

## SUBCONTRACTOR QUESTIONNAIRE

I confirm that I am happy for BBS Construction Ltd to hold my companies details supplied for their supply chain database under GDPR. This information will not be shared and I can with draw from this database at any time by contacting BBS Construction directly.

**SERVICE** - Please, state what subcontractor trade you propose to provide:

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### ORGANISATION

Name of Organisation (including any trading name):	
Address:	
Postcode:	
Telephone:	Company Email:
Constructionline Reference Number:	

### ORGANISATION STRUCTURE

	Y/N		Y/N		Y/N
Public Limited Company		Private Ltd Company		Partnership	
Sole Trader – Including NI Number:					
Date of Organisation’s formation:					
UTR No:					
VAT Registration No.:					
Company Registration No:					
Date of Registration:					
Registered Address (if different from that shown above):					
Please state the names and responsibilities of the Executive Directors/Partners of the organisation:					
1.					
2.					
3.					
4.					

## SUBCONTRACTOR QUESTIONNAIRE

### FINANCIAL

Has your organisation been involved in any court action in relation to trade with third parties or with employees over the last 3 years? **YES / NO**

If Yes, please provide details:
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Please detail below your last three years audited accounts:

YEAR	Turnover	Net Profit
<b>2018</b>		
<b>2017</b>		
<b>2016</b>		

Please provide details for the following:

<b>Value of Projects Undertaken</b>	
<b>Geographical Areas Covered</b>	

### INSURANCES

Please attach a copy of your current **Schedule of Insurance and To Whom It May Concern Letter** covering Employers (min £5m cover) and Public Liability Insurance (min £5m cover). If there is a design element in the work you intend to provide, please also include the current **Schedule of Insurance** for Professional Indemnity.

### WORKING WITHIN THE UK

Have you undertaken appropriate checks to ensure that all of your operatives are able to work in the UK? **YES / NO**

## SUBCONTRACTOR QUESTIONNAIRE

### HEALTH & SAFETY

Please provide details of the person(s) responsible for day to day operational health and safety policy.

Name:	
Title:	
Tel:	Base location:
Health & Safety Qualification:	

Please detail below any accidents in the last three/four years:

YEAR	No. of notifiable Accidents to Employees	No. of notifiable Accidents to the Public *	Comments
<b>2019</b>			
<b>2018</b>			
<b>2017</b>			
<b>2016</b>			

*\* Please supply copies of completed Accident Report*

Have you been served with any prohibition notices in the last three years? **YES / NO**

Please provide a copy of your signed & dated Health and Safety Policy Statement **YES / NO**

Are your operatives CSCS compliant **YES / NO**

Are your operatives fully qualified for their role, ie CITB, SMSTS, NVQ's **YES / NO**

Do you have an SSIP Accreditation (CHAS, Safecontractor, etc) **YES / NO**

### REFERENCES

Please provide the names and addresses of two **main contractors** you have supplied goods and/or services to, similar to the ones you propose to supply to BBS Construction Ltd:

<b>Reference 1</b>	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	

## SUBCONTRACTOR QUESTIONNAIRE

E-mail:





## SUBCONTRACTOR QUESTIONNAIRE

<b>Reference 2</b>	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	
E-mail:	

**DECLARATION: I confirm the above contains accurate details of our company:**

Name:
Signature:
Position:
Date:
Telephone:

Please return the completed form and requested attachments to the below mentioned email address [enquiries@bbscon.co.uk](mailto:enquiries@bbscon.co.uk)

-  Signed & Dated within one year – Health & Safety Policy Statement
-  SSIP Certificate
-  Schedule of Insurance and To Whom It May Concern Letter
-  Training Matrix or copies of qualifications for example CSCS, CITB, SMSTS, SSSTS , NVQs, JIB Cards

*If unsuccessful, subcontractors will have their questionnaire details erased after 12 months from initial application.*

**FOR OFFICE USE ONLY**

Insurance Received and Approved	Health & Safety SSIP Training Matrix Received and Approved	Financial Information Received and Approved
Signed and Dated	Signed and Dated	Signed and Dated

## SUBCONTRACTOR QUESTIONNAIRE

# PRE-QUALIFICATION HEALTH + SAFETY AND INSURANCE QUESTIONNAIRE FOR CONTRACTORS

This questionnaire must be completed in full and returned with the relevant supporting documentation to BBS Construction Ltd for approval. No works can be undertaken by your company until this document has been reviewed by BBS and you have been added to the 'Approved Contractors List'.

