



## Sub-Contractor Questionnaire

Doc No: 10006  
Issue: 08  
Date: 8<sup>th</sup> August 2018  
Originator: Dawn Wright  
Approved by: Mick Barrett

### Application for admission to work on behalf of JSM Group:

#### SUB-CONTRACTOR QUESTIONNAIRE

JSM Group places a great emphasis on safety, health & environmental (SHE) performance. We strive to achieve zero accidents and incidents with a safety culture that encourages the correct behaviours and attitudes in our staff and subcontractors alike, to ensure that our workforce, and those affected by JSM's operations, go home safely every day.

The Health and Safety at Work Act 1974 and the CDM Regulations 2015 impose a duty of those placing contracts to make reasonable enquiries regarding the suitability of contractors whom they employ. Such enquiries include checks of knowledge & competence and evidence of adequate resources for SHE.

In accordance with our integrated health, safety, environmental and quality management system, we will only work with those companies which have been 'approved' as a result of a detailed health, safety, environmental and quality assessment. In order for a company to progress to an approved status, this form must be completed in its entirety and include all relevant supporting evidence.

The more concise and specific information provided, the higher the grading status. Each sub-contractor will be notified in writing and/or via email of their approval, along with any outstanding requirements to be implemented to satisfy the requirements.

If successful in joining our Approved List of Subcontractors, your on-site performance will be continually monitored and checks may be made against this questionnaire.

**All questions/sections are to be completed carefully and accurately to allow us to make a true assessment of your company.**

**When attaching supporting evidence ensure that each document is appropriately aligned to the section reference located in the left hand column.**

**If applicable, a detailed response to a question shall be given, simply referring to an attached document may result in the inability to include the section within scoring process.**

Please ensure that this document, along with all supporting documentation is forwarded to JSM's SHEQ department at the following postal and/or email address:

**POSTAL ADDRESS:**

JSM Group Ltd  
Sterling House  
Mutton Lane  
Potters Bar  
Hertfordshire  
EN6 3AR

**EMAIL ADDRESS:** [safety@jsmgroup.com](mailto:safety@jsmgroup.com)



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### SECTION A: Your Company

A1. Your Company		
A.1	Company Name:	
A1.2	Registered Office address:	
A1.3	Main address for correspondence (If different from above):	
A1.4	Company Registration Number:	
A1.5	V.A.T Number:	
A1.6	Company UTR Number:	
A1.7	CIS Registered: (Yes / No)	
A1.8	Office telephone number:	
A1.9	Office e-mail address:	
A1.10	Fax Number:	
A1.11	Number of direct employees:	
A1.12	Number of self- employed persons:	
A1.13	Number of Sub-Contractors:	
A1.14	Main Trade:	
A1.15	Other trades undertaken:	
A1.16	Radius of working area undertaken from main business address:	
Please provide copies of your company insurance policies i.e. Employers Liability, Public, Products, Professional Indemnity etc.		Copies Provided: Yes / No

A2 Person Completing this Form		
A2.1	Name of person dealing with this application:	
A2.3	Position within your Company:	
A2.4	Telephone/Mobile Number:	
A2.5	Your e-mail address:	



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### SECTION B: Health & Safety Policy

SECTION B: Company Policies	
<b>B1.1</b>	Please attach a copy of your latest Health and Safety Policy Statement, as required by section 2(3) of the Health and Safety at Work Act etc. 1974. <b>(Please ensure that the policy is signed, name printed and in-date)</b>
<b>B1.2</b>	Please provide the date when the Health and Safety Policy was last reviewed: Date: .....
<b>B1.3</b>	Please provide a clear explanation of the arrangements which your company has made for putting its policy into effect and for discharging your duties under CDM 2015:
<b>B1.4</b>	Detail the name of the person within your company who has executive responsibility for health and safety:
	Name:
	Job Title:
	Contact Details:
<b>B1.5</b>	Please attach a copy of the following company policies: <ul style="list-style-type: none"> <li>• Anti-Slavery and Human Trafficking</li> <li>• Occupational Health</li> <li>• Environmental</li> <li>• Anti-Bribery and Corruption</li> <li>• Quality</li> <li>• Data Protection (GDPR).</li> </ul> <b>(Please ensure that the policy is signed, name printed and in-date)</b>

### SECTION C: Arrangements for Health & Safety Compliance

SECTION C. Arrangements for Health & Safety Compliance	
Please provide the details for the professional Safety Advisor / Consultant or the name of the competent person which your company has appointed to assist with health, safety & environmental matters:	
<b>C1.1</b>	Name:
<b>C1.2</b>	Job Title:
<b>C1.3</b>	Qualifications ( <i>please include evidence of specified qualifications</i> ):
<b>C1.4</b>	Telephone Number:
<b>C1.5</b>	Percentage of time spent on health, safety & environmental matters for your company?



