	S07	APPROVED SUBCONTRACTOR PART 2B - SAFETY	Section		SAFETY		
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APPROVED SUBCONTRACTOR PART 2B - SAFETY

PLEASE COMPLETE FORM S05 FIRST - THEN FILL IN THE BOXES BELOW ON THE RIGHT: -

1a	Do you have a Health and Safety Policy?	YES/NO*		
1b	If you answered YES to the above, who signs the Health & Safety Policy? (PRINT name of this person and position held)			
1c	If you answered YES to the above, please provide a copy of your Health and Safety Policy Statement. (NOTE: A full copy of the policy is NOT required)	ATTACHED YES/NO*		
1d	Do you have a Drugs and Alcohol Policy? If yes, provide a copy.	ATTACHED YES/NO*		
1e	Indicate which of the following you use to provide your organisation with Health and Safety advice. Give their name and qualifications held.	Safety Advisor (Employed)		
		Consultant		
1f	Who is the Manager responsible for safely undertaking all contract works in your organisation?			
1g	List your Managers (or Supervisors or Foreman) are responsible for individual contracts and implementing safety on your projects?			



S07


**APPROVED
SUBCONTRACTOR
PART 2B - SAFETY**

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2	Insurance	<p>INSURANCE</p> <p>Your organisation is required to be adequately insured to undertake work for Delmar.</p> <p>As a Subcontractor who employs anyone (employees, or other sole traders or subcontractors), in order to work for Delmar, you will need: -</p> <ul style="list-style-type: none"> • Public Liability Insurance Policy for a minimum of £5M. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Employer's Liability Insurance Policy. <p><u>Public Liability Insurance</u> Please confirm you have signed the Insurance declaration on S05 and you have attached a copy of your Public Liability Insurance to S05: -</p> <p>YES/NO*</p> <p><u>Employer's Liability Insurance</u> I am an authorised signatory for my organisation. I attach a copy of my organisation's Employer's Liability Insurance policy.</p> <p>My organisation is adequately insured to work for Delmar Group Ltd. My organisation will advise Delmar of any changes in our circumstances immediately.</p> <p>ORGANISATION TRADING NAME:</p> <p>.....</p> <p>PRINT YOUR NAME:</p> <p>.....</p> <p>SIGNED.....</p> <p>DATE.....</p> <p>POLICY EXPIRY DATE.....</p> <p>CONFIRM POLICY ATTACHED.....</p>
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3a	<p>You have legal responsibilities under the Health and Safety at Work Etc. Act 1974 and so do your Employees.</p> <p>Please describe how you train and manage your workforce in Health & Safety.</p>			
3b	<p>Please describe what records you keep to provide evidence of Health & Safety training of your workforce</p>			
3c	<p>CSCS - Construction Skills Certification Scheme - Our clients require site personnel to hold relevant CSCS cards.</p> <p>What is your policy on CSCS/CPCS and give details.</p>			
3d	<p>Please provide up to 3 copies of most recent training certificates from:- CSCS, CPCS, CITB, First Aid, Manual Handling, Abrasive Wheels, or Banksman</p>	ATTACHED YES/NO*		

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4a	<p>You have legal responsibilities under CDM (Construction Design Management Regulations). CDM in principle requires the use a 'Health and Safety Plan' (Method Statements, Risk Assessments, Procedures and COSHH Etc. form part of your 'Health & Safety Plan' to deal with all aspects of safety management).</p> <p>Please describe how you manage the 'Health and Safety Plan' on your projects and how you brief your workforce in your organisation.</p>			
4b	<p>Please describe what records you keep to provide evidence of 'Health & Safety Plan' project briefings</p>			
4c	<p>Provide a copy or describe your procedures in place for developing and implementing your 'Health and Safety Plan'.</p>	ATTACHED YES/NO*		
4d	<p>Please provide up to 4 copies of evidence of Risk Assessments, Method Statements, COSHH Assessments or Procedures from recent projects</p>	ATTACHED YES/NO*		
4e	<p>Provide up to 3 examples of evidence of your procedures for maintaining your vehicles, plant, equipment, tools etc.</p>	ATTACHED YES/NO*		

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5a	Before using Subcontractors of any type, describe how you assess the safety record and competence of Subcontractors			
5b	When using Subcontractors of any type, describe how you ensure Subcontractors comply with your Safety Policy, safety procedures and your project 'Health & Safety Plans'			
5c	Please describe how you evidence the Health & Safety inductions and 'Health & Safety' project briefings given to your Subcontractors			
5d	Please provide details of any nationally recognised safety awards you have won over the past 3 years.			

6a	Please provide your Safety Incident Figures for last 3 years:	Over Days	3	Major	Fatal	Dangerous Occurrences	No of Employees in this year
	Enter the YEAR below:						
6b	In the last 3 years have you had a HSE prohibition notice issued against you?	YES/NO*					
6c	If you have answered YES to the above, please outline the circumstances and remedial action taken.						
6d	In the last 3 years have you had an HSE improvement notice issued against you?	YES/NO*					
6e	If you have answered YES to the above, please outline the circumstances and remedial action taken.						
6f	In the last 3 years have you been prosecuted or awaiting pending prosecution by the HSE?	YES/NO*					
6g	If you have answered YES to the above, please outline the circumstances and remedial action taken.						

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7a	Do you have a formal procedure for reporting and investigating accidents, dangerous occurrences or occupational illnesses? (If yes, please describe the procedure, or provide relevant extract from your policy / procedures)	ATTACHED YES/NO*		
7b	Do any of your workforce suffer from:		Persistent back pain or problems caused through work practice? YES/NO Sensitivity to specific work substances? YES/NO Respiratory problems? YES/NO Allergies to specific work substances? YES/NO Occupational Asthma? YES/NO Allergy to wearing PPE of any kind? YES/NO Any other area not mentioned which requires special considerations to be applied when working on site? YES/NO Please give details:-	

8	<p>In order to work for Delmar, you and your personnel are required to be inducted and briefed on the Delmar Health and Safety Policy and sign a Delmar Form S02 to state that your personnel have been inducted and understand its requirements.</p> <p>You must advise with Delmar Group Limited if there is any deviation from or change to your details or declarations in this document or other related documents.</p>	<p>DECLARATION</p> <p>I am authorised to sign on behalf of the following organisation.</p> <p>I have read and understood pages [1 -8] of this document. I declare the details supplied by our 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 Somers House Great Northern Terrace Lincoln LN5 8HJ</p>
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