



EAST RIDING
OF YORKSHIRE COUNCIL

Health and Safety Policy
Acceptance List
Questionnaire
5 or More Employees



Revised July 2008

Appendix 1

CONTRACTOR TO COMPLETE PAGES 3 – 9 ONLY

Council Use Only

APPLICATION FOR INCLUSION ON THE LIST OF CONTRACTORS

Department:
File Reference No:
Department Contact Name and Tel. No:
Name of Firm Submitting Safety Policy:
Address:
Post Code:
Firm's Contact Name and Tel. No.
Latest Return Date:

* Please tick the boxes for the categories of work the Contractor is applying for:

| | | |
|-----|--|--|
| 1. | Refuse Collection/Street Sweeping | |
| 2. | Gas Installation and Servicing | |
| 3. | General Building | |
| 4. | Asbestos Removal | |
| 5. | Catering Equipment/Installation | |
| 6. | Demolition Works | |
| 7. | Drainage | |
| 8. | Electrical Services and Electrical Installation | |
| 9. | Fencing | |
| 10. | Fire Alarm Systems | |
| 11. | Historic Building Repairs | |
| 12. | Painting and Decorating | |
| 13. | Intruder Alarms | |
| 14. | Landscaping Playing Fields and Grassed Areas | |
| 15. | Lift Installation/Servicing | |
| 16. | Lightning Protection | |
| 17. | Mechanical, Heating, Ventilation Services, Air Conditioning Installation | |
| 18. | Relocation of Temporary Buildings | |
| 19. | Roofing - Flat and Pitched Systems | |
| 20. | Science Laboratories, Home Economics and CDT Rooms | |
| 21. | Specialist Concrete Repair | |
| 22. | Specialist Timber Preservation Treatments | |
| 23. | Swimming Pool Installation/Equipment Repairs | |
| 24. | Window/Curtain Walling Equipment | |
| 25. | Highways | |
| 26. | Domiciliary Care Contracts | |
| 27. | Others Not Listed Above | |

- To assist the Safety Services Unit in ensuring that the company is adequately vetted please tick all the appropriate boxes and/or specify any other type of work the contractor will be required to undertake for this Authority.
- Please note: -
Pages 3 – 9 must be completed by the contractor and submitted with their Safety Policy BEFORE forwarding to the Safety Services Unit for vetting.

FOR OFFICIAL USE BY THE SAFETY SERVICES UNIT ONLY

1. DATE RECEIVED BY SSU _____

2. DATE SENT OUT _____

Sent for Vetting

| | |
|---|---|
| ✓ | x |
| | |

or return to Directorate

| | |
|---|---|
| ✓ | x |
| | |

3. POLICY VETTER AA/RC/RI/IL/VS/MM

4. DATE BACK INTO SSU _____

VETTING DATES

1. RECEIVED _____

2. VETTED _____

3. RETURNED _____

FURTHER INFORMATION

1. ACCEPTED

| | |
|---|---|
| ✓ | x |
| | |

2. FURTHER INFORMATION

| |
|---|
| ✓ |
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3. DATE LETTER SENT _____

4. REVIEW DATE _____

5. NOTES

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Questions

PLEASE IDENTIFY PARAGRAPHS AND PAGE NUMBERS FOR EACH QUESTION.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

| | | Council Use Only |
|-----|---|------------------|
| 1. | <i>Policy Statement</i> | |
| 1.1 | Your policy statement will indicate that you will ensure the health, safety and welfare of your employees and anyone who may be affected by your activities. | |
| | <u>To be completed by applicant. <i>Identify page and paragraph etc.</i></u> | |
| 1.2 | The policy statement must be signed by a Director and dated within the last 12 months. It will also indicate when it will be reviewed and by whom. | |
| | <u>To be completed by applicant. <i>Identify page and paragraph etc.</i></u> | |
| 1.3 | Your policy will indicate that all employees and sub-contractors are to comply with measures you have put in place to ensure health and safety at work. | |
| | <u>To be completed by applicant. <i>Identify page and paragraph etc.</i></u> | |
| 1. | <i>Policy Statement / cont.</i> | |
| 1.4 | Your policy statement will indicate that you will provide adequate money, time and any other resources necessary to ensure that legal obligations for health and safety are met. | |
| | <u>To be completed by applicant. <i>Identify page and paragraph etc.</i></u> | |