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C1.6	Employed by:		
C1.7	Do you have a health and safety management system in place? If so when was it last reviewed	YES	NO
	Date of Last Review?		
C1.8	Does your company have a health & safety, management system which is certified to OHSAS 18001/ISO 45001 by a UKAS Accredited Body: <b>(if so please enclose a copy of certificate(s) and a copy of your last audit report)</b>		
C1.9	Explain how you ensure compliance with, and review, your management system <b>(please provide evidence of recent monitoring and the management response to any issues identified as part of your monitoring process?)</b>		
C1.10	Is your company a member of any professional health, safety and environmental bodies, e.g. RoSPA, British Safety Council, IOSH, IEMA etc. <b>(If 'yes' please enclose a copy of your membership certificate(s))</b>		
C1.11	Explain how your Company ensures that its employees are made aware of their roles and responsibilities. <b>(Please provide 2 examples of recent signed roles and responsibilities):</b>		
C1.12	Please explain your Company's health, safety, quality and environmental induction process and how this is relayed to its Sub -Contractors. <b>(Please provide evidence of induction i.e. attendance register)</b>		
C1.13	Please explain how you monitor the health and safety performance of your employees, contractors and other third parties (including service suppliers) <b>(please provide a copy of at least 2 x recent site audits):</b>		



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C1.14	Explain how your company undertakes risk assessment (including for the use of hazardous substances) and compiles safe systems of work ( <b>pleased provide at least 1 recent example of completed Risk Assessment, COSHH Assessment and Method Statement</b> ):		
C1.15	Please provide details on your procedures relating to the maintenance and inspection regime of any plant, electrical equipment and hand tools used during your operations ( <b>please provide 2 x copies of plant check sheets</b> ):		
C1.16	How do you communicate the requirements of your Safe System of Work, Risk Assessments, COSHH Assessments and other associated documentation with you employees and sub-contractors:		
C1.17	Explain your Company's procedure for compliance with Temporary Works:		
C1.18	Please provide a brief description on the Health and Safety training which you provide to your employees:		
C1.19	Does your company have a training matrix which identifies training at all levels (Directors through to Operatives)? <b>Please provide evidence.</b>	YES	NO
A	What percentage of your employees hold CSCS, CPCS, EUSR and NPORS Qualifications?		
	CSCS		



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	CPCS		
	EUSR		
	NPORS		
<b>B</b>	What percentages of your line managers have been on the following health and safety training: Site Management Safety Training Scheme (SMSTS), Site Supervisors Safety Training Scheme (SSSTS), IOSH 5-day Managing Safety or any other type of recognized health and safety training?		
	SMSTS		
	SSSTS		
	IOSHH		
	Other (please specify)		
<b>C1.20</b>	Does your company undertake health surveillance of its employees? <b>If so, please provide details of the arrangements for the provision and continual monitoring.</b>	YES	NO
<b>C1.21</b>	Describe your company procedure for ensuring compliance with the HSE Guidelines HSG47 (Avoiding Danger from Underground Services):		
<b>C1.22</b>	Describe your company procedure for the control (including monitoring) of Vibration White Finger (HAVS):		
<b>C1.23</b>	Describe your company arrangements for the use, maintenance, testing and storage of PPE (e.g. respiratory equipment & fall arrest equipment):		
<b>C1.24</b>	Describe how you ensure that suitable and sufficient information in relation to safe systems of work is disseminated to personnel on site and how you ensure it is fully understood? <b>(please provide evidence – e.g. attendance registers):</b>		
<b>C1.25</b>	In relation to C1.24 above, describe your procedures for communicating information to foreign workers.		



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**C1.26** Please explain how you assess the health and safety competency of your subcontractors.

