

Safe Working of Contractors



Contractor Questionnaire

In order that Johnson's Coaches can maintain high standards of health & safety, every contractor employed to do work must first demonstrate they are competent and will allocate adequate resources to health & safety. Please answer the following questions and thus help our Company maintain these Standards. Questions which you are not required to answer have been deleted.

Please continue on a separate sheet of paper if appropriate.

Company Name	Address	Telephone No.

Contact Name	Fax No

Total employees	No of employees expected on this job	

Description or reference number of job for which you are tendering.

References: Give names, addresses, telephone numbers and contacts of 3 Companies for whom you have carried out similar work recently:

	1	2	3
Company Name			
Address			
Contact			
Tel No			
Date Work completed			
Type of Task			

Method Statement

If you are appointed to do the work, you may be required to provide a full method statement describing how the risks of this job will be controlled before work starts. Please briefly identify on a separate sheet how you propose to control the significant risks.

Forward a copy of your Health and Safety Policy

Do you have a health and safety policy?

Yes No

Enclosed

Already Sent

Unavailable

If you do not have a health and safety policy or it is unavailable, please state reasons why.



Training

Give details of relevant health & safety qualifications & training received by your employees including managers who will be involved with the work. *[You may be asked to forward relevant documents/certificates, etc...].*

Continued

Monitoring

How will you ensure that work is done safely in accordance with your method statement?

Continued

Timescale

Please give an appropriate timescale to complete the various stages of this work.

Continued

Sub-Contractors Will you sub-contract any of this work?
If yes, how will you ensure their work is adequately controlled?

Yes **No**

Continued

Safety Adviser

Do you employ a safety adviser? If so, please give their name, address, telephone number, qualifications and experience.

Continued

**Accident Experience**

Give details of all fatal & major injury accidents in previous 3 years, occurring to persons working for you.

Continued

Enforcement Notices

Give details of all HSE Enforcement Notices served on you in previous 5 years.

Continued

Safety Awards

Please list any safety awards or commendations your company has received during the last 5 years.

Continued

Further Information

Please provide any further information which you feel may assist in this health and safety review

Continued

Insurance

Please provide copies of certificates of relevant insurance

Employers Liability £2,000,000 *Minimum*

Public Liability £5,000,000 *Minimum*

Other _____ £

Copy Certificates Enclosed

Please return completed form to: