carry out the works described herein and has an adequate working knowledge of the requirements of the Safety Health and Welfare at Work Acts and Regulations current at the signing of this questionnaire and if appointed to do so, is insured and competent to perform the duties required by the Safety, Health and Welfare at Work (Construction) Regulations, 2019 S.I. 129 of 2019.

9. Signature

I hereby confirm that all of the foregoing is correct.

Signed: _____

Name: _____

Title: _____

Date: _____

Reg. No.: _____ (To be completed by O.P.W.)