**C1.27** Please explain your company procedure for approving sub-contractors who undertake work on your behalf (**please provide a recent example of a recently approved sub-contractor, if applicable**):



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### SECTION D: Accidents & Incidents (To be completed by applicants)

<b>SECTION D. Accidents &amp; Incidents</b>			
<b>D1.1</b>	Please provide details of all accidents and incidents that have taken place in the last three years		
	YEAR	20__	20__
	No. of fatal accidents (a)		
	No. of RIDDOR reportable injuries (b)		
	No. of employees (c)		
	Incident rate: $\frac{(a) + (b) \times 1000}{(c)}$		
	No. of RIDDOR ill health incidents		
	No. of minor injuries		
	No. of Near Misses		
	No. of environmental incidents		
<b>D1.2</b>	Explain your company procedure for the reporting of accident / incidents (please attach a copy of your company's accident investigation procedure together with a recently completed incident report):		
<b>D1.3</b>	Please provide details of any improvement notices, prohibition notices or prosecutions served upon your company by an Enforcing Authority within the last 5 years (this question relates to Environmental Management):		
<b>D1.4</b>	Does your company have a written drugs and alcohol policy? If yes, please provide a copy of the policy.	YES	NO
<b>D1.5</b>	Does your company undertake random drugs and alcohol testing? If yes, how is this managed?	YES	NO





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### SECTION E: Environment (To be completed by applicants)

JSM Group is committed to continuous improvement in its environmental performance. In order to help achieve this we wish to work with our contractors and suppliers to help them improve their environmental performance and ensure that whilst working for the JSM Group their policies and practices match our own. This section requests basic information about the Environmental Management Systems and practices adopted by contractors and suppliers.

SECTION E: Environmental Management			
<b>E1.1</b>	Please attach a copy of your latest Environmental & Sustainability Policy Statement. <b>(Please ensure that the policy is signed, name printed and dated)</b>		
<b>E1.2</b>	Please provide the date when the Environmental Policy was last reviewed:	Date: .....	
<b>E1.3</b>	What is the name of the person within your company who has executive responsibility for Environmental Management:		
	Name:		
	Job Title:		
	Contact Details:		
<b>E1.4</b>	Do you have an Environmental Management System in place? Is it certified to EMAS, ISO 14001 or BS8555 by an UKAS accredited third party certification body, or other <b>(if so please enclose a copy of the certificate(s) and your latest audit report)</b> .	YES	NO
<b>E1.5</b>	OR, if you have applied for certification, please state following:		
	Name of Certification Body:		
	Programmed date of certification:		
	Scope applied for:		
<b>E1.6</b>	Is your Company FREE from any action taken against it by any of the environmental regulatory authorities?	YES	NO
	<b>If NO, please provide details</b>		



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### SECTION E2: Waste Disposal

<b>E2.1</b>	Describe your company procedure for safe disposal of waste generated (whilst working on JSM Group sites)		
<b>E2.2</b>	Does your company have a Waste Carriers Licence for transporting waste? <b>If yes, please provide a copy of the licence.</b>	YES	NO
<b>E2.3</b>	Describe your company procedure for ensuring compliance with Duty of Care (waste disposal):		

### SECTION E3: Spillages

<b>E3.1</b>	Describe your Company's arrangements for dealing with spillages?		
<b>E3.2</b>	Describe your Company's arrangements relating to environmental training ( <b>please provide evidence of training given</b> ):		
<b>E3.3</b>	Are spill kits available on premises, sites and/or vehicles?	YES	NO

### SECTION E4: Control of Noise and Emissions

<b>E4.1</b>	Describe your company procedure to deal with vehicle, plant and equipment noise & emissions?		



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<b>E4.2</b>	Describe your company procedure to deal with dust and odours?
<b>E4.3</b>	Is Plant & Equipment regularly serviced and fit for purpose <b>(please provide examples of plant maintenance sheets)</b> :

<u>SECTION E5: Contamination</u>	
<b>E5.1</b>	Describe your company procedure the control and use of contaminants and how you prevent environmental harm? This should include controls to prevent contamination of land and water courses and destruction of wildlife, flora and fauna?

