

SUBCONTRACTORS/SUPPLIERS H,S,E&Q QUESTIONNAIRE

Fencross Contractors Ltd will endeavour to ensure that all those working for and behalf of the organisation, employ competent persons and work within statutory legal requirements. You should also be able to meet Quality Standards and be prepared to abide by our and our Clients H,S&E Rules.

In addition, we need to be sure that you have sufficient resources and personnel to carry out works for and on behalf of the organisation, especially on notifiable projects to the Health and Safety Executive under the Construction (Design & Management) Regulations 2015.

Please complete this questionnaire, and return it, with any supporting documentation to: Fencross Contractors Limited

Approval of your responses will be marked on the completion of the questionnaire as well as providing documented evidence of the following; those sections highlighted in RED are mandatory and will result in automatic failure, were all works will be suspended until evidence is provided.

1. A health and safety policy?
(Rail Procedures – Achilles)
2. A procedure for implementing risk assessments?
3. Employers Liability Insurance (Public Liability)?
4. A training programme for employees (Training Matrix)?
5. A Competent Person- Health and Safety
6. Accident records previous 5 years (Reportable)
7. An accident investigation procedure?
8. An environmental policy
9. A Quality Management System (ISO, OHSAS)?
10. Health and Safety Monitoring Procedure?
11. A vetting procedure for contractors or sub-contractors?
12. A procedure for informing staff about Health and Safety matters?
13. A procedure for discussing/consulting with staff about health and safety?
14. A plant selection and maintenance procedure (PAT)?
15. Access to safety information?

Please complete this questionnaire, and return it, with any supporting documentation to: Fencross Contractors Limited.

Company Details

Name Of Company:	
Address:	
Contact Name:	
Tel No:	Fax No:



Nature Of Business:
Total Number Of Employees:
Details Of Membership To

Relevant Trade Bodies:

Company Registration No:	Year Registered:
Bank Name:	
Address:	
VAT Registration No:	
Tax Exemption Certificate Type & No:	Expiry:
Do You Directly Employ All Your Operatives?	YES / NO
If YES, Are You Operating PAYE For Your Labour Force?	YES / NO

Please State The Annual Turnover For The Preceding Three Years:		
2012	2013	2014
Please State Value Of Projects Undertaken:	Minimum:	
	Maximum:	



INSURANCE DETAILS

Employers Liability Insurance:	
The Insurer:	
The Policy Number:	Expiry Date:
Limit of Indemnity:	

Third Party Insurance (Public Liability):	
The Insurer:	
The Policy Number:	Expiry Date:
Limit Of Indemnity:	

PROJECT SUITABILITY

Please give details of relevant experience by providing information on at least 5 recent projects, including names, titles, company details and contact addresses of employers who we may contact for references (use additional sheet(s) if necessary)

1	Contact Name / Details:
	Contract Value:
	Date Of Works:
	Employer / Contract Administrator:
	Address & Telephone:
2	Contact Name / Details:
	Contract Value
	Date Of Works:
	Employer / Contract Administrator:
	Address & Telephone:

3	Contact Name / Details:
	Contract Value:
	Date Of Works:
	Employer / Contract Administrator:
	Address & Telephone:



4 Contract Name / Details:
Contract Value
Date Of Works:
Employer / Contract Administrator:
Address & Telephone:

5 Contract Name / Details:
Contract Value
Date Of Works:
Employer / Contract Administrator:
Address & Telephone:

MANAGEMENT SYSTEM INFORMATION

Do you operate a Quality System:	YES / NO
If Yes, provide details: (ISO, OHSAS)	
Are you Achilles Link-Up Accredited? (Suppliers Number Required)	

HEALTH & SAFETY INFORMATION

Date of last review of Health & Safety Policy (Please enclose copy of Policy or Handbook)
Persons responsible for implementation of Health & Safety Policy:
Please provide details of your accident record over the last 3 years:
Are you Achilles Link-up Accredited? (If yes please provide details – Number/Exec Summery):
How do you keep updated and compliant with Network Rail Standards/Legislation:
Do you sponsor PTS/COSS Operatives?
How do you manage track safety cards (Sentinel)?
Please provide details of any formal Prohibition or Improvement Notices from the Health & Safety Executive or Litigation with the H&S Executive in the last 3 years:

What procedures you have to implement the Health & Safety Policy:

Do you operate any Environmental Management Systems/Procedures:

Are you ISO 14001 (2004) accredited?

How do you select your own sub-contractors;

TRAINING

What safety training is carried out for management and employees (note: this should include details of all general safety awareness training and specific training in the safe use of equipment and safety procedures). Please give description: (Attach Training Matrix)



STAFF SAFETY QUALIFICATONS

Certification Proof Required:		
Name	Job Title	Qualification
<p>Site operative's safety qualifications certification proof required for the following: Plant Operatives, Hazardous Substances, and Safety Procedures etc. Please Supply details on separate sheet.</p>		

EMERGENCY PREPARDNESS

<p>Who is responsible for organising your emergency preparedness training? :</p>
<p>Describe how you would handle on-site emergencies, giving names or personnel responsible, their specific roles? :</p>



SAFETY MEETINGS

How often do you hold your safety meetings, who attends and who issues the meeting report?

AUDITING TECHNIQUE AND FREQUENCY

How often does your Safety Officer visit site and audit procedures to establish that safety policies and procedures are being adhered to?

USE OF PERSONAL PROTECTVE EQUIPMENT (PPE)

What procedure do you have in place to ensure that the correct PPE is provided and used on site?



ENFORCEMENT ON SITE

How do you ensure that all your site operations (including any sub-contractors) abide by site safety rules and procedures and put into practice everything taught at safety training sessions? Please give details of all incentives and disciplinary procedures:

A safety method of work will be required for all contracts undertaken for Fencross Contractors.

Please enclose any additional information you feel appropriate to support your submission.

Signed:

Position:

Date:



HUMAN RESOURCES

Do you have a Equality/Diversity Policy YES/NO

Please provide a copy

How do you check that the person you are sending to an site has the competencies required to carry out the role required?

What documentation do you ask to see to ensure that a person is eligible to live and work in the UK prior to sending them to work on site?

What reference checks do you make prior to sending someone on site?

**Do the people you are sending to sites complete and sign any form of medical questionnaire/declaration of health?
Can you please attach a copy?**



F E N C R O S S

Excellence Through Innovation

Fencross Contractors Ltd
Tel: 0208 502 3080
Fax: 0207 788 9692
Email: info@fencross.com
