



**STRICTLY CONFIDENTIAL**

**APPROVED CONTRACTOR APPLICATION**

**HEALTH, SAFETY AND ENVIRONMENTAL QUESTIONNAIRE**

**Doc Ref: CD-002**

**Submitted on behalf of:**

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**(Contractor)**

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**(Date)**

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C.1 Name of Company:

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C.2 Address of Head Operating Office:

Post Code:	Tel No:	Fax No:
Email Address:	Website:	

C.3 Address of Local Office

Post Code:	Tel No:	Fax no:
Email Address:	Website:	

**Insurance**

C.4 Employer's Liability Insurance held:

Insurer:
Policy No:
Extent of Cover:
Expiry Date:

C.5 Public Liability (Third Party) Insurance held:

Insurer:
Policy No:
Extent of Cover:
Expiry Date:

C.6 Motor Vehicle Insurance held:

Insurer:
Policy No:
Extent of Cover:
Expiry Date:

C.7 Professional Indemnity Insurance held:

Insurer:
Policy No:
Extent of Cover:
Expiry Date:

(Note: In design and build contracts, contractors may have a degree of design responsibility, therefore Professional Indemnity Insurance would be required).

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**Health and Safety Information**

S.1 Name of Person with overall responsibility for health & safety:

Name:
Designation:
Does He/She have executive authority?      Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>NO</b> , please insert name of person with executive authority in these matters:

S.2.1. Does your company employ a competent person(s) to provide Health & Safety assistance?      Yes       No

If **Yes**, please advise:

Name:	
Designation:	
Base:	
Telephone No:	
Qualifications and Experience:	
Email:	Fax No:
Procedures and Methodology for overseeing contract work/personnel:	

The National Waiting Times Centre Board  
Control of Contractors

S.2.2 Does your company employ, or have the services of a Medical Adviser and/or Occupational Health Professional?      Yes       No

If **YES**, please advised

Name:	
Base:	
Telephone No:	
Email:	Fax No:
Professional Qualifications and Experience:	

S.2.3 How does your company dispose of waste materials, substances, etc?


S.2.4 Does your company employ, or have the services of a Waste Control officer?      Yes       No

If **YES**, please advise:

Name:	
Base:	
Telephone No:	Fax No:
Email:	
Professional Qualifications and Experience:	

**Health & Safety Policy**

S.3 How many persons does your company employ?

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If more than five, then please enclose a copy of your Health & Safety Policy

S.3.2 Does your company engage sub contractors or self employed persons?  
Yes  No

If **Yes**, please attach brief details.

**Construction (Design Management) Regulations**

S.4 Does your company have policies and procedures in force so that you may comply with the above regulations with regard to the following duty holders as applicable to your undertakings?

<b>Planning Supervisor/Health &amp; Safety Co-ordinator</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Designer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Principal Contractor</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>(Sub) Contractor</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Please provide brief details to support the above.


**Accident Investigation Records**

S.5 Does your Company have an internal Accident Reporting Procedure?  
Yes  No

If **YES**, please enclose a copy of your Company's Accident Report Form.

S.6 Does your company have a formal procedure for investigating and reporting accidents?  
Yes  No

If **YES**, who investigates?

Name:
Designation:
When applicable, who notifies the Health & Safety Executive?
Designation:

**Health & Safety Enforcement (HSE and/or local authorities)**

S.7 Are you and your premises registered with the appropriate enforcement agency i.e. as a Company? Yes  No

If **YES**, give date of registration:

Date:
Name and address of enforcement agency:

S.9 Has your Company in the past 5 years been served with any enforcement notices? Yes  No

If **YES**, give date details.


S.10 Has your Company been prosecuted? Yes  No

If **YES**, give details.


S.11 Are there any prosecutions outstanding? Yes  No

If **YES**, give details.


**Risk Assessments and Safe Systems of Work**

S.12 Has your company developed formalised Health & Safety Procedures to effect the above? Yes  No

If **YES**, please enclose details of the appropriate systems and means of enforcement used.

S.13 What arrangements are made to ensure that these are made known to your Company's employees and that they receive adequate health & safety training?


**Health and Safety Audits and Inspections of sites/premises**

S.14 Are these carried out? Yes  No

If **YES**, by whom?

Name:
Designation:
How Frequently:

Are they recorded? Yes  No

If **YES**, please forward copies of the last 5 reports.

Who ensures remedial action is taken if required?

Name:
Designation:

**Sub Contractors**

S.15 Do you question the Health, Safety and Environmental procedures and assess the competence of companies when you place contracts?

Yes  No

If **YES**, please enclose details of the procedures used for the above.

If **NO**, is it your intention to do so? Yes  No

Please explain your answer:

**Plant, equipment and vehicle maintenance and inspection**

S.16 Do you have a formal procedure for ensuring that the above, when on site, are kept in a safe condition and remain safe to use?

Yes  No

If **YES**, please enclosed details.

**Competence**

S.17 Will you permit a representative of the NHS Scotland Healthcare Body to examine your company's health & safety arrangements and accident records over the last 5 years?

Yes  No



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**DECLARATION**

I,.....(Name in Block Capitals)

(Title).....

hereby certify and affirm that the information provided in pursuance of all the foregoing questions contained within this application (and including all additional pages/documents provided in pursuance thereof) is, to the best of my knowledge and belief, true.

I further affirm that **all material changes** will be brought to the attention of the Golden Jubilee National Hospital Responsible Person.

I understand that the answers provided form the basis of the application to be considered for work with the Golden Jubilee National Hospital.

I have the complete authority to sign such application on behalf of

Company Name:
Signed:
Dated:

NB: Any contractor who provides inadequate, inaccurate or false information is liable to be excluded from the Approved Contractors List.

**FOR THE GOLDEN JUBILEE NATIONAL HOSPITAL USE ONLY.**

**Have all questions been satisfactorily answered? YES/NO**  
**Have all additional documents/papers etc. as required been attached? YES/NO**

**Additional Comments**


<b>Assessing Officer:</b>
<b>Designation:</b>
<b>Location:</b>
<b>Review Date:</b>