



POLICY STATEMENT CDM REGULATIONS – CONTRACTOR

- We have a full understanding of the requirements of the CDM Regulations 2015.
- We understand the particular requirements and responsibilities of the Contractor as a "Duty Holder" under the CDM Regulations.
- We understand that the construction phase of a project has to be planned, managed and monitored in liaison with the contractors.
- We understand the importance of preparing, developing and implementing a written plan and site rules and to inform and provide relevant parts of the plans to the principal contractor and other contractors.
- We understand the duties of the Contractor to make sure suitable welfare facilities are provided from the start of a project and maintained throughout the construction phase.
- We fully understand that all contractors must be competent and will ensure that they are before they are appointed.
- We understand that all site operatives must have site inductions and given further training if required to carry out the project. We will be in constant consultation with operatives regarding all matters on site.
- We understand the importance of liaising with the Principal Designer regarding the ongoing design of the project.
- We understand the importance of having the site secure to ensure that no unauthorised persons can enter the site.
- This document sets out our objectives as Contractor to comply with Regulations 15.
- We sometimes carry out design works and we undertake the particular responsibilities of Designers as Duty Holders under the CDM Regulations. *We understand the duty to eliminate hazards and reduce risks during design.*
- We understand the need to provide information about remaining risks.
- We understand that on notifiable projects, Designers must check the Client is aware of his duties and that a Principal Designer has been appointed. Also, designers must provide any information needed for the Health and Safety File.

Signature: .....

A handwritten signature in black ink, appearing to read 'H. Wylie', is written over a dotted line.

Date: .....

2.10.21

Harold Wylie  
Managing Director

**SUBCONTRACTORS HEALTH, SAFETY AND ENVIRONMENTAL  
QUESTIONNAIRE**

The awarding of contracts by Bluevale Structures Ltd is determined not only on grounds of price and technical ability, but also by a contracting company's safety record, ability to carry out the work safely, without risk to health, environmental impact and ability to carry out works in accordance with the CDM Regulations 2015. Bluevale Structures Ltd must be reasonably satisfied as to the competence of a Subcontractor and, that they will allocate adequate resources to comply with Health and Safety Legislation. For us to update our assessment in this regard please supply the following information without delay.

**This Questionnaire will be reviewed at 3 yearly intervals.**

**1.0 Details of Contractor**

- 1.1 Company Name: .....
- Company Address: .....  
.....  
.....
- Telephone No: .....
  
- 1.2 Name of contact person: .....
- 1.3 Date questionnaire returned: .....

**2.0. Health and Safety at Work Policy Etc.**

- 2.1 Please attach a copy of your Health & Safety Policy, as required by the Health and Safety at Work Act 1974.
- 2.2 Please attach a copy of your Environmental Policy Statement.
- 2.3 Please attach a copy of your Equalities Policy.
- 2.4 Please provide the name and title of the person in your company responsible for overseeing health and safety matters and reporting to the board of directors?

**3.0 Safety Surveillance and Advice**

- 3.1. Do you employ a Safety Adviser? **YES/NO**
- 3.2. If **NO**, do you use the services of a Safety Consultant? **YES/NO**  
 If **YES** to 3.1 or 3.2, please give details, including their training, experience and certificates.

3.3. If **NO** to 3.1 and 3.2 who advises your company on safety matters and, how you keep up-to-date with changes to Health and Safety Legislation?

- 3.4. Do you have a system for communicating safety information? **YES/NO**  
 (E.g. memo, bulletins, meetings etc.)

If **YES**, Please detail below

#### 4.0 Health and Safety Training

- 4.1. Do you train your employees, including management, site supervisors and site operatives in health and safety? **YES/NO**
- 4.2. Please provide a matrix of your employees with details of specific health and safety training for each employee.
- 4.3. If **YES** to 4.1, does the training contain?

	<u>Employee</u>	<u>Sub-Contractor</u>
a) Induction Training?	<b>YES/NO</b>	<b>YES/NO</b>
b) Management safety training?	<b>YES/NO</b>	<b>YES/NO</b>
c) Task specific safety training?	<b>YES/NO</b>	<b>YES/NO</b>

- 4.4. Who delivers and undertakes this training?

Please supply a copy of your training records.

5.0 Accident Investigation and Records

5.1 Do you consider your accident record to be:-

- \* Excellent? .....
- \* Good? .....
- \* Average? .....
- \* Poor? .....

5.2 Please insert safety statistical details (RIDDOR) for the current year and each of the last 5 years together with your annual average number of employees at risk, and the annual average man hours worked.

Year						Current Year
Fatalities						
Major & Over 3 Day Injury						
Non-Reportable Injuries						
Average Employed						
Man hours Worked						
Frequency Rate						
Incident Rate						

**Frequency Rate** =  $\frac{\text{Total Fatal, Specified and Over 3 Days Accidents} \times 100,000}{\text{Divided by the Total Man - hours Worked.}}$

**Incident Rate** =  $\frac{\text{Total Fatal, Specified and Over 3 Day Accidents} \times 100,000}{\text{Divided by the Average Number Employed.}}$

5.3 Who investigates accidents within your company?

## 6.0 Enforcements

- 6.1 Please give details of any improvement notices, prohibition notices, prosecutions or Fee For Intervention Scheme (FFI) fines served upon your company by any Enforcing Authority within the last five years?

## 7.0 Membership of Safety Groups

- 7.1 Please give details of any safety organisation or group of which you are a member.

## 8.0 Safety Performance Awards

- 8.1 Please give details, with dates, of any awards received.

## 9.0 Plant, Equipment and Vehicle Maintenance and Inspection

- 9.1 Do you have a written system for the maintenance of plant and carry out regular inspections? **YES/NO**

- 9.2 If **YES**, please provide an outline of the scheme.

## 10.0 Employee Risk Assessments

- 10.1 Do you have written risk assessments? **YES/NO**

(I.e. In accordance with the Management of Health & Safety at Work Regulations 1999).

If **YES**, please attach examples and comment further if necessary

### **11.0 Safety Method Statements**

- 11.1 Do you prepare a safety method statement in respect of your undertaking, both on and off site  
If **YES**, please attach 2 recent site specific examples. **YES/NO**
- 11.2 Do you consider a safety method statement necessary in respect of the work you undertake for Bluevale Structures Ltd? **YES/NO/NA**

### **12.0 Sub-Contractors**

- 12.1 How do you assess the health and safety record and competence of the sub-contractors you use?

### **13.0 Other Relevant Information**

- 13.1 Is there any additional information we should know of to assist us in the assessment of your ability to effectively manage health, safety and environmental matters?

I certify that the details given in this questionnaire are correct and accurate at the time of completing this questionnaire.

**SIGNATURE:**  
**NAME (BLOCK**  
**CAPITALS):**  
**JOB TITLE:**  
**TEL NO:**  
**DATE:**

Subcontractors (1) who further subcontract work to other subcontractors (2) ***MUST*** have a copy of this Questionnaire completed by the subcontractor (2) and forward a completed copy to Bluevale Structures Ltd

**This must take place prior to any work being undertaken by the subcontractor (2).**