<b>COMPANY DETAILS</b>
Company Name:
Address:
Tel No:
Fax No:
Scope of Work:
Main Contact:
No. of Direct Employees:
No. Subcontracted Staff:
Membership to Trade Organisations:
<b>Person Completing Questionnaire</b>
Name:
Position:
Date:
Signature:
<b>For Use By BBS Assessor</b>
Date Approved
Signed:
Comments:

## SUBCONTRACTOR QUESTIONNAIRE

### 1/ Health + Safety Policy

**Please provide a copy of your Company H+S Policy + Arrangements**

How is this Policy communicated to employees?

### 2/ Risk Assessments/ Method Statements

**Please supply examples Method Statement / Risk and COSHH Assessment**

How are they brought to the attention of the workforce?

### 3/ Prosecutions + Notices

Have you received any Improvement or Prohibition Notices or been subject to prosecution by the HSE in the last 5 years or had any Fee for Interventions since October 2012 YES / NO

If yes, please provide details:

### 4/ Accident Statistics, Investigation + Reporting

Please give a summary of Accident Statistics for the last 5 years:

Year	Fatal	Major/ > 3 Day	Non Reportable

Who is responsible for investigating accidents and ensuring RIDDOR requirements are met?

**Please provide a copy of a completed Accident/ Incident Investigation Form**

### 5/ H+S Responsibility

What is the name and title of the person with ultimate responsibility for H+S?

Name:

## SUBCONTRACTOR QUESTIONNAIRE

Phone number:
What is the name and title of the person responsible for supervising day to day H+S on site? Name: Phone number:

### 6/ Training

Have the Managers and Supervisors responsible for overseeing work for us received formal Health + Safety training? YES / NO

Details of Qualifications + training that demonstrates competence:

**Please provide copies of all relevant certificates and training records**

Have all operatives been suitably trained and instructed in the work they are employed to do and the methods of work to be adopted? YES / NO

Do all operatives hold the appropriate valid CSCS CPCS CIRS card? YES / NO

If No, please indicate the date you expect to achieve fully Carded status?

### 7/ Competent Health + Safety Advice

Name of qualified competent Health & Safety Advisor (Required by MHSWR Reg7 )

Contact details if external to your business:

Name

Address

Phone number

Details of Qualifications + training that demonstrates competence ie CMIOSH etc

**Please provide copies of relevant certificates and training records**

### 8/ Communication with Employees + Others

Please provide details of methods to be used to promote safety awareness among you employees on our site (e.g. Toolbox Talks, Company Induction, Bulletins):



## SUBCONTRACTOR QUESTIONNAIRE

How do you achieve co-operation with the Principle Contractor and other trades to ensure ongoing safety of all site personnel?
<b>Please provide evidence of Site Safety/ Pre-Start/ Progress Meetings attended</b>

<b>9/ H+S Surveillance + Monitoring</b>
Who is responsible for conducting regular Safety Inspections to evaluate the effectiveness of your Health + Safety Performance?
How often are formal Safety Inspections of site conducted?
<b>Please provide a copy of a recent Site Inspection Report</b>

<b>10/ Insurances</b>
<b>Please provide a copy of your Employer's Liability Insurance</b>
<b>Principle Contractors please provide a copy of your Contractors All Risk Policy</b>

<b>11/ References</b>
Please provide at least 2 examples of comparable work carried out in the last 2 years with contact details: