

## SAFETY AND ENVIRONMENT QUESTIONNAIRE WA3589

|  |                                |
|--|--------------------------------|
| <b>NAME OF COMPANY</b>   | <b>COMPANY REGISTRATION NO</b> |
|  |                                |
| <b>COMPANY ADDRESS:</b>  | <b>TELEPHONE NO:</b>           |
|  | <b>FAX NO:</b>                 |
|  | <b>EMAIL:</b>                  |
| <b>POST CODE:</b>  | <b>WEBSITE:</b>                |
| <b>NAME OF PARENT COMPANY (If applicable):</b>   |                                |
| <b>SCOPE OF WORK:</b>  |                                |
|  |                                |
| <b>FREQUENCY OF WORK ON AGUSTAWESTLAND LTD SITE:</b>   |                                |
| <b>NUMBER OF PERSONNEL EMPLOYED:</b>   |                                |
| <b>NUMBER TO BE EMPLOYED ON AGUSTAWESTLAND LTD SITE:</b>   |                                |
| <b>SUBMISSION DETAILS</b>  |                                |
| <b>IS THIS AN INITIAL SUBMISSION?      YES <input type="checkbox"/>      NO <input type="checkbox"/></b>                     |                                |
| <b>COMPLETED/SUBMITTED BY (Name):</b>  |                                |
| <b>POSITION:</b>   |                                |
| <b>CONTACT DETAILS (Phone, Mobile, Fax, Email):</b>  |                                |
|  |                                |
| <b>TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS A TRUE AND ACCURATE REPRESENTATION OF THE ABOVE NAMED COMPANY</b> |                                |
| <b>SIGNATURE:</b>  | <b>DATE:</b>                   |
|  |                                |

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### IMPORTANT NOTES

All contractors working for AgustaWestland Ltd must complete and sign this questionnaire as part of the conditions for working on site. Your submission should include supporting information and examples as indicated throughout the form. You must also include the signed 'WA1918 Conditions to Work on Site' as indicated on the form. Failure to provide information may have an impact on your submission resulting in your company not achieving approved contractor status.

Should your company use sub-contractors then they must also complete and sign both documents (WA1918 and WA3589). It is in your interest that all personnel who are required to work on site including sub contractors have completed the security clearance procedures, as personnel will be refused entry if they are not authorised and /or if your company is not on the approved contractor list. AgustaWestland Ltd cannot be held responsible for work that is delayed, or cancelled, for these reasons.

Companies carrying out physical work on site i.e. work on buildings, plant, equipment or infrastructure, must ensure all personnel who are required to undertake such work are suitably trained in Health, Safety & Environmental matters. Attendance on a recognised passport course such as CITB, ECITB, GWINTO etc is normally acceptable however, for organisations who do not participate in these schemes a one-day course is available on site. Up to date passports are to be carried whilst on site, they normally last 3 years from date of completing the course.

In addition to the above requirements all personnel are to attend AgustaWestland Ltd induction training prior to working on site for the first time. Induction training can be organised by contacting the Safety & Environmental Department 01935 705785. A minimum of 48 hours notice is normally required.

| Submission Checklist                        | Check | AWL use |
|---|-------|---------|
| H & S Policy Statement                      |       |         |
| Insurance Certificates (in date)            |       |         |
| Sample Risk Assessment and Method Statement |       |         |
| Index to Safety Manual (or similar)         |       |         |
| Signature – Questionnaire                   |       |         |
| Signature – WA1918 (signature page only)    |       |         |
| <b>If applicable</b>                        |       |         |
| Management System Accreditations            |       |         |
| Licences Held                               |       |         |
| CDM Capability                              |       |         |
| Training Records                            |       |         |
| Details of Enforcement Action               |       |         |
| <b>Indicate other attachments</b>           |       |         |
|   |       |         |
|   |       |         |
| <b>List of Sub Contractors</b>              |       |         |
|   |       |         |
|   |       |         |
|   |       |         |

|               |        |
|---------------|--------|
| AWL Use       |        |
| Date received |        |
| Date checked  | By who |

