



HEALTH AND SAFETY COMPLIANCE FORM

Passenger Transport Contractors Only

Sole Traders & Companies with Four or Less Employees

Please provide the following information so that the ERYC can make an assessment of your competency and that you can be recorded on our internal database for approved contractors/consultants.

1. I/we confirm that all Health & Safety related legislation will be complied with during the fulfilment of any contract with the East Riding of Yorkshire Council

2. I/we confirm that any additional health & safety matters stipulated in the contract will be complied with.

3. If requested, I/we will provide the Council’s representative with copies of any risk assessments and or method statements relating to the fulfilment of the contract.

4. In the event of a dispute between us and the Council regarding health & safety matters, I/we agree that it will be resolved by reference to the Council’s Chief Executive. After appropriate consultation with all parties, his/her decision will be binding.

Please complete the following sections: If you have documentary evidence, please enclose this with your application as this will greatly assist with the evaluation process. Note if you have included evidence, please indicate the document name, page and paragraph in the answer box.. Please continue on a separate sheet if required.

		<i>Safety Services Use Only</i>
5.	<p>Do you employ anyone?</p> <p>Yes / No</p> <p>If Yes, Do they receive safety training when they start their employment and do they receive further safety training related to their role during the course of their employment?</p> <p>Yes / No</p>	

<p>6. Do you use or intend to use sub-contractors (including any 'Authorised' drivers) to fulfill your contract with the Authority?</p> <p>Yes / No</p> <p>If yes, Describe how you ensure that they are capable of carrying out the work safely:</p>											
<p>7. Which of the following items are inspected at the start of every working day?</p> <table border="1" data-bbox="197 763 1120 954"> <tr> <td>Headlamps, indicators, brake lights etc</td> <td></td> </tr> <tr> <td>Tyre condition</td> <td></td> </tr> <tr> <td>Foot and hand brakes operate</td> <td></td> </tr> <tr> <td>Windows and mirrors clean, washers working</td> <td></td> </tr> <tr> <td>Seat belts and mountings</td> <td></td> </tr> </table> <p>How do you ensure that these are carried out by your employees and what records are kept?</p>	Headlamps, indicators, brake lights etc		Tyre condition		Foot and hand brakes operate		Windows and mirrors clean, washers working		Seat belts and mountings		
Headlamps, indicators, brake lights etc											
Tyre condition											
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<p>8. Do your vehicles/drivers have access to the following equipment whilst transporting our passengers?</p> <p>Means of communication and raising an alarm First Aid Kit Fire Extinguisher Hazard Warning Triangle High Visibility Clothing A Torch or Hand lamp</p>											
<p>9. In the event of a breakdown, accident or other emergency involving your vehicle whilst fulfilling our contract, what would you or your drivers do you keep the passengers safe from further injury and distress?</p>											

<p>10. What checks do you make to ensure your employees (drivers) are and remain suitably qualified and;</p> <ul style="list-style-type: none"> • Hold a full UK driving license relevant for the vehicle(s) involved, and, • Are medically fit to drive? 	
<p>11. If one of your passengers became disruptive during the journey, what would you or your drivers do ensure that the vehicle, and all on board remained safe?</p>	

VEHICLE ACCIDENT RECORDS

Please complete the table below giving details of the last 5 years statistics of moving vehicle collisions involving other road users (including pedestrians).

Year					
Number					

PROSECUTIONS AND NOTICES

Have you or your company ever been served with an improvement or prohibition notice or been prosecuted under any health, safety, environmental or fire related legislation?

Yes / No

If yes, please detail:

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CONTRACTOR ACKNOWLEDGEMENT

Sole Proprietor / Partner / Director duly authorised to sign for and on behalf of: [*Company name and address*]:

Signed Date

Print Name

Assessor Use Only:

Assessor: RI – AA – VS – IL – RC – MM – LW - GS

Accepted: Yes / No Date Assessed:

Comments:

Empty rectangular box for assessor use.

CONTRACTOR DETAILS

It is important when making your application that you provide a response to all questions. Failure to do so may result in your application not being processed.

Company Name:	
Company Registration Number:	
Date of Application:	
Date of last application if applicable:	
Type of Contract work applied for:	
Number of employees:	
Contact Name:	
Job Title:	
Company registered address: Telephone: Fax: E-mail:	
Correspondence Address (if different from above): Telephone: Fax: E-mail:	