

It is strongly recommended that you read and make sure you follow the instructions contained within the Application Guidance Sheet.

Please take the time to answer all questions, as your application and the level awarded will be based on the outcome of your answers. Whilst you will not be required to submit evidence, you will have to fully substantiate your claim with evidence, if your company is selected for a second stage audit.

YOUR DETAILS: (PLEASE USE BLOCK CAPITALS)			
Company Name:			
Region:		Address:	
		Postcode:	
Main Discipline (Flat, Sheeting & Cladding or Slating & Tiling - please only select one):			
Contact Name:			
Job Title:		Contact Tel No:	
Email address to send acknowledgement of application:			
Please note that we will be using the information for statistical purposes only. No personal data will be collected. Tick the box if you wish to opt-out of allowing the data to be used.			
Does your company hold CHAS (or equivalent, including SSIP) certificates for employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No

I. NUMBER OF EMPLOYEES AND QUALIFICATION INFORMATION			
	Number	CSCS/CSR/ SCORE Card Holders	S/INVQ Achieved in Year
Directors & Managerial			
Employee Site Operatives			
Sub-contractors or Self-employed Site Operatives			

  

Evidence of Health & Safety Related Training	Managerial Staff	Site Operatives
Number of days of training completed:		
in 2015		
in 2014		
Number of days planned for 2016:		
Does your company submit a training plan for Qualifying the Workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

			Yes	No	N/A
<b>2. SAFETY MANAGEMENT</b>					
<b>2.1 Safety Policy</b>					
a.	Do you have a written Health & Safety Policy?				
b.	Has the Statement of Intent been signed by the most senior person in the business?				
c.	Does your Policy show the organisation and their responsibilities?				
d.	Does it state that it will be reviewed at least every 2 years?				
e.	Does it have a section stating all of the arrangements you have in place to manage the Health & Safety within your business?				

<b>2.2 Method Statement</b>					
	Do you produce Method Statements which are clear, understandable and are job/ task specific?				

		Yes	No	N/A
<b>2.3 CoSHH</b>				
a.	Do you have a CoSHH system?			
b.	Do you have a register of all the products you use within your business?			
c.	Do you have all of the Material Safety Data sheets for the products you use within your business?			
d.	Have you produced CoSHH Assessments from the Material Safety Data Sheets to enable your employees to understand them?			
e.	Have all CoSHH Assessments been issued to your employees who are affected by them?			
f.	Have the employees signed for the assessments to acknowledge receipt of them?			
g.	Do you review the content of your system periodically?			

<b>2.4 Risk Assessments</b>				
a.	Do you have Risk Assessments that are clear and understandable for all work you undertake?			
b.	Do you produce job/ task specific Risk Assessments for your employees and do they acknowledge receipt by signature?			

<b>2.5 Vibration</b>				
a.	Do you have a register of all of the vibrating hand tools which you use within your business?			
b.	Does the register record all of the vibration magnitudes and permitted trigger times?			
c.	Do your employees who use vibrating hand tools complete a self-assessment health declaration annually?			

<b>2.6 Noise</b>				
a.	Do you have recent assessments for the noisy activities undertaken by your business?			
b.	Do you have a register of equipment and their noise levels?			
c.	Do you give the noise level information to all of the affected parties?			
d.	Do you provide hearing protection for those who work with noisy equipment?			
e.	Have you taken steps to minimise the emissions?			

<b>2.7 Manual Handling</b>				
a.	Do you have a register of Manual Handling Risk Assessments?			
b.	Have all your employees who undertake manual handling activities been given manual handling training?			

<b>2.8 Toolbox Talks</b>				
a.	Do you carry out regular Toolbox Talks?			
b.	Do you record who is in attendance?			

<b>2.9 Environmental</b>				
a.	Do you have a written Environmental Policy Statement of Intent?			
b.	Has it been signed by the most senior person within the business?			
c.	Does it state that it will be reviewed regularly, at least every two years?			

<b>2.10 Personal Protective Equipment (PPE)</b>				
a.	Do you issue PPE as identified by your Risk Assessments?			
b.	Do you have a system for documenting the issue of PPE?			
c.	Do you have a register of all Safety Harnesses and Lanyards?			
d.	Do you record formal inspections of the Safety Harnesses/ Lanyards on a regular basis?			
e.	Have all users of Harness/ Lanyards been fully trained on how to wear, use and inspect the equipment?			
f.	Do you have a written Rescue Plan to enable rescue of person(s) who are working at height?			

		Yes	No	N/A
<b>3. RESPONSIBLE PERSON(S)</b>				
3.1	Do you employ/ retain the services or have access to a Competent Appointed Person (CAP) who can provide professional Health & Safety advice when you need it?			
3.2	Does your CAP have a formal Health & Safety Qualification?			
3.3	Does your CAP carry out inspections/ audits on your site and safe systems of work?			
3.4	Does your company use sub-contractors and/ or agency workers?			
3.5	Do you assess the competence of sub-contractors and/ or agency workers with regards to CDM 2015?			
3.6	Please detail how Health & Safety is monitored and coordinated during your activities with sub-contractors and/ or agency workers:			

		Yes	No	N/A
<b>4. PERFORMANCE</b>				
4.1	Have you completed and returned your accident statistics to NFRC for the current period? (01/04/2014 - 31/03/2015)			
4.2	In the last reported period have you had any of the following: (if yes, please state how many)			
a.	Fatal Injuries			
b.	Specified Injuries			
c.	Over 7 Day Injuries			
d.	Dangerous Occurrences			
e.	Reportable Diseases			
f.	Third Party Employee Accidents (sub-contractors)			
g.	Accidents to members of the public			
4.3	How many days absence have you incurred in association with the answers above?			

		Yes	No	N/A
<b>5. HSE INTERVENTION</b>				
<b>In the last period have you had any of the following: (January - December 2015)</b>				
5.1	Prohibition Notices			
5.2	Improvement Notices			
5.3	Notices of Contravention			
5.4	Fees for Intervention (FFI)			

**6.VOLUNTARY QUESTIONS** *(Please complete on a separate sheet, if necessary)*

Companies that wish to and can satisfactorily answer the following two questions in this section stand to be considered for recognition at the UK Roofing Awards.

**6.1 What is your top health risk priority and what control measures are you taking to tackle this issue?**

**6.2 In what way do you get your employees to interact, contribute or buy into health and safety?**

**Signed on behalf of the company:**

**Name:**

**Position:**

**Date:**