| <b>SECTION A – Health, Safety &amp; Environment Policy</b>  |                 |           |
|---|-----------------|-----------|
| <b>1. Company Policies</b>  | <b>YES</b>      | <b>NO</b> |
| a. Does your company have a Health & Safety Policy?<br><i>If YES provide a copy</i>   |                 |           |
| b. Does your company have an Environmental policy?<br><i>If YES provide a copy</i>  |                 |           |
| c. Who has overall and final responsibility for Health, Safety & Environmental matters?<br>(Normally the Managing Director)   |                 |           |
| <b>Name</b>   | <b>Position</b> |           |
| d. Who is the most senior person in your organisation responsible for policy delivery on sites where your employees work?   |                 |           |
| <b>Name</b>   | <b>Position</b> |           |
| <b>2. Availability of Policy Statements to Employees</b>  |                 |           |
| a. List the methods you use to communicate your policies to your employees  |                 |           |
|   |                 |           |
| b. How do you communicate changes of the policy to your employees?  |                 |           |
|   |                 |           |
| <b>3. Arrangements (Company Manuals)</b>  | <b>YES</b>      | <b>NO</b> |
| a. Do you have a Company Safety Manual with relevant sections on health & safety, which describes in detail your site working practices?<br><i>If YES please attach a copy of supporting documentation such as an index to the manual</i> |                 |           |
| b. Does the above manual include any references to procedures relating to environmental issues?   |                 |           |
| c. Are your management systems accredited e.g. ISO 14001, OSHAS 18001?<br><i>If yes provide evidence</i>  |                 |           |
| <b>4. Assessment of Suitability of Sub Contractors</b>  |                 |           |
| <i>Provide a list of sub-contractors who are likely to work on AgustaWestland Ltd contracts on your behalf</i>  |                 |           |
| How does your company assess sub contractors and suppliers in terms of their:   |                 |           |
| a. Health, Safety and Environmental Competence  |                 |           |
|   |                 |           |
| b. Health, Safety and Environmental Performance   |                 |           |
|   |                 |           |

| <b>SECTION B – Management and Supervision of Work Activities.</b>   |            |           |
|---|------------|-----------|
| a. What arrangements does your Company have for the supervision and monitoring of health and safety on sites and other locations where your employees are working?  |            |           |
|   |            |           |
| b. What arrangements does your Company have for communicating the results of this monitoring to your site employees?  |            |           |
|   |            |           |
| c. How do you ensure that the working practices and procedures used by your employees on site are consistently in accordance with your Health, Safety & Environmental Policy objectives and arrangements?   |            |           |
|   |            |           |
| d. Does your organisation have experience of acting as a CDM Principal contractor, Designer, or Planning Supervisor?<br><br><i>If YES provide supporting information on qualifications, resources and references</i>                                | <b>YES</b> | <b>NO</b> |
| <b>SECTION C – Training (General and Specialised)</b>   |            |           |
| <b>5. Training of Managers / Supervisors / Senior Staff</b>   | <b>YES</b> | <b>NO</b> |
| Have Managers and Supervisors who will plan, monitor, oversee and carry out work on AgustaWestland Ltd contracts received formal Health, Safety and Environmental training?<br><br><i>If yes please provide details</i>                             |            |           |
|   |            |           |
| <b>6. General Safety and Environmental Training</b>   |            |           |
| a. What arrangements does your Company have to ensure new employees have knowledge of basic industrial safety and environmental issues?   |            |           |
|   |            |           |
| b. What arrangements does your Company have to ensure new employees have been instructed and have received information on any specific hazards arising out of the nature of your activities? (If training is provided in house please give details) |            |           |
|   |            |           |
| c. Have you identified areas of your Company's operations where specialised training is required to deal with potential dangers?<br><br><i>If yes, please itemise and provide details of training given.</i>  | <b>YES</b> | <b>NO</b> |
|   |            |           |

