



Scouting Ireland Contractors / Suppliers Questionnaire

1.0 General Information.

| | | |
|-----|---|--|
| 1.1 | Company Name: | |
| 1.2 | Company Address: | |
| 1.3 | Telephone No.: | |
| 1.4 | Fax No.: | |
| 1.5 | Contact Name: | |
| 1.6 | Email address: | |
| 1.7 | Name of person completing this document: | |
| 1.8 | Position in the company: | |
| 1.9 | Date: | |

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| | |
|--|--|
| Date received | |
| Checked By | |
| Are all sections completed? | |
| Additional information required | |



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2.0 Safety Management

| | | YES | NO | Give Details |
|------|---|-----|----|--------------|
| 2.1 | Does your company have a recognized safety management system | | | |
| 2.2 | Please provide a copy of your company site work specific safety statement, details of specific arrangements for implementing this statement. Note: These details to include the risk assessments, specified safety procedures, employee handbooks etc. | | | |
| 2.3 | Do you have an internal Safety Officer? Please provide details of experience and qualifications. | | | |
| 2.4 | Do you employ the services of an external safety consultant? Please provide name, address and contact information. | | | |
| 2.5 | What services does this consultant provide? | | | |
| 2.6 | Who will be the Safety officer assigned to this project? | | | |
| 2.7 | How often will this person visit the site? [If project is greater than 48 hrs] | | | |
| 2.8 | How do you ensure that your personnel are working in a safe manner when on site? | | | |
| 2.9 | Are employees involved in hazard identification/risk assessment and the compilation of safe working method statements? | | | |
| 2.10 | Is there an action plan in place to deal with non-compliance with safe work procedures by either employees or sub-contractors? Please provide a copy. | | | |
| 2.11 | Please provide a copy of your accident/incident and investigation procedures | | | |
| 2.12 | Is there a procedure in place for the safe use of electric power tools and leads? Please provide a copy. | | | |
| 2.13 | Do you have a drugs and alcohol policy in place | | | |



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|------|--|--|--|--|
| | banning the use of illegal drugs and alcohol on the worksite? Please provide a copy. | | | |
| 2.14 | Is your company a member of any health & safety group, body or organisation (such as a trade group or safety group)? | | | |



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3.0 WORKPLACE INSPECTIONS

| | | YES | NO | Give Details |
|-----|---|----------|--------|--------------|
| 3.1 | Are regular health and safety inspections at construction sites undertaken by senior management? | | | |
| 3.2 | Provide the names of the individuals and title within your organisation who will undertake the day-to-day responsibility for the management of Health & Safety on this project. Details to include the allocation of duties, delegation of responsibilities and the name of the most senior person in your company responsible for health & safety. | | | |
| | Name | Position | Duties | |
| | | | | |
| | | | | |
| | | | | |
| 3.3 | What types of inspections/audits are undertaken? | | | |
| | Please indicate as to how often, | | | |
| | and by whom will the site be inspected/audited for this project? | | | |
| 3.4 | Has the company established procedures for the monitoring and taking of corrective and preventative action? | | | |
| 3.5 | Will you forward any reports or corrective actions to the event manager? | | | |



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4.0 PLANT & EQUIPMENT

| | YES | NO | Give Details |
|-----|-----|----|---|
| 4.1 | | | Are there procedures for maintaining, inspecting and assessing the hazards of plant & machinery operated/hired, owned by the company for use on site? |
| 4.2 | | | Please provide evidence that personnel have received the necessary training to permit them to operate items of plant or equipment. <i><u>Attach separate sheet</u></i> |
| 4.3 | | | Will you provide copies of all inspections and training documents to the event manager? |



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5.0 ACCIDENT AND INCIDENT REPORTING

| | YES | NO | Give Details |
|-----|-----|----|--------------|
| 5.1 | | | |
| 5.2 | | | |
| 5.3 | | | |
| 5.4 | | | |
| 5.5 | | | |

5.1 Has your company or any individual employees ever been prosecuted for any breach of health and safety legislation within the past four years? If yes please provide details of the circumstances and the action that was taken to prevent a recurrence.

5.2 Have there been any Prohibition, Improvement or other enforcement notices issued against your company within the past five years?

5.3 If yes provide details of the circumstances and the action that was taken to prevent a recurrence.

5.4 Will you furnish copies of all accident/incident and investigation reports to the event manager?

5.5 Please provide the following information.

| | Current | 1 year | 2 years | 3 years | 4 years | Totals |
|--------------------------------|---------|--------|---------|---------|---------|--------|
| Total site labour hours worked | | | | | | |
| H.S.A. Prosecutions | | | | | | |
| H.S.A. Improvement notices | | | | | | |
| H.S.A. Advice notices | | | | | | |
| H.S.A. Prohibition notices | | | | | | |
| Fatal accidents | | | | | | |



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| | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| Accidents requiring medical treatment | | | | | | |
| First Aids | | | | | | |
| Near Misses | | | | | | |
| Dangerous Occurrences | | | | | | |



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6.0 FIRE AND EMERGENCY PROCEDURES.

| | |
|-----|---|
| 6.1 | What arrangements do you have in place for assessing the risk of fire and evacuation of your personnel in the event of an emergency? |
| 6.2 | Do you have arrangements in place for providing either trained first-aiders or appointed persons in the workplace? Please supply a copy of your policy or procedure |
| 6.3 | Describe the first aid requirements of your company? |
| 6.4 | Who is responsible for checking first aid boxes / crew portable first aid kits? |



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7.0 TRAINING

| | YES | NO | Give Details |
|-----|-----|----|--------------|
| 7.1 | | | |
| 7.2 | | | |
| 7.3 | | | |

Have all the Supervisory Staff within your Company attended a Health and Safety Course within the last five years?

Do you carry out company induction training for new employees?

Please provide, as a minimum where applicable, training records for the personnel you intend to assign to this project for the following:

- Safe Pass Cards.
- Company Induction.
- Manual Handling.
- Working at Height.
- MEWP operation.
- Erection of scaffolds (both tube + fitting and/or alloy towers)
- Occupational First Aid.



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8.0 ENVIRONMENTAL

| | |
|-----|--|
| 8.1 | <p>Please provide a copy of your Environmental Policy.</p> <p>Alternatively, state how you handle environmental issues within your organization and who is responsible for implementation.</p> |
| 8.2 | <p>If you cannot provide the above information please indicate how you intend to comply with your legal duties?</p> |
| 8.3 | <p>What arrangements do you have in place for the safe removal of wastes associated with your part of the project?</p> |

9.0 ATTACHED DOCUMENTATION.

| | |
|-----|--|
| 9.1 | <p>Please ensure you have attached all relevant information</p> <ul style="list-style-type: none">• Copy of EL Insurance• Copy of PL Insurance• If as a contractor you will be using your vehicle(s) as part of the services to Scouting Ireland you must attach evidence of motor insurance for each vehicle .• Safety Statement signed by a Director• Other documents / backup as referenced throughout this questionnaire |
|-----|--|