

Barratt/David Wilson  
Division  Date

For which contract is this form being completed  Address Line 1

Supplier / Sub-contractor  Address Line 2

Nature of Business  Address Line 3

GROUP Ref  County

Email  Postcode

**1** Do you have a company Safety Policy? (Not a legal requirement if less than 5 people in your business). Please enclose a copy of your Policy Statement and Arrangements.

**2** Does your Company receive safety advice?

How is this provided?  Externally Provided (Consultant)  In-house Trained (e.g. NEBOSH)  None Provided

**3** Do you employ sub-contractors? (excluding labour only)  3.1. If Yes how do you evaluate their health & safety competency

**4** Do you provide any of the following safety training? (Select as appropriate)

	Employees	Sub-contractors
Induction Training	<input type="text"/>	<input type="text"/>
Supervisor Management	<input type="text"/>	<input type="text"/>
Safe System of Work (i.e. Risk Assessments etc.)	<input type="text"/>	<input type="text"/>
CSCS or Accredited Scheme	<input type="text"/>	<input type="text"/>
<b>Percentage of all employees with CSCS or Accredited Card</b>	<input type="text"/>	

**5** How frequently do you monitor your employees safety performance on site?  If other please specify below

5.1 Who carries out the above monitoring?

5.2 How is this demonstrated?  If other please specify below

**6** Do you undertake any designs within your organisation?  6.1 If Yes how do you comply with your designer duties under CDM?

7	Accident statistics for the previous 3 years	Last year		The year before		The year before that	
		Employees	Sub-contractor	Employees	Sub-contractor	Employees	Sub-contractor
	Average No. of Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Major Classified Injuries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Over 3 days lost time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fatalities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Have you been in receipt or pending any enforcement action by the Enforcing Authorities (HSE, Local Authority & EA)?

8.1 If Yes please provide details of any such enforcement?

9 Barratt Developments PLC requires documented safe systems of work (risk assessment, method statements, COSHH assessments etc.)

1.

2.

9.1 How are safe systems of work communicated to your workforce?

10 Please tick as appropriate your companies membership of any of the following Safety Groups or Trade Associations:

Royal Society of the Prevention of Accidents (ROSPA)  British Safety Council (BSC)  Local Health & Safety Groups

Trade Association, please specify

**ADDITIONAL NOTES**

**NB: Unless already stated proof of accuracy of the information requested may be requested by the group**

Completed by  Title

Signature  Date

Evaluation