**Appendix 2**

**CONTRACTOR APPRAISAL QUESIONNAIRE**

**Contractor Appraisal Questionnaire**

Please return the completed Questionnaire to State Bank of India

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| 1. **General Information** | | | | | | |
| **Organisation Name and Address:** | | | | | | |
| **Nature of Work Undertaken:** | | | | | | |
| **Contact 1:** | |  | **Contact 2:** |  | | |
| **Job Title:** | |  | **Job Title:** |  | | |
| **Tel:** | |  | **Tel:** |  | | |
| **Fax:** | |  | **Fax:** |  | | |
| **Mobile:** | |  | **Mobile:** |  | | |
| **Email:** | |  | **Email:** |  | | |
| 1. **Documentation - Please provide the following information** | | | | | | |
| 2.1 | A copy of your Health and Safety Policy Statement if you employ 5 persons or more. | | | | | |
| 2.2 | Information on your organisation for Health and Safety. | | | | | |
| 2.3 | A copy of your Insurance Certificates and other (relative) related information. | | | | | |
| **3.** | **Health and Safety Information** | | | | | |
| 3.1 | Are you able to provide Risk Assessments for the work that you undertake? | | | | **Yes** | **No** |
| 3.2 | Are you able to provide Method Statements that detail your safe systems of work? | | | | **Yes** | **No** |
| 3.3 | Are you familiar with and able to work with Permit to Work Systems? | | | | **Yes** | **No** |
| 3.4 | Do you have a documented system for reporting accidents / incidents? | | | | **Yes** | **No** |
| 3.5 | Have there been any reportable accidents or incidents within the past 3 years?  **(If Yes please provide information)** | | | | **Yes** | **No** |
| 3.6 | Have you been subject to any improvement notice or prosecution under Health and Safety Legislation within the last 5 years?  **(If Yes please provide information)** | | | | **Yes** | **No** |
| 3.7 | Is Health and Safety training provided for your employees who will work on the site? | | | | **Yes** | **No** |
| 3.8 | Are you able to provide adequate supervision for the work to be carried out on the site? | | | | **Yes** | **No** |