

# Swindon Borough Council

## 1. GENERAL INFORMATION

1.1	Name of the Firm which would carry out the works if successful:
1.2	Address to which correspondence is to be sent:
1.3	Address of Registered Office if different from above:
1.4	Please state the Firm's date of registration and registration number under the Companies Act 1985
1.5	If the company is a member of a Group of Companies, give the names and addresses of the ultimate U.K. holding company and all other associated companies/subsidiaries. State relationship clearly. Continue on separate sheet if necessary.
1.6	Would the group or the ultimate holding company be prepared to guarantee your contract performance as its subsidiary  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A      (Tick as applicable)



### 3. TECHNICAL INFORMATION

3.1	<p>Please give details of <b>all</b> similar contracts carried out in the last 3 years within a 50 mile radius of Swindon. Please note, a sample of these organisations may be contacted for reference purposes. The following information should be given as a minimum for each contract:</p> <ul style="list-style-type: none"><li>{ Name, Address and Department of Organisation</li><li>{ Contract Administrator/Engineer</li><li>{ Contract Name</li><li>{ Tender Price</li><li>{ Net Value of Work to Date</li><li>{ Type of Work</li><li>{ Date and Length of Contract</li></ul>
3.2	<p>Has the Firm suffered a deduction for liquidated or ascertained damages in respect of <b>any</b> contract in the last 3 years?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>
3.3	<p>Has the Firm ever not had a contract renewed for failure to perform to the terms of the contract?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>
3.4	<p>In relation to the work performed in the past by staff who are likely to be allocated to the Council's work, has your firm ever had a client who refused to pay a bill?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>
3.5	<p>In relation to the work performed in the past by staff who are likely to be allocated to the Council's work, has your firm ever been the subject of a judicial criticism or ordered to pay costs because of default on the Firm?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>
3.6	<p>Has any of your firm's contracts been ended early by mutual agreement?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>
3.7	<p>Does the Firm have a Certified Quality Management System based on the principles of BS EN ISO 9000 or equivalent in respect of the work for which you are applying?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      (Tick as applicable)</p>

4. HEALTH AND SAFETY INFORMATION

No	General Information	SBC Use Only
4.1	<p>Name of person specifically responsible for health &amp; safety within the company:</p> <p>Name: .....</p> <p>Title: .....</p> <p>Safety qualifications of the above person: .....</p>	
4.2	<p>Does your company employ health &amp; safety consultants?</p> <p><b>Yes / No</b></p> <p>If yes please give names and details. ..... ..... .....</p>	
4.3	<p>Number of employees in your company (including office staff trainees &amp; apprentices)</p> <p>No: .....</p>	
4.4	<p>Does your company have a written health &amp; safety Policy?</p> <p><b>Yes / No</b></p> <p>If yes, please enclose a copy of your current document, including a detailed statement of organisation and arrangements, also specify issue/revision/date, etc.</p> <p>If no, please state why not: ..... .....</p>	

4.5	<p>Who within your company is responsible for writing / updating the health &amp; safety policy?</p> <p>Name: .....</p> <p>Title: .....</p> <p>How is the policy communicated to your employees?</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.6	<p>How does your company ensure that health &amp; safety policies and procedures are followed by both your staff and any sub-contract staff?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.7	<p>How do you ensure the competency of individuals with specific responsibility for on-site health &amp; safety?</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.8	<p>How do you assess your company's health and safety performance?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.9	<p>How do you report and record accidents &amp; incidents?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

4.10	<p>How many accidents did you report to the Health &amp; Safety Executive in:</p> <p>Current Year .....</p> <p>Last Year .....</p> <p>Previous Year .....</p> <p>Previous Year .....</p>	
4.11	<p>Please enclose samples of written risk assessments relevant to the work your company is proposing to undertake for this Council.</p>	
4.12	<p>Has your company ever been prosecuted under health and safety legislation?</p> <p><b>Yes / No</b></p> <p>If yes please give brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Has your company been served with any Improvement or Prohibition Notices regarding health &amp; safety in the last 4yrs?</p> <p><b>Yes / No</b></p> <p>If yes please give brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

4.13	<p>What measures do you take to ensure only authorised access to the site is maintained?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.14	<p>How does your company control sub-contractors?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.15	<p>Do you undertake on-site safety inspections?</p> <p><b>Yes / No</b></p> <p>A) Frequency .....</p> <p>B) Who is responsible .....</p> <p>C) Who is responsible for action .....</p> <p>D) Please provide a copy of your last inspection report</p>	
4.16	<p>How do you ensure plant/equipment/vehicles are kept in a satisfactorily maintained order?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Do you have a maintenance/safety check procedure/policy?</p> <p><b>Yes / No</b></p> <p>How do you ensure any necessary actions are carried out?</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.17	<p>How do you ensure that all on-site electrical equipment is maintained and complies with the Electricity at Work Regulations 1989?</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<b>Training</b>		
4.18	<p>Does your company have an on-site induction course for all new staff?</p> <p><b>Yes / No</b></p> <p>If yes, please provide brief details &amp; training practices:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.19	<p>What health &amp; safety training do your employees receive?</p> <p>.....</p> <p>.....</p> <p>Provide evidence that trade persons have received asbestos awareness training</p> <p>.....</p> <p>.....</p>	
4.20	<p>Have your site managers/supervisors received safety training for supervision of on-site personnel?</p> <p><b>Yes / No</b></p> <p>If yes, please provide brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<b>Construction Design &amp; Management Regulations 1994</b>		
4.21	<p>Does your company have a member of staff responsible for the implementation of the CDM Regulations?</p> <p><b>Yes / No</b></p> <p>If yes, please provide:</p> <p>Name: .....</p> <p>Title: .....</p> <p>Qualifications/Experience: .....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

The information provided within this questionnaire is accurate and this company will accept the conditions as outlined in the event that work is undertaken for the Council.

**(This form should be signed by a Director or senior member of the company who should state his/her position).**

**Signature:** ..... **Position:** .....

**For and on behalf of:** .....

**Date:** .....

## Health & Safety Checklist of Enclosures

Please tick to indicate that the following documents have been enclosed. If they are not enclosed then please give the reason why:

Documents	Tick	Reason
Health & Safety Policy		
Samples of relevant Risk Assessment		
Procedures for Accident & Incident Reporting		
Examples of Site Inspection Reports		
Relevant Codes of Practice & Method Statements		
Samples of Training Records		
Certificate of Acknowledgement of Code of Practice for Contractors (located in front of booklet)		