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|-----------|---|--|
| 1. 1.5 | <u>Health and Safety</u> Does your company employ or buy in a competent person to provide you with Health and Safety advice? <u>Y/N</u> <u>To be completed by applicant. Identify page and paragraph etc.</u> If yes, please provide details of competent person below. If no, please outline details of how you obtain health and safety advice. | |
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| | | |
|------------------|----------------------------------|----------|
| Name: | H & S Qualifications/Experience: | Details: |
| Contact Tel No.: | | |

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| 2. | <u>Organisation</u> | |
| 2.1 | In your policy you will identify the organisational structure for dealing with health and safety management. This ideally should be in the form of a flowchart or list. | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 2. | <u>Organisation/cont.</u> | |
| 2.2 | Your policy will state the Health and Safety responsibilities for those staff identified from question 2.1 above. | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 3. | <u>Monitoring, Auditing and Review</u> | |
| 3.1 | <p>Your policy will indicate arrangements for reviewing and auditing your policy and procedures. It must include the following:</p> <ul style="list-style-type: none"> a) How you will review and audit your health and safety policy. b) Who will review and audit your health and safety policy. c) How frequently you will review and audit your safety policy. | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 4. | <u>Training</u> | |
| 4.1 | <p><u>Your policy will state that you will provide suitable and sufficient training in health and safety for all employees.</u></p> <ul style="list-style-type: none"> a) Please supply information on who identifies the training needs. b) Please supply evidence such as induction syllabus and any other relevant training examples. | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 5. | <u>Risk Assessment</u> | |
| 5.1 | <p><u>State where in your policy the risk assessment process is identified.</u></p> <ul style="list-style-type: none"> a) Please provide evidence in the form of a completed risk assessment. b) Please provide evidence of a safe working procedure developed from a risk assessment. | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 6. | <u>Consultation</u> | |
| 6.1 | In your policy you will indicate that the company will consult on matters of Health and Safety with its employees i.e. on the introduction of new equipment, risk assessments and changes in working practices etc. ideally in line with either or both of the following: (i) The Health & Safety (Consultation with Employees) Regulations. (ii) Safety Committee and Safety Representative Regulations | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> (i) (ii) | |

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| 7. | <u>Accident/Incident Reporting</u> | |
| 7.1 | In your policy you will indicate your accident/incident reporting, investigation and recording procedure. Please indicate: a) Who undertakes accident reporting and investigation b) How is this carried out | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 8. | <u>Health Surveillance (Arrangements)</u> | |
| 8.1 | Regulation 6 of the Management of Health and Safety At Work Regulations places a duty on employers to consider appropriate Health Surveillance requirements for their employees. If a need is identified during the risk assessment process (i.e. Noise, HAVs, Skin), health surveillance must be carried out. Please PROVIDE EVIDENCE that you have considered Health surveillance needs and requirements. (This may involve informal supervisor/manager checks or Internal/ external medical professionals.) | |
| | <u>To be completed by applicant. Identify page and paragraph etc.</u> | |

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| 9. | <u>First Aid</u> | |
| 9.1 | <p>In your policy you will indicate how you meet the requirements of the first aid regulations i.e. provision of first aiders and first aid equipment, procedures and communication of information regarding first aid.</p> <p><u>To be completed by applicant. Identify page and paragraph etc.</u></p> | |

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| 10. | <u>Sub-Contractors</u> | |
| 10.1 | <p>Your policy should refer to your arrangements for assessing subcontractors competence. Please PROVIDE EVIDENCE of this.</p> <p><u>To be completed by applicant. Identify page and paragraph etc.</u></p> | |

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| 11. | <u>Emergency Procedures</u> | |
| 11.1 | <p>In your policy you must state your arrangements for fire and emergency safety measures i.e. fire evacuation etc. and any other emergency procedures applicable to your undertaking.</p> <p><u>To be completed by applicant. Identify page and paragraph etc.</u></p> | |

ACCIDENT RECORDS

Please complete the table below giving details of the last 3 years accident statistics. The accident categories are those defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Direct Employees

| Year | No. of employees | Fatal | Major Injuries | 3 Day+ Injuries | Total Reportable Injuries | Frequency Ratio (Reportable injuries/ No. Employees) * 100,000 |
|------|------------------|-------|----------------|-----------------|---------------------------|---|
| | | | | | | |
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| | | | | | | |

PROSECUTIONS AND NOTICES

Please enclose details of existing and pending prosecutions or notices served on you and/or any of your directors, senior managers/partners or employees by the Health and Safety Executive & Environmental Health Department within the last five years.

CONTRACTOR ACKNOWLEDGEMENT

Sole Proprietor / Partner / Director duly authorised to sign for and on behalf of:

[Company name and address]:

Signed Date

Print Name

