

SKF (U.K.) Limited

Contractor - Health & Safety Evaluation Questionnaire

Contractor Name:
Address:
<p>SKF (U.K.) Limited strives to continually improve its health and safety management strategies in line with the requirements of OHSAS 18001. The purpose of this questionnaire is to assess the extent to which your arrangements for managing health and safety are met.</p> <p>a) The questionnaire should be completed by a senior manager. b) Please answer each question fully, substantiating with supporting documentation as requested. c) All answers and supporting documentation must relate specifically to the policy and organisational arrangements covering all the working aspects of your company and not just those conducted on our premises (this can include client site working).</p>

1. State the nature of work your company undertakes:		
2. Do you have a written safety policy? <i>(If YES, please provide a copy- not necessary for those with 4 or less employees)</i>	Yes	No
3. How do you bring the contents of the policy to the attention of all your employees?	Yes	No
<i>(Not applicable for those with 4 or less employees)</i>		
4. Is your Company's health and safety managed and/or accredited to a recognised Occupational Health and Safety management system (e.g. OHSAS 18001, BS 8800, HS(G)65, etc.)?	Yes	No
<i>(If YES, please provide details, including copies of certification. If NO (or 4 or less employees and no written safety policy), briefly describe how you manage your health and safety responsibilities.</i>		

5. Who is the person within your company who has ultimate responsibility for the implementation of your safety policy (indicate in what capacity the person is employed)?		
6. Who is the competent person appointed to assist you in taking the necessary measures to ensure you comply with relevant health and safety law (name and qualifications)?		
Is this person (delete, as appropriate) a Company employee or an external service/person?		
7. Do any of your staff possess formal health and safety qualifications? <i>(If YES, please provide a copy of certification)</i>	Yes	No
8. Do you have a Company Safety or Operations Manual detailing safe working practices relating to the type of work you undertake? <i>(If YES, please provide copies of Contents List/Index.)</i>	Yes	No
9. Have you carried out risk assessments for the activities you will be undertaking as part of the contract whilst on this Company's (or client) premises? <i>(If YES, please provide copies.)</i>	Yes	No
10. Who is responsible for ensuring that your policy and procedures are implemented whilst working on this Company's (or client) premises?		
11. Who is responsible for supervising and monitoring the safety of your employees whilst working on this Company's (or client) premises?		
12. What health and safety training is given to your employees?		
<i>(Please provide evidence of recent training e.g., CITB certificates, Safety Passport, etc. especially relating to your employees who will be working on our (or client) premises.)</i>		

<p>13. Is all your plant and equipment used on our premises fit for purpose, serviceable and correctly maintained with current records kept?</p> <p><i>(NB. You will be required to produce certificates of inspection prior to and during work carried out on this Company's (or client) premises.)</i></p>	Yes	No
<p>14. Do you ensure that all your employees are provided with personal protective equipment appropriate to the work being carried out?</p>	Yes	No
<p>15. Please provide details of any accidents reportable to the Health and Safety Executive (HSE) in the last 5 years.</p>		
<p><i>(Enclose your own statistical format (e.g. Frequency, Incidence Rates, etc.), if available.)</i></p>		
<p>16. Have you been served an Improvement Notice or Prohibition Notice by the HSE or other Enforcing Authority or been prosecuted under any safety legislation in the last 5 years? If YES, please provide details.</p>	Yes	No
<p>17. Does your Company belong to any Industry, Trade or Safety Organisation? If YES, please provide details.</p>	Yes	No
<p>18. Does your company have any other safety features of significance not described elsewhere that you wish to include on this questionnaire? If YES, please provide details.</p>	Yes	No

CONTRACTOR DECLARATION (to be signed by a senior manager)

I confirm that the information I have provided (to include copies of documentation) is correct. I understand that SKF (U.K.) Limited reserves the right to access any relevant documentation associated with the responses made to this questionnaire.

Name:

Position:

Signed:

For and on behalf of:

Date:

(Please return this completed questionnaire and any supporting documentation to the address shown on the accompanying letter/communication.)

QUESTIONNAIRE REVIEW (by Safety Department or Purchasing Department):

1. Further information required (list) otherwise state 'NONE' and sign below:

2. *Not approved for inclusion on Approved Supplier/Contractor List.
3. *Approved for inclusion on Approved Supplier/Contractor List (subject to 1. above).
(*Delete as appropriate.)

Name:

Signature:

Date: