

# McAlee & Rushe Sub Contractor SHEQ Questionnaire

## 1. Sub Contractor Questionnaire.

This questionnaire is designed to help McAlee & Rushe Ltd assess the Health, Safety, Quality & Environmental standards that their sub-contractors are working to.

ALL SUB CONTRACTORS THAT WISH TO BE ON MCALEER & RUSHE'S PREFERRED CONTRACTOR LIST, MUST FILL IN THIS QUESTIONNAIRE.

All related documents (policies, accreditation referred to etc.) must be uploaded to the McAlee & Rushe website as soon as the survey is complete.

### \* 1. Company Details:

Name:	<input type="text"/>
Company:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
County:	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

### \* 2. Has your Health, Safety & Welfare Policy / Statement been reviewed within the last year?

Yes

No

### \* 3. Please confirm you have attached a copy of your Health, Safety & Welfare Policy / Statement, through the McAlee & Rushe website.

yes

no

### \* 4. Does it reflect your intention to commit to health and safety?

yes

no

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\* 5. How is the Policy brought to the attention of your employees?

\* 6. How many direct employees do you have?

less than 5

more than 5

if more than 5, how many employees?

\* 7. Who is the director / senior manager responsible for Health and Safety? (name and title):

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## 2. Enforcements / Non Compliances

\* 1. Has your company, during the past three years, been:

	yes	no
(a) Served a Prohibition Notice	jn	jn
(b) Served an Improvement Notice	jn	jn
(c) Served a formal caution	jn	jn
(d) Prosecuted for Health & Safety offences	jn	jn
(e) Responsible for the Principal Contractor receiving a formal notice	jn	jn
Is your organisation currently undergoing legal proceedings for Health and Safety offences?	jn	jn

\* 2. Please state:

Number of Prohibition Notices in the last 3 years

Number of Improvement Notices in the last 3 years

Number of prosecutions in the last 3 years

Number of formal cautions in the last 3 years

**3. Please give details of number of reportable accidents, dangerous occurrences, and cases of ill health as defined under RIDDOR (UK), or HSA Form IR3 (ROI), which have involved your employees over the past 3 years.**

5

6

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## 3. Health & Safety Control.

\* **1. Do you agree to provide relevant and acceptable Risk Assessments and Method Statements specific to your work on site?**

yes

no

\* **2. Do you agree to give the name, address, and telephone number of your appointed in-house or external Health & Safety Adviser. You must have a Health & Safety Adviser irrespective of the number of employees. Minimum requirements are Site Safety Supervisor Gold Card.**

yes

no

Contact Details of Health & Safety Advisor:

	5
	6

\* **3. Please confirm that you have provided copies of the following.**

	yes	no
Employers Liability Insurance details including exclusions / restrictions	€	€
Public Liability Insurance details including exclusions / restrictions	€	€
Professional Indemnity (if required), Insurance details including exclusions / restrictions	€	€
Please confirm your insurance adequately covers the activities to be undertaken on this project? State policy exclusions / restrictions where relevant, e.g. confined space working, working at height, etc.	€	€

**4. Do you agree to comply with McAler & Rushe Health, Safety and Environmental Rules for Sub-contractors?**

Yes

No




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## 4. Health & Safety Training.

### \* 1. Do you Provide Health & Safety training for:

- (a)   
Directors?  
(please detail):
- (b)   
Managers?  
(please detail):
- (c)   
Supervisors?  
(please detail):
- (d)   
Operatives?  
(please detail):
- (e) Sub-Contractors?  
(please detail):
- (f) Office-based staff?  
(please detail):

### 2. Please provide your Company's Training Matrix/ Training Log.

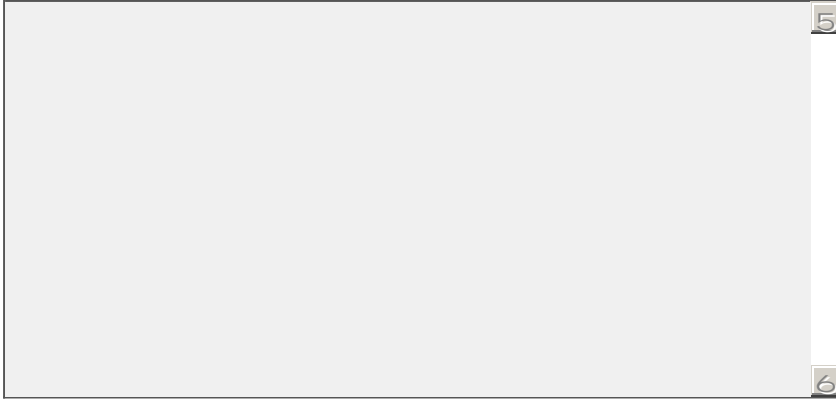
 Training Matrix/Log attached.

