

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:	

Scouting Ireland National Office Use Only

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



2.0 Safety Management

2.1 Does you company have a recognized safety management system 2.1 Please provide a copy of your company site work specific safety statement, details of specific arrangements for implementing this statement. 2.2 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. 2.3 Do you wapploy the services of an external safety consultant? Please provide details of experience and qualifications. 2.4 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? How often will this person visit the site? [If project is greater than 48 hrs] 2.8 How doy ou ensure that your personnel are working in a safe manner when on site? Are employees involved in hazard identification/risk assessment and the compilation of 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 2.11 Please provide a copy of your accident/incident and investigation procedures 2.12 electric power tools and leads? Please provide a copy.	,	indiagement	YES	NO	Give Details
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	2.13	Do you have a drugs and alcohol policy in place			



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





			YES	NO	Give Details	
	Are regular health and safety inspections at					
3.1	construction sites undertaken by senior					
	management?					
	Provide the names of the individuals and titl	e withi	n your org	anisation	who will undertake the day-	
3.2	to-day responsibility for the management of	Health	& Safety	on this p	roject. Details to include the	
5.2	allocation of duties, delegation of responsibi	ilities a	nd the na	me of the	most senior person in your	
	company responsible for health & safety.					
	Name Position			Du	ities	
0.0	What types of inspections/audits are					
3.3	undertaken?					
	Please indicate as to how often,					
	and by whom will the site be inspected/audit	ted				
	for this project?					
3.4	Has the company established procedures for the monitoring and taking of corrective and					
3.4	preventative action?					
3.5	Will you forward any reports or corrective ac	ctions t	o the eve	nt manag	er?	





4.0 PLANT & EQUIPMENT

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



5.0 ACCIDENT AND INCIDENT REPORTING

		YES	NO	C	Give Detai	ls
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 you company within the past five years?	r				
5.3	If yes provide details of the circumstances and the	ne action th	at was tał	ken to pre	vent a rec	urrence.
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 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	1 year	2 years	3 years	4 years	Totals



Accidents requiring medical treatment			
First Aids			
Near Misses			
Dangerous Occurrences			



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?





7.0 TRAINING

		YES	NO	Give Details		
7.1	Have all the Supervisory Staff within your Company attended a Health and Safety Course within the last five years?					
7.2	Do you carry out company induction training for					
1.2	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.					
7.3	Manual Handling.					
	Working at Height.					
	MEWP operation.					
	 Erection of scaffolds (both tube + fitting and/or alloy towers) 					
	Occupational First Aid.					

8.0 ENVIRONMENTAL

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

9.0 ATTACHED DOCUMENTATION.

 9.1 9.1 9.1 9.1 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 		 Please ensure you have attached all relevant information 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
	9.1	

