Contractor Pre-Qualification Questionnaire

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Introduction

Sidney Sussex College (SSC) wish to assess the general capability of your organisation to provide third party services.

This form is to be completed to enable SSC to be assured that we have employed the appropriate team for the project and are complying with the CDM regulation requirement to employ competent persons.

The following questionnaire, when completed, allows consideration on your approach, including Safety, health and Environmental issues. Questions relate to the Construction (Design and Management) Regulations 2007 (CDM), and the specific requirements in respect of statutory duties, Health and Safety competence and resource planning, in addition to general commercial and business arrangements.

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April 2010
Contractor Pre-Qualification Questionnaire

Instructions

- You are requested to answer all questions.
- Where appropriate, your response should be supported by relevant materials.
- The completed document should be sent to the addressee indicated in the covering letter.

This document has been compiled taking into consideration the requirements of schedule 4 of the CDM Regulations 2007.

In your response, please refer to the section (A - F) and then the number. E.g. if responding to B4 – please name your attachment (evidence – if required) B4.

Please return a hard copy and an electronic copy.

Compliance

This document has been written to comply with schedule 4 in the CDM 2007 Approved Code of Practice (L144). Any responses made should consider the guidance provided in this document. Reference is made to the criteria number in the questions below. Guidance to answering the question should be sought in L144.

Note: If you can provide a current from an accreditation approved by the SSIP (Safety Schemes in Procurement) you are excluded from completing Parts B, C and F.
Part A: Organisation Details

Please complete the organisation details below

<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered name</td>
<td></td>
</tr>
<tr>
<td>Registered Number</td>
<td></td>
</tr>
<tr>
<td>VAT Number</td>
<td></td>
</tr>
<tr>
<td>Registered office</td>
<td></td>
</tr>
<tr>
<td>Other Trading names:</td>
<td></td>
</tr>
<tr>
<td>Legal form of organisation</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone contact</td>
<td></td>
</tr>
<tr>
<td>Primary Contact</td>
<td></td>
</tr>
<tr>
<td>Secondary Contact</td>
<td></td>
</tr>
</tbody>
</table>

Please provide the evidence of the following insurance requirements. If you do not hold the insurance, please indicate as such:

<table>
<thead>
<tr>
<th>Insurance type</th>
<th>Provided Y/N</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers Liability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Liability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Indemnity Insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any of the above are not provided, please indicate why below.
Part B: Health and Safety Arrangements

Project: Insert project name

Assessment: Health & Safety Performance

L144Reference: Appendix 4 Criteria 3, 8

**Health and Safety Arrangements**

1. Please provide the person(s) responsible for health and safety within your organisation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Have any formal notices or legal proceedings been taken against your organisation by the Health and Safety Executive in the last 3 years? If yes, please provide details below.

Yes ☐ No ☐

3. Please provide your organisation's accident statistics for the last 3 years.

4. Please provide evidence of your management arrangements to comply with the RIDDOR regulations.
Part B: Health and Safety Arrangements

Project: Insert project name
Assessment: H&S Performance
L144 Reference: Appendix 4 Criteria 1, 2, 6, 7,

Health and Safety Arrangements (continued)

5. Please indicate if you have a health and safety policy. Please indicate how employees are made aware of this policy and the arrangement that it refers to.

6. Please indicate what arrangements you have in place to manage health and safety within your organisation. An overview of your health and safety system should be provided. Please indicate if it is compliant with HSG 65, BS8800 or similar.

7. Please indicate how often your H&S management arrangements are reviewed (please indicate the last time this was reviewed). Please also include how (if) employees are involved.

8. Please indicate how you consult with your employees on matters of health and safety.
Health and Safety Management arrangements

Please indicate if you have the following:

1. Health and Safety Policy
2. Management Arrangements for H&S
3. CDM management system
4. Competent H&S advice (corporate & construction)
5. Date of most recent review and date of the next review of the above (1 – 3).

For all of the above, evidence should be provided. For no’s 2 and 3, please provide the contents sheets. Additional evidence may be requested by the CDM Co-ordinator if required for notifiable projects.

If any of the above are not provided, please indicate why below.
Contractor Pre-Qualification Questionnaire

Part D: Individual Training and skills

Project: Insert project name
Assessment: Individual competence
L144Reference: Appendix 4 Criteria 4, 5, Stage 2 Criteria 1

Personnel Skills
1. Please indicate how you select persons to provide you with the expertise to discharge their role.

2. Please provide a list of skills and experience that the persons that you employ and their specific roles. Please include any specialist work that needs to be undertaken by specific individuals or grades of employees. Please provide employee experience as applicable.

3. Please indicate if you require your employees to participate in a Continuing Professional Development (CPD) program, if yes, please indicate how you ensure they meet the requirements.
## Consultant Selection and monitoring

1. Please indicate how you select (sub) consultants (including design) to undertake work for you.

<table>
<thead>
<tr>
<th>Consultant selection and monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate how you select (sub) consultants (including design) to undertake work for you.</td>
</tr>
</tbody>
</table>

2. Please indicate how you monitor (sub) consultants, specifying the frequency that you monitor / review the performance of the consultants against the information provided at initial procurement.

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<td>Please indicate how you monitor (sub) consultants, specifying the frequency that you monitor / review the performance of the consultants against the information provided at initial procurement.</td>
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3. Please indicate your strategies for reviewing consultants health and safety performance, including feedback.

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</thead>
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**Part F: Environment**

<table>
<thead>
<tr>
<th>Project:</th>
<th>Insert project name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment:</td>
<td>Environment Management</td>
</tr>
</tbody>
</table>

### Environmental Management

1. Do you have a documented environmental management system? If yes, please indicate if your system is compliant with any recognised management systems, such as ISO 14001 / EMAS or similar.

2. Please indicate how you incorporate environmental performance and sustainability considerations into your designs.

3. Please indicate what management arrangements you have in place to comply with the Clean Neighbourhood and Environment Act 2005, with respect to site waste management plans.