

**Company Details**

Today's date:

Please see the note at the end of this Form regarding attachments

Registered Company Name:		
Company Registration No:		Company's main area of work:
Total No. of people employed:		
Registered Company Address:		Correspondence Address (If Different to Reg. address):
Contact Telephone No:		
Fax No.		
Name of person completing this form:		
e-mail address of person completing this form:		

**Competent Health and Safety Advice**

State the name of the person or people who provide your competent health and safety advice.	
Phone No.	
e-mail address	
Describe their health and safety qualifications, experience or relevant training given that enables them to undertake this responsibility.	
If your competent advice is from outside your Company, describe the role they play in the management of health and safety in your Company and describe the capacity in which your Company has employed them in the last year.	
What is their address and their contact details?	

**Insurance Arrangements**

Provide details of your:	<i>Employer's Liability Insurance</i>	<i>Public Liability Insurance</i>
<i>Insurer's name</i>		
<i>Certificate No.</i>		
<i>Sum Assured</i>		
<i>Expiry Date</i>		

**Associations or Memberships**

Is your Company a member of any trade association? (eg CITB, NBC, NFB, FMB, ECA, Construction Confederation, CORGI or others)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide details:	
<b>Association</b>	<b>Membership No.</b>
<b>Association</b>	<b>Membership No.</b>
Do they provide health and safety information and advice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your Company a member of any health and safety organisation? (eg RoSPA, the British Safety Council or a safety group)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, provide details:	

Please describe any other sources you may use to get health and safety information.

**Policy Statement**

Does your Company have a Health and Safety Policy? If YES, <b>attach</b> a copy, dated and signed by a director/senior partner (etc). <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
How does your Company tell employees about the Health and Safety Policy?	

**Organisation for Health and Safety**

How does your Company organise health and safety? ie how do you assign H&S duties and responsibilities?	
<b>Attach</b> your organisation chart for managing health and safety.	
Attached <input type="checkbox"/>	
State the name of your Company Director responsible for Health and Safety:	

**Health and Safety Training, Information and Instruction**

How does your Company provide relevant health and safety training, information and instruction to its employees?	
<b>Attach</b> copies of training records for your Company employees likely to work on BAE SYSTEMS sites.	
Attached <input type="checkbox"/>	
Does your Company provide induction training for new starters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your Company provide written instructions for employees? eg a Safety Manual? If yes, <b>attach</b> copies of instructions relevant to work on a BAE SYSTEMS site.	Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/>
Describe the health and safety training given to managers in the last three years.	
Describe the health and safety training given to workers in the last three years.	

**Monitoring, Audit and Policy Review**

Please describe how your Company undertakes formal reviews of health and safety performance. eg inspections, audits, actions resulting from accident investigation.	
How often does your Company review Health and Safety Policies and procedures?	
Please <b>attach</b> examples of completed inspections, audits and Policy reviews.	
Attached <input type="checkbox"/>	

**Consultation with Employees**

How does your Company consult employees with regard to health and safety matters?

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Does your Company have a Safety Committee? Yes  No

**Attach** recent minutes of meetings. Attached

If you do not have formal arrangements, explain what you do and how you do it.

**Accident Reporting and Enforcement Action**

Describe how your Company reports and investigates accidents.

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Complete the following table of Accident Statistics

<i>Year</i>	<i>Fatal</i>	<i>Major Injury and "Over 3-Day"</i>	<i>Non-Reportable</i>
This year (to date)			
Last year (full year)			
Year before last (full year)			

Explain briefly about any of the above accidents which were investigated and what actions, if any, arose from that investigation.

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Has your Company been prosecuted or served with enforcement notices by an enforcement authority (e.g. HSE, LA, Police, VOSA) in the last 3 years with regard to an offence under health, safety or environmental law? Yes  No   
 (Please note that this will be checked against the HSE prosecution & notices databases.)

If yes, please **attach** details, including remedial action taken. Attached

**Risk Assessment**

Describe how your Company undertakes and records Risk Assessments.

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**Attach** a selection of actual Risk Assessments relevant to the work your Company performs. Ensure the selection includes one or more relevant to the work you are bidding to undertake. Attached

If your Company uses non-employees (eg consultants) to do Risk Assessments on your behalf, please explain, in your own words, why this is and how the arrangements work.

**Health Surveillance** (If this is not applicable to your Company, state "Not Applicable").

Does your Company's Risk Assessment process consider the need for Health Surveillance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please summarise the arrangements.	

**Asbestos** (If this is not applicable to your Company, state "Not Applicable")

Have you trained employees about asbestos, where it may be found and what it might look like?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have your employees been trained in the action to take if they find materials they suspect may contain asbestos?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES (in either case), <b>attach</b> evidence of training.	Attached <input type="checkbox"/>

**First Aid**

Describe how your Company provides first aid arrangements for its employees.	
Does the Company have personnel trained to provide first aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, <b>attach</b> evidence of training.	Attached <input type="checkbox"/>

**Subcontractors**

Does the Company use, or intend to use, sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, does the Company undertake an assessment of the competence of the sub-contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, <b>attach</b> an example of a contractor assessment.	Attached <input type="checkbox"/>

**Portable Electrical Equipment**

Please describe your inspection, testing and maintenance regime for portable appliances.	
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**Work Equipment**

Has the Company identified all work equipment used in the course of work activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the arrangements for testing, inspection, maintenance, training and the suitability of work equipment.	

**Fire Precautions**

Does the Company carry out fire Risk Assessments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, <b>attach</b> an example fire Risk Assessment.	Attached <input type="checkbox"/>
Describe the fire Risk Assessment process in relation to typical contract work.	

**Declaration**

As the Director (or Senior Partner, for unincorporated Companies) responsible for this Company/organisation's health and safety arrangements I confirm that I have either

- (a) Completed the application myself; **or**  
(b) Checked the contents of the application.

I declare the application is a true reflection of this Company/organisation's safety management system at today.

Print name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

For and on behalf of (Company Registered Name): \_\_\_\_\_

**(Signatory must be a Director of the Company or Senior Partner and not an employee or consultant working for the Company)**

**ATTACHMENTS**

**Please ensure that all requested copies of requested documents and example risk assessments are attached. Attachments should be electronic copies. If you hold only paper copies, please have these scanned to a suitable format (eg PDF, TIFF, JPG, GIF, etc) at a resolution no higher than 100 DPI**

**Please now save this document and all attachments  
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