This questionnaire is designed to help McAleer & Rushe Ltd assess the Health, Safety, Quality & Environmental standards that their sub-contractors are working to.

All sub-contractors that wish to be on McAleer & Rushe Ltd's preferred contractor list must complete this questionnaire in full. ***Wherever possible, prospective sub-contractors holding valid ISO certification or SSiP accreditation will be able to follow the shortcuts through the questionnaire.***

This questionnaire and the required supporting documents should be forwarded to the SHEQ Department.This can be done via an email to [sheq@mcaleer-rushe.co.uk](mailto:sheq@mcaleer-rushe.co.uk)

Emails ***must***  be submitted with the name of the project you are interested in tendering for in the ‘Subject’ field – if in doubt contact the QS Department on 0288 676 3741.

It may be necessary to split a large email with attachments into multiple smaller emails to ensure they are not rejected by the email server.

***Unsolicited applications will not be reviewed***.

|  |  |  |
| --- | --- | --- |
| **Section 1: Company Details** | | |
| Company Name: | |  |
| Street Address: | |  |
| Address: | |  |
| Town/City: | |  |
| Post Code: | |  |
| Country: | |  |
| Telephone No: | |  |
| E-mail: | |  |
| Nature of Business: | |  |
| Are you a member of any trade association? If so, please state. | |  |
| Director / senior manager responsible for Health and Safety? (name and title): |  | |
| Telephone No: |  | |
| E-mail: |  | |
| Please give the contact details of your appointed in-house or external Health & Safety Adviser (y*ou* ***must*** *have a competent Health & Safety Adviser irrespective of the number of employees)*: | | |
| Name of advisor: |  | |
| Telephone No: |  | |
| E-mail: |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is there an individual in your company responsible for quality management? | | | | | | | | | | | | | | Yes  No | | | | |
| If yes, please provide contact details: | | | | | | | | | | | | | | | | | | |
| Name of advisor: | | |  | | | | | | | | | | | | | | | |
| Telephone No: | | |  | | | | | | | | | | | | | | | |
| E-mail: | | |  | | | | | | | | | | | | | | | |
| Is there an individual in your company responsible for environmental management? | | | | | | | | | | | | | | Yes  No | | | | |
| If yes, please provide contact details: | | | | | | | | | | | | | | | | | | |
| Name of advisor: | | |  | | | | | | | | | | | | | | | |
| Telephone No: | | |  | | | | | | | | | | | | | | | |
| E-mail: | | |  | | | | | | | | | | | | | | | |
| *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? | | | | | | | | | | | | | | Yes  No | | | | |
| If no, please state policy exclusions / restrictions where relevant, e.g. confined space working, working at height, etc. | | |  | | | | | | | | | | | | | | | |
| Do you agree to comply with McAleer & Rushe Health, Safety and Environmental Standards for Sub-contractors? | | | | | | | | | | | | | | | Yes  No | | | |
| *Please attach a copy of your Health, Safety & Welfare Policy & Statement to your application.*  ✓ | | | | | | | | | | | | | | | | | | |
| **Section 2: Sub-Contractors** | | | | | | | | | | | | | | | | | | |
| Do you engage / employ Sub-Contractors? | | | | | | | | | | | | | | | | Yes  No | | |
| If Yes: | | | | | | | | | | | | | | | | | | |
| How do you assess the health and safety record and competence of Sub-Contractors employed by you? | | | |  | | | | | | | | | | | | | | |
| How do you know whether your Sub-Contractors are fully trained in respect of their activities? | | | |  | | | | | | | | | | | | | | |
| Where insufficiently trained, do you deliver relevant training to your Sub-Contractors? | | | | | | | | | | | | | | | | Yes  No | | |
| **Section 3: Enforcements / Non-compliances** | | | | | | | | | | | | | | | | | | |
| Has your organisation during the past 3 years been: | | | | | | | | | | | | | | Please state the number over the last 3 years: | | | | |
| Served a Prohibition Notice | | | | | | | | | | Yes  No | | | |  | | | | |
| Served an Improvement Notice | | | | | | | | | | Yes  No | | | |  | | | | |
| Served a formal caution | | | | | | | | | | Yes  No | | | |  | | | | |
| Prosecuted for Health & Safety offences | | | | | | | | | | Yes  No | | | |  | | | | |
| Responsible for the Principal Contractor receiving a formal notice | | | | | | | | | | Yes  No | | | |  | | | | |
| Is your organisation currently undergoing legal proceedings for Health and Safety offences? | | | | | | | | | | | | | | Yes  No | | | | |
| Please give the number of reportable accidents, dangerous occurrences, and cases of ill health as defined under RIDDOR (*UK*), or HSA Form IR3 (*ROI*), which have involved your employees over the past 3 years. | | | | | | | | | | | | | | | | |  | |
| *Please attach :* ✓   * *brief details of the RIDDOR/IR3 reportable incidents* * *A copy of your accident reporting and investigation procedures* | | | | | | | | | | | | | | | | | | |
| **Section 4: PQQ and ISO Accreditation** | | | | | | | | | | | | | | | | | | |
| Is your organisation registered with Achilles, an SSiP accredited body or do you have ISO18001 Certification? | | | | | | | | | | | | | | Yes  No | | | | |
| If, **Yes**, please attach a copy of the accreditation certificate(s) and skip forward to ***Section 9*** ✓ | | | | | | | | | | | | | | | | | | |
| **Section 5: Health and Safety Policy** | | | | | | | | | | | | | | | | | | |
| Has your Health, Safety & Welfare Policy / Statement been reviewed within the last year? | | | | | | | | | | | | | | Yes  No | | | | |
| Does it reflect your intention to commit to health and safety? | | | | | | | | | | | | | | Yes  No | | | | |
| How is the Policy brought to the attention of your employees? |  | | | | | | | | | | | | | | | | | |
| **Section 6: Training** | | | | | | | | | | | | | | | | | | |
| How many direct employees (including labour-only sub-contractors) do you have? | | | | | | | | | | | | |  | | | | | |
| If training is not provided by you, do you agree to pay for relevant training provided by McAleer & Rushe Ltd? | | | | | | | | | | | | | | | Yes  No | | | |
| Do you have a Company Training Matrix/Training Log? | | | | | | | | | | | | | | | Yes  No | | | |
| *If* ***Yes****, please provide a copy of this and skip to Section 7****.*** ✓ | | | | | | | | | | | | | | | | | | |
| Have you delivered health and safety training to: | | | | | | | | (Please state relevant Skills Card held, eg, CSR. CSCS, etc.) | | | | | | | | | | |
| Directors: | | Yes  No | | | | | |  | | | | | | | | | | |
| Managers: | | Yes  No | | | | | |  | | | | | | | | | | |
| Supervisors: | | Yes  No | | | | | |  | | | | | | | | | | |
| Operatives: | | Yes  No | | | | | |  | | | | | | | | | | |
| Sub-Contractors: | | Yes  No | | | | | |  | | | | | | | | | | |
| Office-based staff: | | Yes  No | | | | | |  | | | | | | | | | | |
| **Section 7: Plant and Equipment** | | | | | | | | | | | | | | | | | | |
| How do you ensure that plant, equipment or tools used by you on site are inspected, examined, tested and maintained in a safe condition? | | | |  | | | | | | | | | | | | | | |
| How do you ensure that lifting, equipment and/or accessories used by you on site are inspected, examined, tested and maintained in a safe condition? | | | |  | | | | | | | | | | | | | | |
| How do you ensure that scaffolding, MASTs and other work at height platforms used by you on site are inspected and maintained in a safe condition? | | | |  | | | | | | | | | | | | | | |
| **Section 8: Performance Monitoring** | | | | | | | | | | | | | | | | | | |
| Do you conduct safety inspections and audits of your work activities? | | | | | | | | | | | | | | | | Yes  No | | |
| How regularly do you conduct: | | | | | | | | | | | | | | | | | | |
| Safety Inspections? | | Never  Daily  Weekly  Monthly  Annually | | | | | | | | | | | | | | | | |
| Safety Audits? | | Never  Daily  Weekly  Monthly  Annually | | | | | | | | | | | | | | | | |
| *Please provide 2 samples of completed forms* ✓ | | | | | | | | | | | | | | | | | | |
| Are you prepared to act on complaints received by McAleer & Rushe Ltd site management, or McAleer & Rushe Ltd Health & Safety advisers in relation to your works and / or operatives? | | | | | | | | | | | | | | | | Yes  No | | |
| **Section 9: Quality Assurance** | | | | | | | | | | | | | | | | | | |
| Is your organisation registered with Achilles or do you have ISO9001 Certification? | | | | | | | | | | | | | | | Yes  No | | | |
| *If,* ***Yes****, please attach a copy of the accreditation certificate(s) and skip forward to* ***Section 10*** ✓ | | | | | | | | | | | | | | | | | | |
| If you don’t have a third party accredited quality management system, are you working towards implementing one? | | | | | | | | | | | | | | | Yes  No | | | |