### SECTION F: Quality Assurance (To be completed by applicants)

<u>SECTION F: Quality Assurance</u>			
<b>F1.1</b>	Please attach a copy of your latest Quality Policy Statement. (Please ensure that the policy is signed, name printed and dated):		
<b>F1.2</b>	Please provide the date when the Quality Policy was last reviewed:	Date: .....	
<b>F1.3</b>	What is the name of the person within your company who has executive responsibility for Quality Management:		
	Name:		
	Job Title:		
	Contact Details:		
<b>F1.4</b>	Do you have a Quality Management System in place? Is it certified to ISO 9001 by an UKAS accredited third party certification body, or other <b>(if so please enclose a copy of the certificate(s) and latest audit report)</b> .	YES	NO
<b>F1.5</b>	OR, if you have applied for certification, please state following:		
	Name of Certification Body:		
	Programmed date of certification:		



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	Scope applied for:	
<b>F1.6</b>	Describe your Quality related procedure for Inspection and Testing:	
<b>F1.7</b>	Describe your procedures for dealing with non-conformity:	

### **SECTION G: Supplementary Arrangements (To be completed by applicants)**

SECTION G: Supplementary Arrangements			
<b>G1.1</b>	Do you have established policies, procedures, goals and/or objectives in relation to Equal Opportunities, Diversity and/or Inclusion? <b>If yes, please provide evidence.</b>		
<b>G2.1</b>	Have you carried out a risk assessment to consider whether your organisation is at risk of bribery? <b>If 'yes', please provide evidence.</b>	YES	NO
<b>G2.2</b>	Do you have a bribery prevention policy/procedure in line with the Bribery Act 2012? <b>(You do not need to do this if there is no risk of bribery on your behalf)</b>	YES	NO N/A
<b>G2.3</b>	If applicable do you have a procedure for communicating this policy throughout your organisation 'from the top down' and also to others who will perform services for you? <b>If so please provide evidence.</b>	YES	NO
<b>G3.1</b>	Does your Organisation have a Policy regarding Modern Slavery that complies with current UK legislative requirements? <b>If yes, please provide evidence.</b>	YES	NO
<b>G4.1</b>	Does your Organisation have a policy relating to the General Data Protection Regulations? <b>If yes, please provide evidence.</b>	YES	NO
<b>G4.2</b>	Do you have an Information Security Management System in place? Is it certified to ISO 27001 by an UKAS accredited third party certification body, or other? <b>If yes please enclose a copy of the certificate(s).</b>	YES	NO



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### SECTION H: Sub-Contractors Declaration (To be completed by applicants)

I hereby apply for inclusion in the Approved List of Contractors, to work on behalf of JSM Group.

I certify that the information supplied herein is accurate to the best of my knowledge and that I accept the conditions and undertakings requested in the questionnaire.

I understand that if any false or incomplete information is given, it may result in exclusion from JSM's 'Approved Subcontractor Register'.

I have received, read and understand the contents of JSM's 'Subcontractor Codes of Practice' and will endeavour to ensure that our operations will comply with the requirements therein.

I accept that a systems audit (notice given) may be carried out by the JSM Group SHEQ Department.

I accept that it is my responsibility to advise JSM of any revised working practices, prosecutions and any other details related to Health, Safety & Environmental matters, where applicable, to the JSM Group. Also, to update Public and Employers Liability Insurance details as required. Failure to do so may well result in immediate suspension from the 'Approved Subcontractors Register'.

Signed:	
Print Name:	
For and on Behalf of (name of Company):	
Position:	
Date:	

**Please note: -**

**A Director or other Senior Manager of the Company/Organisation making the application must sign this form.**

On completion of this document please return it, with all your supporting documentation, to the following:

Please ensure that this document, along with all supporting documentation is forwarded to JSM's SHEQ department at the following postal and/or email address:

**POSTAL ADDRESS:**

**F.T.O. Mick Barrett (SHEQ Director)**

**JSM Group Ltd**

**Sterling House**

**Mutton Lane**

**Potters Bar**

**Hertfordshire**

**EN6 3AR**

**EMAIL ADDRESS:** [safety@jsmgroup.com](mailto:safety@jsmgroup.com)



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## SECTION I: Formal Approval (JSM Group Use ONLY)

This questionnaire must have approval from both the SHEQ and Accounts department's, before a letter of approval can be sent to the contractor.

### SHEQ Department Approval

Assessor's Position within the company:			
Name (Signed):			
Name (Print):			
Approved (Circle)	YES	NO	More Information Required
Information Required:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Date:			

### Accounts Department Approval

Position within Company of the formal approver:			
Name (Signed):			
Name (Print):			
Approved (Circle):	YES	NO	More Information Required
Information Required:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Date:			