

Subcontractor Competence Questionnaire

Olive Building Contractors Ltd

1. Company Information

Registered Company Name:

Company Address:

Primary Contact Name:

Contact Number:

Contact Email:

Please complete this questionnaire and return it along with all required supporting evidence.

2. Subcontractor Business Details

Trading Name / Legal Entity:

Business Address:

Type of Organisation:

☐ Limited Company ☐ Partnership ☐ Sole Trader ☐ Other (specify): _____

Nature of Business / Trade:

Number of Employees / Operatives:

Telephone:

Email:

3. Insurance Details

(Please attach copies of all current certificates)

Public Liability Insurance

Policy Number: _____

Limit of Indemnity: £ _____

Limit per Claim / Occurrence: £ _____

Policy Excess: £ _____

Employers' Liability Insurance

Policy Number: _____

Limit of Indemnity: £10,000,000 (or state actual limit): £ _____

Limit per Claim: £ _____

Policy Excess: £ _____

Professional Indemnity Insurance* (If design/consultancy services are provided)

Policy Number: _____

Limit of Indemnity: £ _____

Limit per Claim: £ _____

Policy Excess: £ _____

☐ *N/A – No design responsibilities undertaken

4. Health, Safety & Equality Compliance

H&S Policy and Equality Policy

Do you have a current Health & Safety Policy, arrangements, and Equality, Diversity & Inclusion policy?

☐ Yes (please provide copies) ☐ No

Have you received any enforcement notices, cautions, or convictions relating to H&S or Equality legislation in the last five years?

☐ No ☐ Yes (provide details): _____

Agreement to Follow Olive Policies

If you do not have your own written policies, do you agree to work in full accordance with Olive Building Contractors Ltd Health & Safety, Environmental, Equality and Operational procedures?

☐ Yes ☐ No

Competent Health & Safety Advice

Do you have access to competent H&S advice (general and construction-specific)?

☐ Yes ☐ No

If yes, please state source of competent advice (consultant / in-house / Safety Scheme):

Please attach evidence (e.g., retainer agreement, competence certificate).

5. Training & Workforce Competence

Workforce Training

Please confirm what training is provided for your workforce (tick all that apply and attach proof):

☐ CSCS / CPCS / NPORS / ECS / IPAF / PASMA

☐ Asbestos Awareness

☐ Manual Handling

☐ Working at Height

☐ Abrasive Wheels

☐ Cat & Genny / Service Avoidance

☐ First Aid / EFAW

☐ Other (specify):

Attach any *training policies, **matrix* or *records.

Workforce Involvement in H&S

How do you involve staff in health & safety matters?

Examples: toolbox talks, briefings, meetings, consultation procedures

Please attach examples (toolbox talks, minutes, briefing sheets).

6. Site Management & Monitoring

Supervision & Monitoring Arrangements

Describe how you supervise and monitor work on site to ensure it meets specification:

Accident & Near Miss Management

How do you record and manage accidents and near misses? Include investigation, review and corrective actions.

Please attach *accident records for the last 3 years*, if applicable.

HSE Improvement or Prohibition Notices

Have you received any HSE notices in the last 3 years?

☐ No ☐ Yes (details): _____

7. Risk Assessments, Method Statements & Safety Systems

RAMS Production

Do you produce site-specific risk assessments and method statements?

☐ Yes (please attach 2 examples from the last 12 months) ☐ No

If *No*, do you agree to work under Olive's RAMS?

☐ Yes ☐ No

PPE Provision

Do you issue appropriate PPE to your workforce?

☐ Yes (attach issue records or invoices) ☐ No (explain): _____

Equipment Safety & PUWER Compliance

How do you ensure all tools/plant are safe, maintained and compliant?

(Provide records, service logs, hire agreements where relevant.)?

Asbestos Awareness

Have your staff received *Asbestos Awareness training* in the last 12 months?

☐ Yes (attach certificates) ☐ No (reason): _____

Health Surveillance

Do relevant workers receive appropriate health surveillance (e.g., HAVS, respiratory, skin)?

☐ Yes (details): _____

☐ No (reason): _____

8. Trade Accreditations & Work History

Trade Body Membership

Are you a member of any recognised trade or accreditation bodies? (e.g., CHAS, SMAS, NICEIC, Gas Safe)

☐ Yes (list and attach evidence): _____

☐ No

Recent Work Examples

- Project 1

Brief Description: _____

Address: _____

Client / Main Contractor: _____

Contact Name: _____

Tel: _____

Email: _____

- Project 2

Brief Description: _____

Address: _____

Client / Main Contractor: _____

Contact Name: _____

Tel: _____

Email: _____

9. Use of Subcontractors

Subcontracting Work

Do you use subcontractors to deliver any part of your work?

☐ Yes ☐ No

If yes, subcontracting is only permitted with *explicit written approval* from Olive Building Contractors Ltd.

Competence Assessment of Your Subcontractors

Explain how you assess the competence of subcontractors:

(Attach copies of assessments, questionnaires, audits or verification documents.)

Declaration

I confirm that the information provided is accurate and truthful to the best of my knowledge, and that appropriate evidence has been supplied.

Name:

Position:

Signed:

Date: