

# Contractor Health and Safety Assessment Form

Westcountry Rivers Trust (and Westcountry Rivers Ltd), referred to as WRT in this document, occasionally use contractors to support delivery of work.

Where a Sub contractor is employed by WRT they must meet minimum health and safety standards and this form must be completed to a satisfactory standard.

The following criteria should be achieved and met.

	Do you have	Details attached
<b>If you have ISO 45001/CHAS or other SSIP Certification please send a copy of the certificate. (You do not need to complete the remaining questions)</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a written Health & Safety Policy that includes responsibilities and arrangements, which is signed by a senior officer of your Company? If yes, please provide a copy.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have an Environmental Policy, which is signed by a senior officer of your Company? If yes, please provide a copy.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a source of competent advice on health & safety, please provide details of their training/CV Name. _____ Position. _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide details of health & safety training provided to your staff and site operatives	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do your site operatives hold CSCS and/or CPC cards?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please describe your arrangements for monitoring and reviewing health & safety matters	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
What are your arrangements for consultation with employees on health & safety?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide details of your accident reporting and investigation procedures.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide details of any the number of accidents reported to the HSE under RIDDOR in the past five years (if none, please state N)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>



Please provide details of any HSE Prosecutions, Prohibition Notices, or Improvement Notices issued to your Company in the last five years (If none, state N). If there has been an enforcement action, please describe the measures taken as a result.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you subcontract any of your site operations? If "yes" please describe how you assess the competence of subcontractors engaged.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide examples of risk assessments produced (including specific assessments required by Regulations, e.g. COSHH, Noise)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide references for your company from Clients/Contractors you have carried out work for.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you provide welfare provisions for your staff, please provide evidence of how you will ensure that appropriate welfare facilities will be in place before people start work on site.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Should Westcountry Rivers Trust place a subcontract order with your Company, please note that site specific risk assessments (and method statements, if applicable) will be required prior to commencement on site

Questionnaire completed by:

Position:

Company:

Date

**All the above required criteria must be met in order for a Contractor to operate for WRT. If any of the above health and safety elements are not met the Contractor is not authorised to work for or on behalf of WRT.**

**WRT project manager agrees that the health and safety criteria has been met and the individual or organisation is authorised to operate by WRT.**

**Name (print):**.....

**Position:**.....

**Signed:** .....**Date:** .....