

Competence Assessment Contractor

Construction (Design and Management) Regulations 2015

Newman Scott Limited
Unit BT50/46 Sadler Forster Way
Teesside Industrial Estate
Thornaby, Stockton on Tees
TS17 9JY

INTRODUCTION

All those with duties under the Construction (Design and Measurement) Regulations 2015 (CDM 2015) must satisfy themselves that businesses that they engage or appoint are competent. This means making reasonable enquiries to check that the organisation or individual is competent to do the relevant work and can allocate adequate resources to it.

The purpose of this document is to set out the initial information that is required from the contractor in order to enable a judgement to be made in regard to the competence of your organisation and enable us to place you on our sub contractor list.

Please complete the questionnaire in full providing all the supporting documents. All responses shall be treated confidentially. The questionnaire has been designed for you to comment in your own words. Should there be insufficient space on the form for your reply please use a separate continuation sheet.

This questionnaire will not be processed if incomplete.

If you have any queries with regard to this questionnaire or need advice as to the level of detail/documentation required please contact Mark Axford (01642 769696 e-mail marka@newmanscott.co.uk)

Guidance as to the level of Competency required can be found in the HSE Guidance L153

1. General information

1.01 Trading Name			
1.02 Registered Office Address			
Tel.		Fax	
Email			
Website			

1.03 Correspondence address if different from above			
Tel.		Fax	
Email			
Website			

1.04 VAT registration no.			
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1.05 Company registration no.			
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1.06 VAT Registration Number			
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1.07 Trading name of parent company if applicable			
Tel.		Fax	

Email	
Website	

1.08 Member of contracting association. <i>Please state which association your organisation is affiliated with.</i>	
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1.09 Public liability insurance cover	
Amount	£ <input type="text"/>
Expiry Date	<input type="text"/>
<i>Please provide copies of certificates.</i>	

1.10 Employer's liability insurance cover	
Amount	£ <input type="text"/>
Expiry Date	<input type="text"/>
<i>Please provide copies of certificates.</i>	

1.11 Please state your company's main area of expertise ie, Decorating, joinery, demolition, electrical etc.	
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1.12 Please state any other services which you could provide.	
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1.14 Please indicate the average value of a project under your control <i>Values exclude VAT</i>					
Under £25k		£25k - £50k		£50k - £100k	
£100k - £250k		£250k - £1m		Over £1m	

1.15 Please indicate the maximum value of a project under your control <i>Values exclude VAT</i>					
Under £25k		£25k - £50k		£50k - £100k	
£100k - £250k		£250k - £1m		Over £1m	

1.16 Account and financial statements <i>State turnover and profit for the last 3 years.</i>					
Year		Turnover	£	Pre-Tax Profit	£
Year		Turnover	£	Pre-Tax Profit	£
Year		Turnover	£	Pre-Tax Profit	£
<i>Please Provide a copy of your most recent audited accounts</i>					

1.17 How many people does your company directly employ on a permanent basis?

Management Tradesmen

Exclude self employed labour

1.18 How many self-employed work for your company?

Management Tradesmen

1.19 GEOGRAPHICAL OPERATING AREAS - please indicate your main areas of operation:		
A - Northern Ireland	<input type="checkbox"/>	
B - Republic of Ireland	<input type="checkbox"/>	
C - Scotland	<input type="checkbox"/>	

D - North East		
E - North West		
F - Yorkshire and The Humber		
G - East Midlands		
H - West Midlands		
I - East of England		
J - London		
K - South East		
L - South West		
M - Wales		
All UK		

1.20 Contractual - Do you accept the attached Standard Terms and Conditions of Sub Contract which will be applied to all our contracts with you?	Yes		No	
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1.21 Bribery Policy - Please confirm that you have read the attached Bribery Policy and will ensure that in all your dealings with Newman Scott you shall do nothing which may cause any employee of Newman Scott to be in breach of the same.	Yes		No	
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2. Health & Safety

2.01 Outline your lost time accident record over the last three years. Please provide evidence on the way in which you record and investigate accidents and incidents.

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2.02 Have any HSE improvement or prohibition notices been served against you in the last 3 years? If yes, please provide full details below.

Yes		No	
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2.03 Do your employees have certified Face-Fitted dust masks? If yes, please provide examples.

If a Newman Scott site is dust or dust is likely, all workers must be equipped with Face-Fitted dust masks, otherwise they will refused entry.

Yes		No	
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2.04 Do you hold current accreditation from CHAS, Safe Contractor or any of the accreditation bodies recognised by the SSIP scheme. If yes, please provide a copy and move onto section 3.

Yes		No	
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2.05 Do you have a written health and safety policy? If yes, please provide a copy.

Yes		No	
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2.06 Arrangements.

Please provide a clear explanation of the arrangements of which the Company has made for putting its policy into effect and for discharging its duties under CDM 2015

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<p>2.07 Competent H&S Advice - Corporate and Construction related.</p> <p><i>Please provide details of who provides you with health & safety information and advice. Provide an example from the last 12 months of advice given and action taken.</i></p>	
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2.08 Training				
Do you keep a training record? <i>If yes, please provide a copy with relevant certificates (CSCS, IPAF, PASMA, Asbestos Awareness etc)</i>	Yes		No	
Do you carry out on site tool box talks? <i>If yes, please provide examples.</i>	Yes		No	
Do you have an active CPD programme? <i>If yes, please provide evidence</i>	Yes		No	
Do you give your site based employees 'Induction' training? <i>If yes, please provide evidence</i>	Yes		No	

<p>2.09 Individual Qualification and Experience.</p> <p><i>Please provide details of qualifications and/or experience of specific corporate post holders e.g. Directors and/or Health & Safety advisor.</i></p>	
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2.10 Do you carry out on site inspections? <i>If yes, please provide examples.</i>	Yes		No	
<p>Monitoring, Audit and Review.</p> <p><i>Please provide evidence of recent monitoring and the management response.</i></p>				

<p>2.11 Workforce involvement.</p> <p><i>Please provide evidence of how consultation is carried out.</i></p>	
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<p>2.12 Do you have a formal procedure to approve your subcontractors?? If yes, please provide examples.</p>	Yes		No	
<p>Do you monitor sub-contractor performance? If yes, please provide evidence.</p>	Yes		No	

<p>2.13 Risk Assessment Leading to a Safe Method of Work</p> <p><i>Please provide evidence showing how the company will identify significant Health & Safety risks and how they will be controlled.</i></p> <p><i>Provide copies of sample Risk Assessments/Safe Systems of Work Method Statements.</i></p>	
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<p>2.14 Do you have set procedures to co-operate and co-ordinate you work with other contractors? If yes, please describe and provide evidence of how the company coordinates its work with others.</p>	Yes		No	

3. References

<p>3.01 Please give details of recently completed projects together with a brief description, date and value.</p>
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	Description	Value	Contract period or programme
Project			
Project			
Project			

3.02 Before your company can be an approved contractor/supplier, the company requires:

- a) three professional references;
- b) bank reference.

Please provide details of three professional referees that the company may contact to obtain a reference:

Name	
Job Title	
Company	
Address	

Name	
Job Title	
Company	
Address	

Name	
Job Title	
Company	
Address	

2.11 A bank reference has been returned with this questionnaire.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4. Declaration

We hereby certify that the information given is in good faith and that any information provided will be further substantiated if required. By signing this declaration we commit our company to work in accordance with the requirements of the Standard Terms and Conditions of Sub Contractors and the Bribery Policy.

Name		Job Title	
Signature		Date	

You are advised to complete and return your questionnaire as soon as possible otherwise there may be a delay in assessing your information.

Please return your completed questionnaire to:	<p>Health & Safety Department Newman Scott Limited Unit BT50/46 Sadler Forster Way Teesside Industrial Estate Thornaby Stockton-on-Tees TS179JY</p> <p>Or email the questionnaire to marka@newmanscott.co.uk</p>
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