| *If* ***Yes****, please provide evidence of when certification is due to take place* ✓ | | | | | | | | | | | | | | | | | | |
| Please indicate steps you are taking to manage quality issues. | | | |  | | | | | | | | | | | | | | |
| *Please attach a signed copy of your Quality Policy Statement* ✓ | | | | | | | | | | | | | | | | | | |
| *Do you feel your organisation is deficient in quality standards and would like guidance from McAleer & Rushe Ltd?* | | | | | | | | | | | | | | | Yes  No | | | |
| **Section 10: Environmental Issues** | | | | | | | | | | | | | | | | | |
| Are you a registered waste carrier? | | | | | | | | | | | | | | | Yes  No | | |
| If yes, please detail your waste carrier’s licence number. | | | | | | | | |  | | | | | | | | |
| *Please attach a copy of your Waste Carrier’s Licence* ✓ | | | | | | | | | | | | | | | | | |
| Is your organisation accredited as ISO14001 compliant? | | | | | | | | | | | | | | | Yes  No | | |
| *If,* ***Yes****, please attach a copy of the accreditation certificate(s) and skip forward to* ***Section 11*** ✓ | | | | | | | | | | | | | | | | | |
| If you don’t have a third party accredited environmental management system, are you working towards implementing one? | | | | | | | | | | | | | | | Yes  No | | |
| *If* ***Yes****, please provide evidence of when certification is due to take place* ✓ | | | | | | | | | | | | | | | | | |
| Please indicate steps you are taking to manage environmental issues. | | | |  | | | | | | | | | | | | | |
| *Please attach a signed copy of your Environmental Policy Statement* and ✓  *Environmental Aspects Register* | | | | | | | | | | | | | | | | | |
| Has your organisation ever received a formal caution for alleged environmental breaches? | | | | | | | | | | | | Yes  No | | | | | |
| If yes, please provide details of this. | | | | | | |  | | | | | | | | | | |
| Has your organisation ever been prosecuted for incidents involving pollution or other breaches of environmental legislation? | | | | | | | | | | | | Yes  No | | | | | |
| If yes, please provide details of this. | | | | |  | | | | | | | | | | | | |
| *Do you feel your organisation is deficient in environmental standards and would like guidance from McAleer & Rushe Ltd?* | | | | | | | | | | | | Yes  No | | | | | |
| **Section 11: Sustainability** | | | | | | | | | | | | | | | | | |
| If you are accredited to a sustainable sourcing and supply chain management standard, please identify the means by which it is audited: | | | | | | | | | | | | | | | | | |
| BES6001 Responsible Sourcing of Materials | | | | | | | | | | | | Yes  No | | | | | |
| Any other Responsible Sourcing Accreditation | | | | | | | | | | | | Yes  No | | | | | |
| please provide details of this. | | | | | |  | | | | | | | | | | | |
| If you manufacture timber products, please confirm all timber products supplied are sourced from legal and sustainable sources with chain of custody certification  ***NB*** *you will be required to ensure all delivery dockets state the COC code* | | | | | | | | | | | | Yes  No | | | | | |
| *Please attach copies of PEFC or FSC certificates.* ✓ | | | | | | | | | | | | | | | | | |
| Please confirm that your suppliers have a 3rd party accredited Environmental Management System e.g. ISO 14001, BES 6001  ***NB*** *you will be required to provide copies of your suppliers’ responsible sourcing certificates* | | | | | | | | | | | | Yes  No | | | | | |
| Section 12: Deliveries in London: CLOC’S | | | | | | | | | | | | | | | | | |
| All service providers operating vehicles over 3.5 tonnes operating in London should be registered to FORS (minimum Bronze level accreditation) and vehicles should comply with CLOC’s requirements. | | | | | | | | | | | | | | | | | |
| I can confirm our we have registered to FORS and achieved a minimum bronze level | | | | | | | | | | | Yes  No  N/A | | | | | | |
| I can confirm all vehicles will conform to the requirements of the CLOC’s scheme | | | | | | | | | | | Yes  No  N/A | | | | | | |
| NB: copies of suppliers FORS certificate and CLOC’s compliance self- certification will be requested on each project. | | | | | | | | | | | | | | | | | |
| Section 13: Give a brief summary of the work your company hasundertaken in the last 3 years | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

