

**SOUTH DUBLIN COUNTY COUNCIL
CONTRACTOR'S HEALTH AND SAFETY ASSESSMENT FORM**

Project Title

Date:

Name of Company:

Type of Work:

Address:

Telephone No:

Contact person for additional safety information

1. SAFETY STATEMENT

1.1 You must return with this form a copy of the following:-

1. Your company Safety Statement

1.2 Describe how the Safety Statement and Method Statements are communicated to your employees or sub contractors.

2. HEALTH AND SAFETY SERVICES

2.1 Do you have an internal Safety Department, or Safety Adviser(s) or use the services of an external Safety Consultancy?

YES/NO

If **NO** go to question 2.4

2.2 If **YES** - give names, qualifications, locations or in the case of an external consultancy given name and address.

2.3 Give details of the services provided to your Company by the Employees/Consultancy named in 2.2

Information and advice - **YES/NO**

Accident Investigation - **YES/NO**

Safety Inspections- **YES/NO** How often?

Safety Audits - **YES/NO** How often?

If a proprietary Safety Audit system is used please give details:

Enclose copies of a three recent inspection/audit reports if possible

Copies of reports enclosed:- **YES/NO**

Do you have access to specialist health and safety advice and services e.g. Occupational Hygiene services, noise level surveys etc. as appropriate to your work? If YES give details below.

YES/NO

2.4 If you answered NO to question 2.1 how do you meet the following health and safety requirements?

(a) Obtain information and advice?

(b) Investigate accidents?

(c) Ensure that work on site is carried out in accordance with legal requirements and your Safety Statement?

(d) Obtain Occupational Health information and services?

- 2.5 Membership of Groups etc.
Is your company a member of any group, body, organisation, Trade Association or similar which promotes or has an involvement in health and safety matters?

YES/NO

If so give the name of the group etc. and what involvement employees of your company have with it:

3. HEALTH AND SAFETY PERFORMANCE

- 3.1 Please give an Accident Summary for the past three years below:

Fatal Accidents :

Major Injuries :

“Over three day” accidents :

Dangerous Occurrences :

- 3.2 Has your Company or individuals employed by your Company been prosecuted for any breaches of health and safety legislation within the past five years?

YES/NO

If **yes** give details

What action that was taken to prevent a reoccurrence?

- 3.4 Has any Prohibition, Improvement or other Enforcement notice/orders been issued against your Company within the past five years?

YES/NO

If so enclose a copy and give details below of actions taken following the issue of the enforcement notice.

4. EXPERIENCE

- 4.1 Have you carried out work of this type previously?

YES/NO

If **YES** please give details

5. TRAINING

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

YES/NO

- 5.2 Have your operatives received appropriate training for their work and in general health and safety aspects of your type of work.

YES/NO

- 5.4 Do you carry out induction training for new employees?

YES/NO

6. SUB-CONTRACTORS

- 6.1 If you normally sub-contract parts of this type of work how do you ensure that sub-contractors have an adequate policy for health and safety and an acceptable performance in accident and ill-health prevention?

7. INSURANCE INFORMATION

Please enclose details of insurance cover which your company carries. Note: It may be more appropriate for your Insurers or Brokers to complete this section.

N.B. - Highlight any height or depth restrictions.

Please return to:

seoroads@sduublincoco.ie or by post to Roads Accounts Section, South Dublin County Council, County Hall, Tallaght, Dublin 24

Office use only

Date received	
Checked by:	
All sections filled satisfactorily?	
Additional information required?	
Contractor meets our safety criteria?	