

Store Maintenance Limited
3rd Floor
501, High Road
Ilford
Essex
IG1 1TZ

Tel: 020 8514 2777
Fax: 020 8514 5006

CONTRACTORS QUESTIONNAIRE



Produced with the assistance of M.E.L. (Health & Safety) Consultants Limited
Tel: 01708 555544 Fax: 01708 558844 Email: info@melsafety.co.uk

3.	Training	
3.1	Please give details of what Health and Safety training has been given, or would be given to your operatives (Identify and specialist training for plant and equipment etc).	
3.2	Please give details of any trade qualifications that your operatives have achieved.	
4.	Enforcement	
4.1	<p>Has your company been issued with any enforcement notice or been prosecuted in the last 5 years for breaching any health and safety legislation.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, please provide details.</p>	

5.	Accidents & Incidents	
5.1	Please provide details of all reportable accidents, non-reportable accidents, incidents and dangerous occurrences for the last 5 years.	
6.	Plant & Equipment	
6.1	Please give details of the procedures to ensure that plant and equipment, for use on site, is issued, maintained and kept in a safe condition.	
7.	Safe Systems of Work	
7.1	Please give brief details of any laid-down safety procedures, risk assessments and permit-to-work systems that you have developed.	
7.2	If, under statutory legislation your company is not required to prepare a written risk assessment, will you comply with the risk assessment prepared by Store Maintenance Limited? Yes <input type="checkbox"/> No <input type="checkbox"/>	

8.	COSHH	
8.1	Please give details of substances used in your work operations that are classified as hazardous to health and attach copies of the manufacturer's hazard data sheet.	
9.	Insurance	
9.1	Please provide a copy of your Employers and Public Liability Insurance Certificates. Enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Inland Revenue	
10.1	Please provide a copy of your CIS card. Enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	Young Persons & Children	
11.1	Do you employ young persons or children on work experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.	

12.	Further Information	
12.1	Please include any other relevant information we should have to assist us in assessing the capability of your company to effectively control risk to the health and safety of your employees and others that may be affected by your undertakings.	

Name of person completing this questionnaire:

Signature:

Date:

Please return this questionnaire to:

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