**Contractor Appraisal Questionnaire**

Please return the completed Questionnaire to State Bank of India

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| 1. **General Information**
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| **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**
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| 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****[ ]**  |