

Corporate EHS Standard - Aesica

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Title EHS Contractor Questionnaire

Edition 1

Attachment C

Refer to AEHS 3.003 for the completion of this record

Project:

From

Organisation

Phone:

Name:

Address:

Fax:

Email:

Reference:

To

Organisation

Phone:

Name:

Address:

Fax:

Email:

Reference:

Completed by:

Position:

Date:

Signature:

Please answer the following questions and supply relevant information as requested, providing supporting details and documentation separately.

1. Provide examples of work carried out previously, which is comparable in size and nature to this project.

Examples enclosed:

Yes

No

2. Who in your organisation has day-to-day responsibility for the management of health & safety?

Name:

Position:

Address:

Phone:

Fax:

Email:

3. Provide details of the experience and qualifications of the person named above.

Yes

No

4. Who will be responsible for the site health and safety on this project?

Name:

Position:

Address:

Phone:

Fax:

Email:

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5. Provide details of the experience and qualifications of the person named above.

Yes No

6. Provide details of how you will dispose of any waste. Details enclosed:

Yes No

7. Have any formal notices been issued or legal proceedings been taken against your organisation by the Health and Safety Executive in the last 3 years and what steps have you taken to prevent reoccurrence? Details enclosed:

Yes No

8. What resources (including staff, equipment and technical facilities), as required by the **Construction (Design and Management) Regulations 1994** (SI 1994/3140), does your organisation intend to allocate to this project? Details enclosed:

Yes No

9. Do your personnel hold Safety Passports? If so give details of the scheme. Details enclosed:

Yes No

10. Please provide qualifications for all trades who will work on our site, whether employees or sub-contractors. Details enclosed:

Yes No