

**ELECTRIX SOLUTIONS LIMITED  
UNIT 7, MIDLAND COURT, NEW ROAD, RADFORD,  
NOTTINGHAM NG7 3FH  
TELEPHONE 0115 9787276 FAX 0115 9787290**

**CONTRACTOR COMPETENCE QUESTIONNAIRE**

Company Name and Address.....

.....

Tel No..... Fax No.....

Email address .....

Name of person completing form (in capitals please)

.....

Does your company have or operate the following ?

**YES/NO**

If **YES** please supply evidence

Not Applicable

1. Health and safety policy
2. A procedure for making risk assessment
3. Identification of individual/corporate responsibility
4. A training programme for ALL employees including managerial
5. An accident investigation procedure
6. An accident recording system
7. A plant and maintenance procedure
8. Do you produce generic risk assessments
9. Do you produce generic COSHH assessments
10. Has your organisation prepared method statements
11. Have any of your employees attended any formal safety training
12. Have you any formal training for using any specialised equipment
13. Have you any reportable accident in the last three years
14. Do you have a vetting procedure for any sub-contractors used
15. How do you verify that your equipment is properly maintained
16. Do you have a procedure for informing staff about H & S issues
17. Do you have access to a qualified H & S Advisor
18. Do you have access to H & S information
19. It is a requirement that any appointed sub-contractor either directly employed by Electrix or nominated by the client confirms to our site rules. Are you prepared to comply with these.