### \* 3. Please complete the following:

	yes	no
If training is not provided by you, do you agree to pay for relevant training provided by McAleer & Rushe?	€	€
Do you commit to advise us as and when new workers arrive on site, for the purposes of site induction?	€	€

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4. Are you a member of any trade association? If so, please state.



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## 5. Sub Contractors.

\* 1. Do you engage / employ Sub-Contractors?

yes

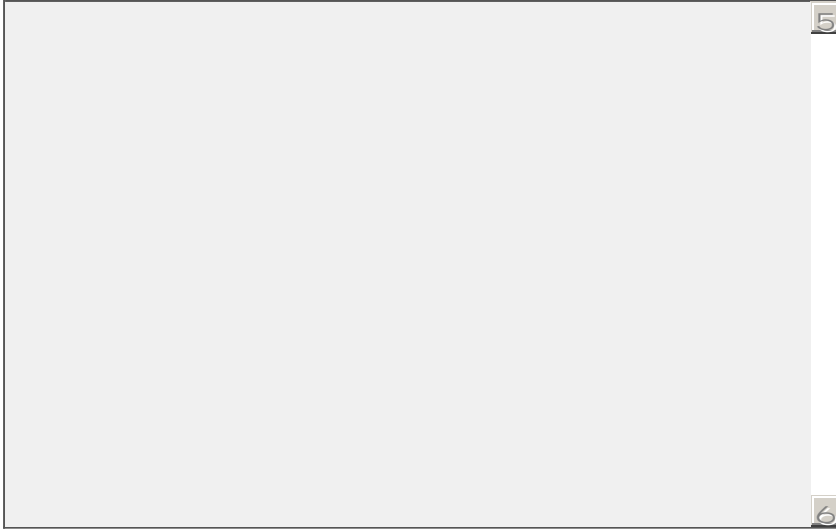
no

2. If the answer to the above is yes, how do you assess the health and safety record and competence of Sub-Contractors employed by you?

3. Do you know if your Sub-Contractors are competent and fully trained in respect of their activities?

## McAlee & Rushe Sub Contractor SHEQ Questionnaire

4. If not, do you deliver relevant training to your Sub-Contractors?



## 6. Plant & Equipment

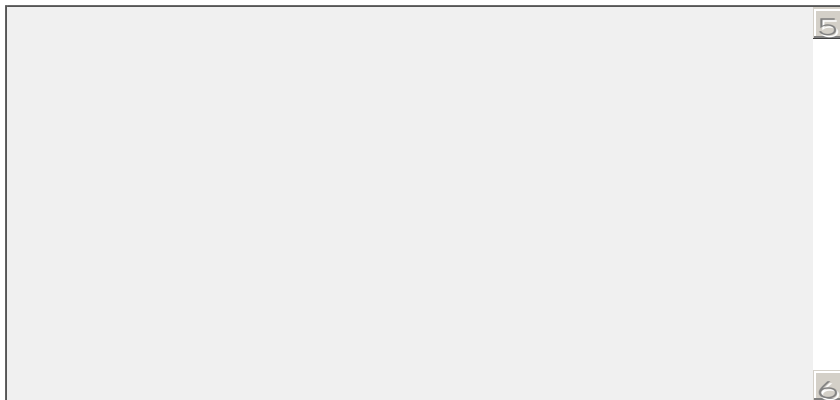
- \* 1. How do you ensure that plant / equipment / tools used by you on site are inspected, examined, and tested as well as maintained in a safe condition?



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## 7. Performance Monitoring.

\* 1. Do you conduct safety inspections and audits of your work activities? (Please provide 2 samples of completed forms):



\* 2. How often do you:

	Daily	Weekly	Monthly	Annually	Never
Conduct Safety Inspections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct Safety Audits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 3. Are you prepared to act on complaints received by McAlee & Rushe site management, or McAlee & Rushe Health & Safety advisers in relation to your works and / or operatives?

yes

no

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## 8. Quality Assurance

- \* 1. Is there an individual in your company responsible for quality management? If yes, please provide name and contact details (incl email address).

- \* 2. Please tick the box most appropriate to how your organisation currently undertakes quality management.

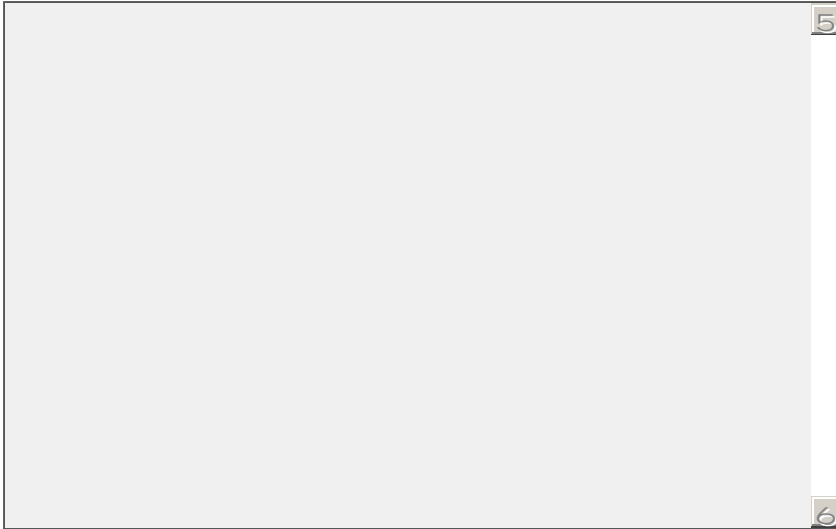
- The organisation has a third party accredited quality management system
- The organisation has an un-accredited quality management system
- The organisation has a quality policy statement
- The Organisation does not manage quality

- \* 3. If your quality management system is accredited, please identify the means by which it is audited below:

- ISO9001
- Achilles Building Confidence Accreditation
- Not accredited
- Other (please specify)

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- \* 4. If you don't have a third party accredited quality management system, are you working towards implementing one? If yes, please provide evidence of when certification is due to take place, or indicate steps you are taking to manage quality.



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## 9. Environmental Management

- \* 1. Is there an individual in your company responsible for environmental management? If yes, please provide name and contact details (incl email address).

- \* 2. Please tick the box most appropriate to how your organisation currently undertakes environmental management.

The organisation has a third party accredited environmental management system

The organisation has an un-accredited environmental system

The organisation has an environmental policy statement

The organisation does not manage environmental issues

- \* 3. If your environmental management system is accredited, please identify the means by which it is accredited below:

ISO14001

Achilles Building Confidence Accreditation

Not Accredited

Other (please specify)

## McAlear & Rushe Sub Contractor SHEQ Questionnaire

4. If you don't have a third party accredited environmental management system, are you working towards implementing one? If yes, please provide evidence of when certification is due to take place, or indicate steps you are taking to manage environmental issues.



\* 5. Are you a registered waste carrier? If yes, please detail your waste carriers licence number below

yes

no

Licence Number:

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\* 6. Has your organisation ever received a formal caution for alleged environmental breaches?

yes

no

if yes, supply details

\* 7. Has your organisation ever been prosecuted for incidents involving pollution or other breaches of environmental legislation?

yes

no

if yes, provide details.

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**8. If you feel your organisation is deficient in either quality or environmental standards, and wish to have some guidance from McAler & Rushe, please indicate the type of guidance required below:**

- Guidance on ISO9001 / Quality Management
- Guidance on ISO14001 / Environmental Management

Other (please specify)

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## 10. References

### 1. Reference 1:

Name:

Company:

Address 1:

Address 2:

City/Town:

County:

Postal Code:

Country:

Email Address:

Phone Number:

### 2. Reference 2:

Name:

Company:

Address 1:

Address 2:

City/Town:

County:

Postal Code:

Country:

Email Address:

Phone Number:

### 3. Reference 3:

Name:

Company:

Address 1:

Address 2:

City/Town:

County:

Postal Code:

Country:

Email Address:

Phone Number:

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\* 4. Give a brief summary of the work your company has undertaken in the last 3 years

5. I declare the information contained in this questionnaire to be accurate and true.

Yes

No

Name & position of person completing questionnaire:

6. I agree that the following documents are attached (as are relevant to my work):

- Health & Safety Policy & Statement
- OHSAS 18001 (or other) safety certificate
- 2 x Safety Audit example reports
- Quality Policy / Management Statement
- ISO 9001 Certificate (or other)
- Environmental Policy / Management Statement
- ISO 14001 Certificate (or other)
- Public liability insurance
- Employers liability insurance
- Professional indemnity insurance (if relevant)
- Training Matrix