



Ribble Valley
Borough Council

www.ribblevalley.gov.uk

THE CONSTRUCTION (DESIGN AND MANAGEMENT) REGULATIONS 2015

CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

PROJECT: Dewhurst Road, Langho – Surfacing Improvements

NAME OF

TENDERER: [Click here to enter text \(Principal Contractor to complete\).](#)

Ribble Valley Borough Council
Engineering Services
Council Offices
Church Walk
CLITHEROE
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BB7 2RA

Tel: 01200 425111

CONTENTS

SECTION 1	Introduction	1
SECTION 2	Organisation Details	2
SECTION 3	Health and Safety Arrangements	3
SECTION 4	Health and Safety Management Arrangements	6

SECTION 1

INTRODUCTION

The purpose of this questionnaire is to enable organisations to provide Ribble Valley Borough Council with sufficient health and safety information to assess their capability and suitability to undertake this project.

SECTION 2

ORGANISATION DETAILS

2.1 Organisation Name [Click here to enter text.](#)

2.2 Registered Office [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

2.3 VAT Number [Click here to enter text.](#)

2.4 Primary Contact [Click here to enter text.](#)

2.5 Telephone Number [Click here to enter text.](#)

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

INSURANCE TYPE	PROVIDED Y/N	VALUE (£)
Employers Liability Insurance	Click here to enter text.	Click here to enter text.
Public Liability Insurance	Click here to enter text.	Click here to enter text.
Professional Indemnity Insurance	Click here to enter text.	Click here to enter text.

SECTION 3

HEALTH AND SAFETY ARRANGEMENTS

- 3.1 Please indicate the person(s) responsible for health and safety within your organisation.

NAME	POSITION
Click here to enter text.	Click here to enter text.

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

Yes

No

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

Click here to enter text.

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

Click here to enter text.

3.5 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.

Click here to enter text.

3.6 Please indicate how often your health and safety management arrangements are reviewed (please indicate the last time it was reviewed).

Click here to enter text.

3.7 Please indicate how you consult with your employees on matters of health and safety.

Click here to enter text.

SECTION 4

HEALTH AND SAFETY MANAGEMENT ARRANGEMENTS

4.1 Please indicate if you have the following:

MANAGEMENT ARRANGEMENTS	YES / NO
Health and Safety Policy	
Management Arrangements for Health and Safety	
CDM Management System	
Competent Health and Safety advice (corporate and construction)	
Confined Spaces trained operatives	

For all of the above, evidence should be provided. Additional evidence may be requested by the Principal Contractor or CDM advisor if required for notifiable projects.

COMPLETION

On completion of the Contractor Health and Safety Questionnaire, this document should be signed by the Principal Contractor.

Principal Contractor –

Signed Click here to enter text.

Company Click here to enter text.

Date Click here to enter text.