

PREFERRED LIST OF CONTRACTORS
HEALTH & SAFETY QUESTIONNAIRE

Introduction

This questionnaire is issued by Würth UK Ltd to companies included on the preferred list of contractors and is intended to provide sufficient information to assess a Contractor’s ability to undertake work for Würth UK Ltd in a safe and legally compliant manner, referring particularly to the Health and Safety at Work Act 1974 and the Environmental Protection Act 1990 and other associated legislative requirements.

It is in your interests to return this questionnaire quickly with all questions answered as completely as possible. Contractors who fail to return the completed questionnaire will not be considered for work or the renewal of current contracts. Please indicate the relevant section number on all attachments (e.g. 3.18).

This documentation may also be called for prior to starting a specific larger/complex project, and will also be reviewed on an ongoing basis with periodic audits. It is intended that monitoring of performance will be ongoing and an assessment will be made in detail at the periodic audit. Submitted documentation will be retained by Würth UK Ltd and treated confidentially.

Return completed questionnaires to:

Nina Tremain-Short
HSEQ Coordinator
Würth UK Ltd
1 Centurion Way
Erith, Kent
DA18 4AE

nina.tremain-short@wurth.co.uk

(For Würth UK office use only)

Review		
Company:		
Comments:		
Reviewed by Name (Print).....	Approved: Yes/No	Date
Signature.....		

Section 1.0: Company details

1.1	Full company name and address	
	Telephone number	
	Fax number	
	Company e-mail address	
	Web site address	
1.2	Give a description of the type of work that your company undertakes	
1.3	Company Registration No. and year registered	
1.4	PLC, LTD, LLP or Sole Trader?	
1.5	Address of registered office (if different from above)	
1.6	If you are a subsidiary company, please state full name and address of parent or holding company	
1.7	Please list completed and current contract work undertaken for Würth UK	
1.20	How many staff does your company directly employ?	Directors / Owners / Partners:
		Support Staff:
		Site Management:
		Site Operatives:

Section 2.0: Company Policy / Procedures

2.1	Do you sub-contract work? If so, give details of the type of work:	
2.2	Does the company have a Quality System, which is registered to ISO 9001?	Yes / No If Yes , please provide details Copy attached
2.3	Does your company have an environmental policy or an Environmental Management System which is registered to ISO 14001?	Yes / No If Yes , please provide a copy of the policy and the certificate of registration (if applicable). Copy attached
2.5	Does your company have a health and safety policy or management system which is registered to BS OHSAS 18001? ISO 45001?	Yes / No If Yes , please provide a copy of the policy statement and the certificate of registration (if applicable). If the answer to 2.4 and 2.5 are "Yes" and this is a UKAS Registered Certificate, please answer 3.8, 3.9 and 3.10 then skip to Section 4.
2.6	Does your company have a health & safety manual or safe working procedures	Yes / No If Yes , please provide a copy Safe working guidelines
2.7	Does your company undertake risk assessments	Yes / No If Yes , please provide a copy of relevant risk assessments.
2.8	What are your procedures for identifying training needs?	
2.9	What are your procedures for training staff?	
2.10	Does your company hold membership of any industry, trade or safety organisations?	Yes / No If Yes , please provide membership details:

Section 3.0: Health, Safety & Environmental Management

3.1	Do you have a management chart (organigram)	Please attach your company management chart.	
3.2	Is a specific company director responsible for health & safety	Name of director: Barrie Phillips	
3.3	Do you employ a health & safety advisor, or retain the services of an external safety consultant? (Please tick one box)	Employ a safety advisor (go to question 3.4)	
		Use external safety consultant (go to question 3.5)	
3.4	Give details of your health & safety and environmental advisors or consultants.	Name:	
		Qualifications:	
		Address	
		Tel No.	
3.5	Indicate the services provided by your health & safety advisor or consultant named in 3.3		
	• Information and advice	Yes / No	
	• Accident investigations	Yes / No	
	• Safety Inspections	Yes / No	How often?
	• Safety Audits	Yes / No	How often?
	• Environmental Audits	Yes / No	How often?
3.6	If you answered no to question 3.3, describe how you meet the following requirements:		
	Obtain information and advice?		
	Investigate accidents?		
	Ensure that work on site is carried out in compliance with legal requirements and your safety policy?		