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| **Section 14: References** | |
| *Please supply the names and addresses of 3 organisations for which you have undertaken work in the past 3 years in order that we can take up references to prove your competence?* | |
| **Reference 1** | |
| Name of contact: |  |
| Company Name: |  |
| Street Address: |  |
| Address: |  |
| Town/City: |  |
| Post Code: |  |
| Country: |  |
| Telephone No: |  |
| E-mail: |  |
| **Reference 2** | |
| Name of contact: |  |
| Company Name: |  |
| Street Address: |  |
| Address: |  |
| Town/City: |  |
| Post Code: |  |
| Country: |  |
| Telephone No: |  |
| E-mail: |  |
| **Reference 3** | |
| Name of contact: |  |
| Company Name: |  |
| Street Address: |  |
| Address: |  |
| Town/City: |  |
| Post Code: |  |
| Country: |  |
| Telephone No: |  |
| E-mail: |  |

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| **Section 15: Signature** | | | | | |
| ***I declare the information provided within this questionnaire to be accurate and true.*** | | | | | |
| Name: |  | | Date: |  | |
| Signature: |  | | Job Title: |  | |
| For and on Behalf of: | |  | | | |
| **Section 16: I confirm that the following documents are attached**  **where relevant to my company’s operations** | | | | | |
| Health and Safety Policy and Statement | | | | | Yes  N/A |
| Insurance Certificates: | | | | |  |
| Public Liability Insurance | | | | | Yes  N/A |
| Employers Liability Insurance | | | | | Yes  N/A |
| Professional Indemnity Insurance (if relevant) | | | | | Yes  N/A |
| OHSAS 18001 (or other) Safety Accreditation Certificate | | | | | Yes  N/A |
| Samples of 2 completed Safety Inspection / Audit forms | | | | | Yes  N/A |
| Quality Policy/Management Statement | | | | | Yes  N/A |
| ISO 9001 (or other) Quality Accreditation Certificate | | | | | Yes  N/A |
| Environmental Policy/Management Statement | | | | | Yes  N/A |
| ISO 14001 (or other) Environmental Accreditation Certificate | | | | | Yes  N/A |
| Environmental Aspects Register | | | | | Yes  N/A |
| Waste Carrier’s Licence | | | | | Yes  N/A |
| PEFC or FSC certificates | | | | | Yes  N/A |
| Training Matrix/Training Log | | | | | Yes  N/A |
| Copy of Accident Reporting and Investigation Procedures | | | | | Yes  N/A |
| Details of any RIDDOR’s in the last 3 years | | | | | Yes  N/A |

**Please return this completed questionnaire with documentation required to the SHEQ Department at McAleer & Rushe Ltd.**

Failure to produce this document will mean you are unable to commence work and may impact on the acceptability of your staff or Sub-Contractors depending on their training and compliance with health and safety systems.

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| **Review by McAleer & Rushe Ltd** | | | |
| Questionnaire reviewed for and on behalf of McAleer & Rushe Ltd by: | | | |
| Name: |  | Date: |  |
| Signature: |  | Job Title: |  |