

SUBCONTRACTOR QUESTIONNAIRE

I confirm that I am happy for BBS Construction Ltd to hold my companies details supplied for their supply chain database under GDPR. This information will not be shared and I can with draw from this database at any time by contacting BBS Construction directly.

SERVICE - Please, state what subcontractor trade you propose to provide:

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ORGANISATION

Name of Organisation (including any trading name):	
Address:	
Postcode:	
Telephone:	Company Email:
Constructionline Reference Number:	

ORGANISATION STRUCTURE

	Y/N		Y/N		Y/N
Public Limited Company		Private Ltd Company		Partnership	
Sole Trader – Including NI Number:					
Date of Organisation’s formation:					
UTR No:					
VAT Registration No.:					
Company Registration No:					
Date of Registration:					
Registered Address (if different from that shown above):					
Please state the names and responsibilities of the Executive Directors/Partners of the organisation:					
1.					
2.					
3.					
4.					

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FINANCIAL

Has your organisation been involved in any court action in relation to trade with third parties or with employees over the last 3 years? **YES / NO**

If Yes, please provide details:

Please provide details for the following:

Value of Projects Undertaken	
Geographical Areas Covered	

INSURANCES

Please attach a copy of your current **Schedule of Insurance and To Whom It May Concern Letter** covering Employers (min £5m cover) and Public Liability Insurance (min £5m cover). If there is a design element in the work you intend to provide, please also include the current **Schedule of Insurance** for Professional Indemnity.

WORKING WITHIN THE UK

Have you undertaken appropriate checks to ensure that all of your operatives are able to work in the UK? **YES / NO**

HEALTH & SAFETY



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Please provide details of the person(s) responsible for day to day operational health and safety policy.

Name:	
Title:	
Tel:	Base location:
Health & Safety Qualification:	

Have you been served with any prohibition notices in the last three years? **YES / NO**

Please provide a copy of your signed & dated Health and Safety Policy Statement **YES / NO**

Are your operatives CSCS compliant **YES / NO**

Are your operatives fully qualified for their role, ie CITB, SMSTS, NVQ's **YES / NO**

Do you have an SSIP Accreditation (CHAS, Safecontractor, etc) **YES / NO**

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REFERENCES

Please provide the names and addresses of two **main contractors** you have supplied goods and/or services to, similar to the ones you propose to supply to BBS Construction Ltd:





Reference 1	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	
E-mail:	

Reference 2	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	
E-mail:	

DECLARATION: I confirm the above contains accurate details of our company:

Name:
Signature:
Position:
Date:
Telephone:

Please return the completed form and requested attachments to the below mentioned email address enquiries@bbscon.co.uk

-  Signed & Dated within one year – Health & Safety Policy Statement
-  SSIP Certificate
-  Schedule of Insurance and To Whom It May Concern Letter
-  Training Matrix or copies of qualifications for example CSCS, CITB, SMSTS, SSSTS , NVQs, JIB Cards

If unsuccessful, subcontractors will have their questionnaire details erased after 12 months from initial application.

SUBCONTRACTOR QUESTIONNAIRE

FOR OFFICE USE ONLY

Insurance Received and Approved	Health & Safety SSIP Training Matrix Received and Approved	Financial Information Received and Approved
Signed and Dated	Signed and Dated	Signed and Dated

PRE-QUALIFICATION HEALTH + SAFETY AND INSURANCE QUESTIONNAIRE FOR CONTRACTORS

This questionnaire must be completed in full and returned with the relevant supporting documentation to BBS Construction Ltd for approval. No works can be undertaken by your company until this document has been reviewed by BBS and you have been added to the 'Approved Contractors List'.

COMPANY DETAILS
Company Name:
Address:
Tel No:
Fax No:
Scope of Work:
Main Contact:
No. of Direct Employees:
No. Subcontracted Staff:
Membership to Trade Organisations:
Person Completing Questionnaire
Name:
Position:
Date:
Signature:

SUBCONTRACTOR QUESTIONNAIRE

For Use By BBS Assessor
Date Approved
Signed:
Comments:

1/ Health + Safety Policy
Please provide a copy of your Company H+S Policy + Arrangements
How is this Policy communicated to employees?

2/ Risk Assessments/ Method Statements
Please supply examples Method Statement / Risk and COSHH Assessment
How are they brought to the attention of the workforce?

3/ Prosecutions + Notices
Have you received any Improvement or Prohibition Notices or been subject to prosecution by the HSE in the last 5 years or had any Fee for Interventions since October 2012 YES / NO
If yes, please provide details:

4/ H+S Responsibility
What is the name and title of the person with ultimate responsibility for H+S? Name: Phone number:
What is the name and title of the person responsible for supervising day to day H+S on site? Name: Phone number:

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5/ Training

Have the Managers and Supervisors responsible for overseeing work for us received formal Health + Safety training? YES / NO

Details of Qualifications + training that demonstrates competence:

Please provide copies of all relevant certificates and training records

Have all operatives been suitably trained and instructed in the work they are employed to do and the methods of work to be adopted? YES / NO

Do all operatives hold the appropriate valid CSCS CPCS CIRS card? YES / NO

If No, please indicate the date you expect to achieve fully Carded status?

6/ Competent Health + Safety Advice

Name of qualified competent Health & Safety Advisor (Required by MHSWR Reg7)

Contact details if external to your business:

Name

Address

Phone number

Details of Qualifications + training that demonstrates competence ie CMIOSH etc

Please provide copies of relevant certificates and training records

7/ Communication with Employees + Others

Please provide details of methods to be used to promote safety awareness among you employees on our site (e.g. Toolbox Talks, Company Induction, Bulletins):

SUBCONTRACTOR QUESTIONNAIRE

How do you achieve co-operation with the Principle Contractor and other trades to ensure ongoing safety of all site personnel?

Please provide evidence of Site Safety/ Pre-Start/ Progress Meetings attended

8/ H+S Surveillance + Monitoring

Who is responsible for conducting regular Safety Inspections to evaluate the effectiveness of your Health + Safety Performance?

How often are formal Safety Inspections of site conducted?

Please provide a copy of a recent Site Inspection Report

9/ Insurances

Please provide a copy of your Employer's Liability Insurance

Principle Contractors please provide a copy of your Contractors All Risk Policy

10/ References

Please provide at least 2 examples of comparable work carried out in the last 2 years with contact details: