



Contractor Assessment Form

Company Name:	
Registered Address:	

Name of Person Responsible for Health and Safety:	
Tel No.:	
Mobile No.:	
E-mail address:	

1. Please provide details of the size of your company, the length of time in business, the nature of the operation in which you are involved and your experience in areas relevant to the work you would be carrying out for [Éire Óg Greystones GAA](#).

2. Please provide a copy of your current company's Safety Statement, Health and Safety Policy & Risk Assessments relevant to works to be undertaken on behalf of [Éire Óg Greystones GAA](#).
3. Please provide details of any relevant accreditation e.g. ISO 9001, ISO 14001, ISO 45001/ OHSAS 18001 and/ or details of any membership of any relevant trade/ professional organisation



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4. Please summarise the health & safety training provided to employees, detailing any particular training that is required to fulfil the works on behalf of [Éire Óg Greystones GAA](#)

5. Please provide details of any emergency procedures that are followed on site e.g. first aid arrangements, fire safety, etc.

6. Please provide details of accident and incident statistics within your organisation for the last year.



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7. Please provide details of any health & safety enforcement action taken against your company in the last three years.

8. Please provide details of how you ensure that individuals responsible for any works undertaken at **Club Name** are competent. For example, through specific experience / qualifications.

9. Please provide a copy of your Public Liability Insurance, Employee Liability Insurance, Professional Indemnity & Contractors All Risk Insurance.

Form completed by: _____
Position: _____
Date: _____