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CONTRACTOR QUESTIONNAIRE

This questionnaire is to be used in assessing the competence of a potential contractor. It should be completed in as much detail as possible and returned with all the requested support information.

Please complete the following sections and supply relevant information as requested.			
1. Company details:			
2. Who in your organisation is ultimately responsible for health and safety?			
Name:	Position:	Contact details:	
3. Who in your organisation is responsible for the management of health and safety.			
Name:	Position:	Contact details:	Qualifications:
4. Supply a copy of your organisation's health and safety policy statement.			
5. Supply an example of a method statement and associated risk assessment for work similar to those being carried out.			
6. Does your organisation use sub-contractors? If YES outline below how your organisation ensures the competence of sub-contractors used (use a continuation sheet if necessary)			YES
			NO
7. Supply details below of any relevant trade/professional associations that your organisation subscribes/belongs to (i.e. Gas Safe):			
8. Supply evidence of the following insurances.			
	Expiry date		Expiry date
Public liability		Employers liability	
9. Questionnaire completed by			
Name:	Address:	Position:	
Signature:			
Date:			