	Obtain current information on H&S legislation and ACOP's?			
	Audit your environment, health & safety management system?			
	Undertake inspections of your own workplaces and sites you are working on?			
	Review the effectiveness of your Health & Safety Policy?			
3.7	Do you prepare regular reports of all accidents/incidents?	Yes / No If yes please enclose summaries for the last three years If no see 3.8		
3.8	If answer to 3.7 is no , please give an accident summary of the past three years:			
	• Fatal accidents	Year	Year.....	Year.....
	• Major injuries			
	• "Over seven day" accidents			
	• Dangerous occurrences:			
	Have all of the above incidents been reported to the HSE under the RIDDOR regulations?	Yes / No		
3.9	Has your company been prosecuted under health & safety or environmental legislation in the last five years?	Yes / No If yes , please enclose details of the corrective action that was taken to prevent a reoccurrence (HSE database may be used for confirmation)		
3.10	Have any prohibition or improvement notices been issued against your company within the last five years?	Yes / No If yes , please enclose details of the corrective action that was taken to prevent a reoccurrence (HSE database may be used for confirmation)		
3.11	Please state details of any Safety awards that your company has received in the last three years?			
3.12	Have all the directors and managers attended a health and	Yes/No If no , please state percentage who have		

	safety course within the last three years? %
3.13	Have all site supervisors within your organisation attended a health and safety course within the last three years?	Yes/No If no , please state percentage who have %
3.14	Have all operatives received appropriate health & safety training for their type of work?	Yes/No If no , please state percentage who have %
3.15	Does your company implement CSCS or similar safety passport training?	Yes/No If no , please provide details of what training your operatives undertake
3.16	Do you carry out induction training for new employees?	Yes/No If no , how are new employees informed about the risks associated with their job?
3.17	Does your company implement health and safety refresher courses?	Yes/No If yes , how often? If no , how are your employees informed about changes in health and safety legislation and best practice?
3.18	How many of your employees are trained in first aid?	Number of first aiders Please provide details of the first aid training course.
3.19	Does your company undertake Tool Box talks to their operatives?	Yes / No If yes please provide an example.
3.20	Have you undertaken manual handling risk assessments?	Yes / No If yes please provide an example.
3.21	Have you undertaken risk assessments for hand-arm vibration (HAV) and whole body vibration (WBV)?	Yes / No If yes please provide an example.
3.22	How do you ensure all work at height is properly managed?	

3.23	How do you ensure that all work equipment is maintained and complies with current legislation?	
3.24	Do you use any hazardous substances?	Yes / No If yes please provide your agent inventory and relevant COSHH risk assessments.
3.25	If you normally sub-contract works, how do you ensure that sub-contractors:	
	Employ competent staff?	
	Have an adequate health and safety policy	
	Ensure that work on site is carried out in compliance with legal requirements and their own safety policy?	
	Operate with adequate Public Liability insurance	
	Are adequately inducted with regard to your own safety policy.	

Section 4.0: Insurance Information

4.1	Employer's Liability	Insurer's name and address:	Policy No.	Renewal Date:
		Business activities as defined in the policy:		
		Indemnity limit for any one occurrence £.....		
4.2	Contractors "All Risk"	Insurer's name and address: As Above	Policy No.	Renewal Date:
		Business activities as defined in the policy:		
		What is the sum assured under the policy? £.....		
4.3	Professional Indemnity	Insurer: As above	Policy No.	Renewal Date:
		Business activities as defined in the policy:		
		Indemnity limit for any one occurrence £.....		
4.4	Public Liability	Insurer:	Policy No.	Renewal Date:
		Business activities as defined in the policy:		
		Indemnity limit for any one occurrence £.....		

The following declaration must be signed by a Director of the Company, Partner or the Sole Trader.

The answers given to the above questions are a true reflection of this company's operations, policy and health and safety record. Furthermore, we confirm that all premiums have been paid to date and the above stated insurance policies are not subject to any express conditions which would affect cover for work which would be undertaken for WÜRTH UK. We also undertake to update this information annually or on request.

Signature:

Print Name:

Position Held:

Date: