

NHBC Safemark Competency Accreditation Service

Appointment form and registration pack (including document checklist)

This form appoints Santia Accreditation to carry out NHBC Safemark Competency Accreditation for your company:

1. Information about you (the client)

Company name: _____ Contact name: _____

Company address: _____

Town: _____ County: _____ Postcode: _____

Telephone number: _____ Mobile number: _____

Fax number: _____ Email address: _____

2. Schedule of services

Service ref	Description	Tick service required	Rate (exc. VAT)	Inc. VAT @ 20%
HS20	Safemark Competency Accreditation	<input type="checkbox"/>	£245.00	£294.00

Please tick your preferred payment option:

Cheque (made payable to Santia Accreditation)

Credit/debit card (please call 0292 085 5600)

3. Agreement

The client agrees to employ NHBC Services Ltd to provide the service(s) outlined in Section 2.

Full terms and conditions regarding the supply of Safemark accreditation (administered by Santia Accreditation) are available on request by post from: Safemark Scheme, Santia House, Parc Nantgarw, Cardiff CF15 7QX, or by email from nhbc.accreditation@santia.co.uk.

Signed for client: _____ Full name: _____

Position in company: _____ Date: _____

4. NHBC appointment ID (to be completed by NHBC)



Guidance in the use and completion of the registration pack

For your convenience, the document is colour coded to ensure that you can easily access the guidance you need and only answer those questions relevant to your operations. The colour coding works as follows:

Contractor and principal contractor:

Relevant guidance and questions have a **BLUE** stripe on the right-hand side and contains the letters **C/PC**.

CDM co-ordinator:

Relevant guidance and questions have a **PURPLE** stripe on the right-hand side and contains the letters **CDM**.

Designers:

(including those businesses involved in architecture, civil engineering, structural engineering, building services engineering or building surveys)

Relevant guidance and questions have an **ORANGE** stripe on the right-hand side and contains the letters **DES**.

Where provision of evidence is required, the document includes a tick box to assist you in ensuring that you have responded to all relevant questions. Where other supporting information is required on the document, this has been kept to a minimum, with space provided for written comments if required.

If you require more space than is available in the supporting information sections, please use a separate sheet of paper **with your company name and the core criteria number clearly marked on the top of each page**.

Before you send your submission, you should carefully ensure that all written evidence requested is enclosed, along with payment of any fees. Please only provide the evidence requested to support the questions relevant to your business area. If further evidence is needed by the assessor, we will write to you and explain what we require.

Please note: You should only enclose copies of your documentation and certifications, as we are unable to return originals.

Once you have completed the application form, please return to Safemark Scheme, Santia House, Parc Nantgarw, Cardiff CF15 7QX, email nhbc.accreditation@santia.co.uk or call 0292 085 5600.

Relevant to:

C/PC

CDM

DES

Safemark registration pack

PLEASE REFER TO THE SAFEMARK GUIDANCE DOCUMENT FOR ANY FURTHER CLARIFICATION REQUIRED ON QUESTIONS IN THIS REGISTRATION PACK. EITHER COMPLETE THE FORM ONLINE, PRINT OFF AND SEND, OR PRINT OUT AND COMPLETE IN BLACK INK.

A Company type

- please tick
- A1 Limited company
- A2 Sole trader
- A3 Other (i.e. LLP)

Application for registration as:

- please tick
- A4 Contractor/developer C/PC
- A5 CDM co-ordinator CDM
- A6 Designer DES
- A7 Principal contractor C/PC

B Number of employees

- B1 Directors and management
- B2 Administration
- B3 Tradesmen and operatives (including sub-contractors and self-employed operatives)
- B4 Total number of employees

C Company details

C1 Company registration number

C2 Type of work your business undertakes

Please give brief description

C3 List membership of trade organisations

Organisation	Member no.	Expiry date
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Please include copies of membership certification

C4 Details of membership of other SSiP organisations

Organisation	Member no.	Expiry date
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Please include copies of membership certification

Declaration to be completed by a senior director of the company

As the director responsible for health and safety, I confirm that the information provided with this application pack is a true and accurate reflection of my company health and safety system. I understand that if any misleading or false information is submitted, this may result in the cancellation of my registration with Safemark.

Signed for client: _____

Full name: _____

Position in company: _____

Date: _____

1.0 Core criteria 1 & 2:

Health and safety policy organisation and arrangements

1.1 Please enclose a copy of your company's latest health and safety policy statement.

C/PC CDM DES

Enclosed? Yes No

2.1 Please enclose a copy of your company's latest health and safety arrangements, covering (where applicable) asbestos, health surveillance, work equipment, manual handling, hazardous substances, working at height, first aid, fire precautions, portable electrical equipment, etc.

C/PC CDM DES

Enclosed? Yes No

2.2 How do you communicate your health and safety arrangements to your workforce?

C/PC CDM DES

Please provide details, including evidence of briefings/inductions.

INTERNAL USE ONLY

When was the health and safety policy document last reviewed?

Date

Has the managing director or equivalent signed the health and safety policy statement?

Yes No

Does the health and safety policy say who is responsible for aspects of health and safety in the organisation?

Yes No

Are the arrangements clearly set out?

Yes No

Are the arrangements relevant to the type and size of work carried out?

Yes No

Are the duties under CDM 2007 clearly set out in the arrangements document?

Yes No

3.0 Core criteria 3: Competent health and safety advice

3.1 Do you have access to competent health and safety advice?

C/PC CDM DES

Yes No If no, continue to core criteria 4

3.2 Please include details of your health and safety advisor and their qualifications and relevant experience.

C/PC CDM DES

Please include full details, a copy of CV, qualifications, etc. If not, please explain why.

3.3 Please enclose evidence of appointment of your health and safety advisor.

C/PC CDM DES

Enclosed? Yes No

If no, please explain why not. If yes, enclose a copy of the letter or form of appointment.

3.4 Please enclose a recent example of the type of advice received.

C/PC CDM DES

Enclosed? Yes No

If no, please explain why not. Examples of advice received could include: H&S legislation updates, toolbox talks, safety alerts, newsletters.

3.5 Explain how your employees access the health and safety advisor.

C/PC CDM DES

Please provide details.

3.6 Does your health and safety advisor provide general health and safety advice?

C/PC CDM DES

Yes No

If this is not your health and safety advisor, please provide details of who provides this information. Please enclose examples of recent general H&S advice.

3.7 Does your health and safety advisor provide construction-related health and safety advice? C/PC CDM DES

Yes No

Please enclose example of recent construction-related advice.

4.0 Core criteria 4:

Health and safety training and information

4.1 Please enclose a copy or sample of your company's health and safety training records.

C/PC CDM DES

Enclosed? Yes No

If no, please explain why not. If yes, provide examples of training records/matrix or register maintained by management or HR.

4.2 Do you provide refresher training or have a continual professional development (CPD) scheme for your staff at appropriate levels in your organisation?

C/PC CDM DES

Yes No

Please provide details. NB. usually included on training records (matrix).

4.3 Do your staff, both office and site-based, receive a health and safety induction?

C/PC CDM DES

Yes No

Provide details of the induction process and evidence of attendance. E.g. signed induction register/sheet, records of employee inductions, certificates.

5.0 Core criteria 5: Individual qualifications and experience

5.1 Please enclose example copies of applicable qualifications held by key members of your staff such as:

C/PC CDM DES

- A Directors or equivalent Yes No
- B Site-based staff Yes No
- C Plant operators Yes No
- D Health and safety advisors Yes No

If no, provide details and evidence of the experience and competencies that enable them to carry out their duties.

5.2 Contractors only

A How many of your site-based staff have taken the CITB ConstructionSkills touch screen test (CSCS) or equivalent?
Evidence enclosed? Yes No

Qty % C/PC

Please provide evidence of above-mentioned training and qualifications.

B How many of your site managers/supervisors have received specific training, such as the CITB Site Management Safety Training Scheme?

Qty % C/PC

C How many of your professionally qualified staff are full members of an institution? E.g. trade-specific and NVQ certificates.

Qty % C/PC

D How many first aid trained staff do you employ?
Evidence enclosed? Yes No

Qty % C/PC

Please provide evidence of above-mentioned training and qualifications.

5.3 CDM co-ordinators only

- A** How many of your staff take the CITB ConstructionSkills touch screen test or equivalent? Qty % CDM

If none, please explain what arrangements you make for ensuring health and safety competence.

- B** How many of your staff hold formal health and safety qualifications? E.g. NEBOSH Construction Certificates. Qty % CDM

- C** How many of your professionally qualified staff are full members of an institution? Qty % CDM

If none, please explain what arrangements you make for ensuring continuing professional competence.

- D** How many of your staff carry out regular continual professional development (CPD) from either professional institution membership or supplied by yourself? NB. Usually included on company training matrix (register). Qty % CDM
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5.4 Designers only

- A** How many of your staff take the CITB ConstructionSkills touch screen test or equivalent? Qty % DES
Evidence enclosed? Yes No

- B** How many of your professionally qualified staff are full members of an institution? E.g. ICE Construction H&S Register, NEBOSH Construction Certificate, APS Design Register. Qty % DES
-

6.0 Core criteria 6:

Health and safety monitoring, audit and review

6.1 Please enclose evidence of regular monitoring of health and safety.

C/PC CDM DES

Evidence enclosed? Yes No

If you do not have this evidence as requested, please explain how you monitor health and safety in your organisation. Please enclose examples of site inspections, review of procedures, policy changes, etc.

6.2 Please enclose evidence of how often a review of your health and safety procedures takes place and by whom.

C/PC CDM DES

Evidence enclosed? Yes No

If not enclosed, please provide details below. Please provide a copy of latest review/amendment page and any associated correspondence.

6.3 Are your health and safety systems and procedures formally audited by an external body?

C/PC CDM DES

Yes No

If yes, provide details of who carried out the last audit and a copy of the latest audit report.

7.0 Core criteria 7: Workforce involvement

7.1 Please enclose details and evidence of how you consult with your workforce on health and safety matters.

C/PC CDM DES

Please explain how you consult with your workforce on health and safety matters. E.g. records of H&S meetings/committees/on-site briefings.

7.2 Do you hold regular health and safety meetings with your staff?

C/PC CDM DES

Yes No

If yes, please enclose example minutes from meetings.

Evidence enclosed? Yes No

7.3 Have safety representatives been appointed (trade union or otherwise)?

C/PC CDM DES

Yes No

If yes, please provide details.

8.0 Core criteria 8:

Accident reporting and enforcement action

- 8.1** Please provide details of any accidents that have resulted in fatalities, RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable specified injuries/over-seven-day injuries **to comply with RIDDOR 2013**, accidents, incidences of ill health and dangerous occurrences, in the last three years? Complete details below.

C/PC CDM DES

Year	Fatalities	Major injuries/'Over-three-day'	Reportable ill health	Dangerous occurrences

- 8.2** Please provide brief details of the last two accidents and their outcomes and any preventative measures implemented.

C/PC CDM DES

Accident 1

Accident 2

NB. No personal information should be included

- 8.3** Please provide details of any enforcement action taken against you in the last five years by either the Health and Safety Executive or local authority?

C/PC CDM DES

Details of enforcement action.

- 8.4** If you have completed 8.3, have the matters raised in the enforcement action been satisfactorily resolved? Yes No

C/PC CDM DES

Please provide details.

9.0 Core criteria 9: Sub-contracting/consulting procedures

9.1 A Do you use sub-contractors or consultants?

C/PC CDM DES

Yes No

B Do you assess the competence of your sub-contractors or consultants?

C/PC CDM DES

Yes No If yes, please enclose a sample of a recent contractor or consultant assessment.

Evidence enclosed? Yes No

9.2 How do you monitor contractor performance?

C/PC CDM DES

Please provide details. E.g. site inspection reports, customer satisfaction surveys.

9.3 Do you allow your contractors to appoint sub-contractors for work that they carry out for you? Yes No

C/PC CDM DES

Provide details of how you ensure that your contractors have arrangements in place for appointing competent sub-contractors and appropriate examples.

9.4 Do you carry out competency reviews on any design consultants that you appoint?

C/PC CDM DES

Yes No

Provide details of how you carry this out and a recent example of a review.

10.0 Core criteria 10: Hazard elimination and risk control

10.1 Please provide details of processes in place to ensure co-operation and co-ordination between your design team, other designers and consultants.

DES

Please provide details and relevant examples.

10.2 Please provide details of how you ensure that you meet your duties under Regulation 11 of CDM 2007.

DES

Please provide details and a recent example.

10.3 Please provide details of how risk has been reduced through design.

DES

Evidence enclosed? Yes No

Please provide details and recent evidence.

10.4 Please provide details or a copy of your process to manage changes to design.

DES

Evidence enclosed? Yes No

Please provide details and recent evidence.

11.0 Core criteria 11:

Risk assessment leading to a safe system of work

11.1 Please enclose examples of specific risk assessments relevant to the work you carry out.

C/PC

Enclosed? Yes No

Provide actual copies of risk assessments used on recent projects. If not enclosed, detail below how you identify and manage health and safety risk for your work.

11.2 Please enclose examples of any method statements/safe systems of work relevant to the work you carry out.

C/PC

Enclosed? Yes No

Provide actual copies of method statements developed and used on recent projects. If not enclosed, detail below how you ensure a safe system is carried out.

11.3 Have occupational health issues been identified with suitable control measures implemented?

C/PC

Yes No

If no, please detail how you identify and control occupational health risk and the measures taken to protect your workforce and others that may be affected. E.g. copy of recent COSHH assessment, manual handling, noise and vibration assessments.

12.0 Core criteria 12:

Co-operating with others and co-ordinating your work with other contractors

12.1 Please include details of how you co-operate and co-ordinate with others over health and safety matters.

C/PC

Please provide details and recent examples. E.g. copy of recent H&S meeting minutes/site meeting minutes, risk assessments, proactive arrangements.

12.2 Please include details of how you involve your workforce in carrying out risk assessments and method statements.

C/PC

Please provide details and recent examples. E.g. method statement, risk assessments, inductions, briefing register.

13.0 Core criteria 13:

Welfare provision

13.1 Please provide details of how you ensure that appropriate welfare facilities are provided before people start work on site.

C/PC

Please provide details and a recent example. E.g. contracts with welfare facility providers, details of welfare facilities provided on previous projects.

13.2 Does your health and safety policy include a commitment to provide welfare facilities before people start work on site?

C/PC

Yes No

If no, please provide details. If yes, provide details of where this information can be found.

14.0 Core criteria 14: CDM co-ordinator's duties

14.1 Please provide details of how you encourage co-operation, co-ordination and communication between designers over the health and safety aspects of a design.

CDM

Please provide details.

Safemark assessment checklist – full registration pack

To minimise delay in your assessment, please enclose the following attachments with your application.

All documents listed should be up to date and fully completed (blank and generic documents can not be accepted as suitable evidence). Please send copies, not original documents, as all documents will be scanned and destroyed.

Please tick against each attachment for your records.

Completed appointment form	<input type="checkbox"/>
Correct payment including VAT	<input type="checkbox"/>
Completed registration pack	<input type="checkbox"/>
Copies of membership certificate(s)	<input type="checkbox"/>
Signed and dated H&S policy statement of Intent	<input type="checkbox"/>
H&S policy organisation and responsibilities	<input type="checkbox"/>
H&S policy arrangements	<input type="checkbox"/>
Example risk assessments (please send copies of job-specific assessments, not generic documents)	<input type="checkbox"/>
Example method statements (please send copies of job-specific assessments, not generic documents)	<input type="checkbox"/>
Example COSHH, manual handling, noise & vibration assessments (please send copies of job-specific assessments, not generic documents)	<input type="checkbox"/>
Evidence of appointment of qualifications of competent H&S advice	<input type="checkbox"/>
Examples of advice given	<input type="checkbox"/>
Company training records/matrix/register	<input type="checkbox"/>
Induction/briefing sheet examples, tool box table registers	<input type="checkbox"/>
Examples of qualifications, e.g. CSCS, S/NVQ, NEBOSH, CITB site management, first aid certificates	<input type="checkbox"/>
Examples of site inspection reports, policy review documents	<input type="checkbox"/>
H&S audit reports	<input type="checkbox"/>
Example records of H&S meetings/committee minutes	<input type="checkbox"/>
Accident reports and enforcement details if applicable	<input type="checkbox"/>
Sub-contractor assessment procedure and assessment forms	<input type="checkbox"/>
Welfare facilities details, etc.	<input type="checkbox"/>

Have you remembered to sign and date the appointment form and registration pack?

Once you have completed the appointment form, please return to Safemark Scheme, Santia House, Parc Nantgarw, Cardiff CF15 7QX, email nhbc.accreditation@santia.co.uk, or call 0292 085 5600.