

	PRE SELECTION QUESTIONNAIRE SUB CONTRACTORS AND CONSULTANTS	In order to ensure the company monitors the services or sub contractor this document should be completed prior to accepting contractors or suppliers.
<p>This questionnaire is designed to help IMAC Facilities Management assess the Health, Safety Environmental & Quality Standards that their sub-contractors are working to. The form should be reviewed by the appropriate manager and sanctioned and communicated to the accounts department. If you have less than five employees complete sections 1, 2, 5, 7 and 8.</p>		
Section 1 Company details		
<u>Project Name</u>		
Trading Name		
Address		
Vat Number		
Company Registration Number		
Telephone Number		
E-mail Contact		
Type of work service supplied		
Section 2 Insurance documents		
Please provide copies of insurance certificate details including exclusions/restrictions in respect of Employers Liability, Public Liability and Professional Indemnity (if required)		
Can you confirm your insurance adequately covers the activities to be undertaken on this project? State policy exclusions / restrictions where relevant, e.g. confined space working, working at height, Asbestos and demolition?		
Section 3 ISO or equivalent certifications		
Do you have any of the following:		
ISO 9001:2007		
ISO 14001:2004		
ISO 18001		
Safe-T-cert		
NICNIE		
Gas Safe		
Asbestos removal license		
UKAS Accreditation		
BPCA		
Others. Please state		
If you mentioned no to any of the above do you have a system which is non-certified?		
If you do not have any systems in place are you currently developing or working on this?		

Section 4 Health and safety Literature				
Do you have any of the following:				
A current and up to date Health and Safety policy?				
Risk assessments and method statements?				
Environmental Policy?				
Statutory certificates for any plant or equipment you might use?				
Section 5 Commitment statement				
If you do not have any of the above can you please state if:				
<p>a) you have less than five employees and do not require written safety literature</p> <p>b) or if you currently working on implementing these procedures</p>				
Do you agree to comply with IMAC Facilities Management Health, Safety & Environmental Rules for sub-contractors?				
Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain why?				
Section 6 Health and Safety Management				
Who will manage this project (name and title) and what qualifications do they hold?				
Are all employees aware of their duties regarding health and safety?				
How is your Policy brought to the attention of your employees?				
How many direct employees do you have?				
How many sub contractors do you have?				
How do you ensure your sub contractors comply with legislation and health and safety?				
Section 7 Enforcements and Accident History				
Has your organisation during the past 3 years been:				
Served a Prohibition Notice?				
Served an Improvement Notice?				
Prosecuted for Health & Safety offences?				
Responsible for anyone in your employment receiving a formal notice				
Is your organisation currently undergoing legal Proceedings for Health and Safety offences?				
Please give details of number of reportable accidents, dangerous occurrences, and cases of ill health as defined under RIDDOR (UK), or HSA Form IR3 (ROI), over the past 3 years.				
	Accidents	Near misses	Dangerous Occurrence	
2017				
2016				
2015				

Section 8 Documentation to be enclosed:				
Insurance documents Public Liability Insurance, Employers Liability Insurance, Professional Indemnity Insurance (if relevant)	Yes		No	
Copy of Safety Policy and risk assessments/method statements enclosed:	Yes		No	
Details of accidents recorded	Yes		No	
Copies of 3 rd party accreditations	Yes		No	
Copies of CSR cards	Yes		No	
Signed Sub contractor				
Date				

To be completed by IMAC Facilities Management Ltd Office Staff Only

Section 9 Questionnaire review				
	Yes		No	
Would you use this contractor?				
If no please state why				
Reviewed and sanctioned by:	Signature			
	Date:			