

## Liability Plus Health & Safety

## Questionnaire

We really appreciate your completion of this form as it will help us to give you our best possible terms

<ul> <li>Constructionline</li> <li>Safe Contractor</li> <li>Considerate Constructors Scheme</li> <li>Safe T-Cert*</li> <li>Yes / No</li> <li>Construction Skill Register*</li> <li>*Northern Ireland only</li> <li>Any other</li> </ul> How many of your manual workers (direct employees and labour only subcontractors) hold current CSCS (Construction Skills Certification Scheme) cards? Health and Safety <ul> <li>Do you have a written and signed Health and Safety policy in force?</li> <li>Yes / No</li> <li>How is it communicated to your employees?</li> </ul> When was it last reviewed? <ul> <li>Is there a trained Safety Officer or a named Principal, Partner or Director responsible for Health and Safety issues?</li> <li>Yes / No</li> </ul> Is a record kept of all Health and Safety training given to staff? <ul> <li>Yes / No</li> </ul>	PROPOSER:				
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Risk Assessments and Method Statements (RAMS)					
•	Do you carry out risk assessments for every contract you work on?	Yes / No			
•	Is a competent person appointed to carry out risk assessments?	Yes / No			
•	Do you record all risk assessments?	Yes / No			
•	Are reviews carried out following incidents or potential incidents?	Yes / No			
•	Do you issue Method Statements for each site / workplace?	Yes / No			
Personal Protective Equipment (PPE)					
•	Do you supply and enforce the use of Personal Protective Equipment?	Yes / No			
•	Is there a trained person responsible for identifying and issuing PPE?	Yes / No			
Is the equipment kept in efficient working order and maintained in					
	accordance with the Personal Protective Equipment at Work Regulations 1992?	Yes / No			
	Regulations 1992.	1637 110			
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POS	ITION:				
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This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary.