

	S05	APPROVED SUBCONTRACTOR PART 1 - GENERAL	Section		SAFETY		
			Status		ACTIVE		
			Reference				
			Revision	1	Date:	15 September 2008	
			Sheet No	Page 1 of 6			

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<p>NOTE: S05, S06 and S07 collectively supersede Form DF01 contained in the Delmar Health and Safety Policy.</p> <p>INTRODUCTION</p> <p>Evaluating the safety and integrity of all Subcontractors enables Delmar Group Limited (Delmar) to operate to strict safety standards and maintain compliance with the CDM Regulations and the Health and Safety at Work Act.</p> <p>Safety, Commercial and Legal information is collected from potential Subcontractors in confidence to enable Delmar to ensure bonafide and competent contractors are engaged.</p> <ul style="list-style-type: none"> • ALL SUBCONTRACTORS ARE REQUIRED TO COMPLETE THIS FORM S05 • <u>AFTER COMPLETION OF THIS FORM, PLEASE FILL IN EITHER OF THE FOLLOWING FORMS: -</u> <ul style="list-style-type: none"> • S06 – Sole Person Subcontractors who do NOT and will NOT directly employ others or engage Subcontractors or Sole Traders. • S07 – Contractors who do directly employ others or engage Subcontractors or Sole Traders 		
<p>SUBCONTRACTOR INFORMATION</p> <p>ORGANISATION TRADING NAME.....</p> <p>CONTINUOUSLY TRADING SINCE.....</p> <p>LIMITED COMPANY YES/NO*..... REGISTRATION NO.....</p> <p>REGISTERED COMPANY NAME.....</p> <p>UNIQUE TAX REFERENCE (UTR):.....</p> <p>VAT REGISTRATION NO.....</p> <p>ADDRESS1.....</p> <p>ADDRESS2.....</p> <p>ADDRESS3.....</p> <p>CITY.....POST CODE.....</p> <p>EMAIL.....</p> <p>WEBSITE.....</p> <p>BUSINESS TEL.....FAX.....</p> <p>DIRECTOR'S EMERGENCY OUT OF HOURS MOBILE.....</p>		

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	<p>INSURANCE</p> <p>Your organisation is required to be adequately insured to undertake work for Delmar as a Subcontractor and you need to have a minimum Public Liability Insurance Policy for £5M.</p> <p>IMPORTANT NOTE: If you employ anyone (employees, or other sole traders or subcontractors) you will also require Employer's Liability Insurance and you need to fill out a supplementary application form, S07. If you took out Public Liability Insurance and you are a sole person subcontractor and you employ anyone else (employees, or other sole traders or subcontractors), your Public Liability Insurance may be invalidated.</p> <p>I am an authorised signature for my organisation. I understand the above and my organisation is adequately insured to work for Delmar Group Ltd. I attach a copy of my organisation's Public Liability Insurance policy. My organisation will advise Delmar of any changes in our circumstances immediately.</p> <p>ORGANISATION TRADING NAME.....</p> <p>PRINT YOUR NAME.....</p> <p>SIGNED.....DATE.....</p> <p>POLICY EXPIRY DATE.....CONFIRM POLICY ATTACHED.....</p>	
	<p>DELMAR SAFETY PACK</p> <p><u>The Delmar Site Safety Pack may include any of the following site specific details:</u> - Personal Protective Equipment (PPE) requirements, Method Statements, Risk Assessments, COSHH Assessments, Delmar Procedures or and any manufacturers' product installation instructions, procedures or Material Safety Data Sheets, Etc.</p> <p>Delmar will produce a Site Safety Pack for each project undertaken. A different Safety Pack is required for each project and sometimes a project has more than one Safety Pack. There may also be more than one project on each construction site and therefore, there may be several Safety Packs on each construction site.</p> <p>You must not start work on any Delmar project until you have been inducted into the Delmar Health & Safety Policy and undertaken a Site Induction with Delmar's client on any project where Delmar is a subcontractor. Your organisation's personnel must also be briefed on and understand the Delmar Site Safety Pack and sign a Delmar Form S04 (Site Briefing Sheet).</p> <p>Your organisation will provide PPE when required (Delmar may issue PPE from time to time but as a subcontractor you are responsible for the issue and maintenance your own PPE) to suit the above and the task safety requirements.</p> <p>I am an authorised signature for my organisation. I understand and confirm my organisation will comply with Delmar's safety procedures outlined above.</p> <p>ORGANISATION TRADING NAME.....</p> <p>PRINT YOUR NAME.....</p> <p>SIGNED.....DATE.....</p>	



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FIRST AID TRAINING FOR SITE PERSONNEL

Please give details of your organisation's First Aid training:-

SITE PERSONNEL NAME	Four-Day First Aid at Work Emergency Aid Course	One-Day Emergency Aid for Appointed Persons Course	Certificates Attached
	DATE	DATE	

OTHER HEALTH & SAFETY TRAINING

SITE PERSONNEL NAME	COURSE	DATE	Certificates Attached

Comments.....

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PREVIOUS WORK FOR DELMAR

Month / Year	Project	Value

PREVIOUS WORK FOR OTHER SIMILAR COMPANIES TO DELMAR

Month / Year	Project	Value

Comments.....

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	<p>FINANCIAL HEALTH CHECK</p> <p>Please provide financial details from your organisation's last 3 years annual accounts: -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">YEAR</th> <th style="width: 15%;">FROM MONTH</th> <th style="width: 15%;">TO MONTH</th> <th style="width: 25%;">TURNOVER</th> <th style="width: 30%;">NETT PROFIT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Comments.....</p> <p>.....</p> <p>.....</p>	YEAR	FROM MONTH	TO MONTH	TURNOVER	NETT PROFIT																
YEAR	FROM MONTH	TO MONTH	TURNOVER	NETT PROFIT																		
	<p>DECLARATION</p> <p>I am authorised to sign on behalf of my organisation.</p> <p>I have read and understood pages [1 -6] of this document. I declare the details supplied by my organisation on this document are true and accurate.</p> <p>My organisation understands the responsibilities for site safety within UK law and the policy of Delmar Group Limited (Delmar) and agrees to abide undertake work on behalf of Delmar within these parameters.</p> <p>My organisation is aware of the requirement for all personnel to be briefed on the Delmar Health & Safety Policy in order to work for Delmar. Personnel in our organisation will evidence this by signing the Delmar Form S02 after the safety briefing. This requirement is in addition to being briefed on the Safety Pack for each Project and any Delmar Client Site Induction.</p> <p>My organisation is aware that we must advise Delmar of any change to the information contained in this and related documents.</p> <p>Trading Name (Print)</p> <p>Company Registration No if applicable</p> <p>Authorised signature:.....</p> <p>Print Name:.....</p> <p>Date:</p> <p>Please return this completed document before starting work on site for Delmar or within four weeks of receipt to:</p> <p style="text-align: center;">Operations Manager DELMAR GROUP LIMITED Somer House Great Northern Terrace Lincoln LN5 8HJ</p>																					