

CDM COMPETENT ANNUAL QUESTIONNAIRE FOR DESIGNERS AND DESIGN RELATED PRACTICES
Companies with less than 5 employees

Section 1 – Background

Please provide the following information:

Information Requested	Guidance Notes as applicable	Response
State the name of your organisation, full address, main telephone number, e-mail address and web site address.		
State the name of the person dealing with this questionnaire, their contact phone/fax numbers and e-mail address.		

Design discipline:	<i>Describe the main type or types of work your company undertakes</i>	
Number of directly employed staff:	<i>Please confirm the number of staff employed in each key function e.g. designers, administrative staff, managers, directors etc.</i> <i>This information is needed so that you can be fairly assessed in relation to the size of your business.</i>	
Number of office locations:	<i>This information is needed so that you can be fairly assessed in relation to the size of your business.</i>	
Under your current name, or any previous title, please give details of any HSE improvement or prohibition notices, and any prosecutions in the last 12 months.		
Provide details of the number of RIDDOR accidents /incidents in the last 12 months.	<i>Include details of any actions taken to prevent re-occurrence. Where available please confirm your injury incidence and frequency rates.</i>	

Section 2 – Technical Information

Please provide the information requested in the subject areas outlined below. In order to help you provide us with relevant information we have included guidance for each section as deemed necessary.

2.1 Competent Health & Safety advice

Please provide details of how your organisation and your employees have ready access to competent H&S advice, preferably within your organisation. Provide the name and competency details of the source of advice including a CV and evidence of competence e.g copies of certificates/professional membership.

2.2 H&S Policy and Management Arrangements

Please provide a copy of your latest Health and Safety Policy and associated management procedures relating to design, training, co-operation with the CDM Co-ordinator, appointment of sub-contracted designers (if applicable) etc.

Although you are not legally required to have your health and safety policy and arrangements in writing it is good practice to do so as you must still be able to demonstrate your commitment to health and safety and management of it to a potential client. Please provide a copy if you have one including a signed statement of intent, a responsibilities section and an arrangements section.

If you do not have a written H&S policy please confirm how you communicate company policies and procedures to staff.

2.3 Design Risk Elimination and Risk Control

Please describe how you ensure hazards are eliminated in the design process and any remaining risks controlled.

Please provide a COMPLETED example of a Design Risk Assessment for an actual project undertaken in the last 2 years where hazards have been eliminated and where any remaining risks have been controlled at design stage.

2.4 The Workplace (Health, Safety and Welfare) Regulations 1992

Please explain the procedures that you have in place to ensure that your designs meet the requirements of the above legislation.

2.5 Training

Please provide summary details of any Health and Safety training provided to staff within your organisation. Of particular relevance would be CSCS cards (see CDM ACoP L144 clause 219), Design Risk Assessment and CDM Regulations 2007, Health and Safety Awareness Training etc. Please provide copy certificates as evidence of such training. A training matrix is preferred.

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2.6 Professional Qualifications

You and your employees should have suitable qualifications and experience to enable them to do the work they do safely and professionally.

Please detail the professional qualifications held by key members of your team and provide evidence of such qualifications.

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2.7 Sub-contracting Work

If your company appoints other designers, consultants or contractors to undertake work on your behalf please provide details on how you assess their competence.

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2.8 Insurances

Please provide a copy of your latest Public Liability and Professional Indemnity Insurance Schedules.

Fees

£78 inc. VAT	Method of payment: Cheque <input type="checkbox"/> On line <input type="checkbox"/>
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Please return the completed questionnaire to the following address:

**Eurosafe UK
Eurosafe House
Centurion Park
Tribune Way
York
Y030 4RY
Telephone:- 01904 691 515**

E-mail:- cdm-competent@eurosafeuk.co.uk

Submit on line:- www.ssipassessors.com

www.eurosafeuk.co.uk

www.cloudsuk.com

www.constructionforums.co.uk