|  |            |           |
|--|------------|-----------|
| <b>7. Health Surveillance</b>  |            |           |
| How do you monitor the health of your employees? This is particularly important where exposure to noise, vibration, asbestos, hazardous materials and radiation is associated with your activities.  |            |           |
|  |            |           |
| <b>SECTION D – Equipment Control and Maintenance</b>   |            |           |
| <b>8. Equipment Control and Maintenance</b>  |            |           |
| How do you ensure that plant and equipment used on-site by your employees is correctly registered, controlled and maintained in a safe working condition?  |            |           |
|  |            |           |
| Does your Company have any safety arrangements, systems of work, or monitoring not described elsewhere in any part of your response?   |            |           |
|  |            |           |
| <b>SECTION E – Personal Protective Equipment</b>   |            |           |
| <b>9. Personal Protective Equipment</b>  |            |           |
| What arrangements does your Company have for provision and upkeep of protective clothing and equipment?  |            |           |
|  |            |           |
| <b>SECTION F – Incident/Accidents/Injuries Records and Data</b>  |            |           |
| <b>10. Statutory Notifiable Accidents/Dangerous Occurrences</b>  | <b>YES</b> | <b>NO</b> |
| Has your Company suffered any Statutory Notifiable Accidents or Dangerous Occurrences (as defined under RIDDOR 1995 requirements) within the past three years?<br><br><i>If YES provide details including dates, most frequent types, causes and follow-up preventative measures taken</i> |            |           |
|  |            |           |
| <b>11. Improvement and Prohibition Notices</b>   | <b>YES</b> | <b>NO</b> |
| Have you been served an Improvement Notice or Prohibition Notice by the Health & Safety Executive, or other Enforcing Authority or been prosecuted under any Safety Legislation within the past five years?<br><br><i>If YES, please give details</i>                                      |            |           |
|  |            |           |

| <b>12. Safety and Environment Performance Records</b>   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| Do you maintain records of your incident/accident and Safety and Environmental performance?<br><br><i>If YES, please give details</i>   |            |           |
| <b>13. Communication of Safety/Investigation Information</b>  |            |           |
| How are the findings of an investigation, or a relevant incident occurring elsewhere, communicated to your employees?   |            |           |
| <b>SECTION G – Progressive Safety Management</b>  |            |           |
| <b>14. Membership of Associations</b>   | <b>YES</b> | <b>NO</b> |
| Does your Company hold Membership of any Industry, Trade or Safety Organisation?<br><br><i>If YES, please give details Organisation, Registration No etc</i>  |            |           |
| <b>15. Safety Achievement Awards</b>  |            |           |
| Has your Company received any award for safety performance achievement?<br><br><i>If YES, please give details By Who, When etc</i>  |            |           |
| <b>SECTION H – Competence</b>   |            |           |
| <b>16. Competent Health Safety and Environmental Advice</b>   | <b>YES</b> | <b>NO</b> |
| a. Does your Company employ any staff who possess formal Health Safety and Environmental qualifications?<br><br><i>If YES, please give details Name, Member of Organisation i.e. IOSH, Membership No, Grade of Membership</i> |            |           |
|   |            |           |
| b. Does your Company obtain health, safety and environmental advice from an external supplier?  |            |           |
| <b>SECTION I – Insurance</b>  |            |           |
| <b>17. Insurance</b>  |            |           |
| How much employer's liability cover do you have £.....  |            |           |
| How much third party liability Insurance cover do you have £.....   |            |           |
| <i>Please provide copies of the Insurance Certificates.</i>   |            |           |

| <b>SECTION J – Risk Management</b>   |            |           |
|--|------------|-----------|
| <b>18. Risk Assessment</b>   | <b>YES</b> | <b>NO</b> |
| a. Are risk assessments of your activities carried out and recorded?                   |            |           |
| If YES, who carries them out Name .....  |            |           |
| <i>Please include an example.</i>  |            |           |
| b. Do you prepare method statements (Safe Systems of Work) to support your activities? |            |           |
| <i>Please include an example.</i>  |            |           |
| <b>SECTION K – Control of Substances Hazardous to Health (COSHH)</b>                   |            |           |
| <b>19. Hazardous Substances</b>  | <b>YES</b> | <b>NO</b> |
| a. Do you maintain a list of your hazardous substances?                                |            |           |
| b. Do you have Manufacturers Safety Data Sheets for all hazardous substances?          |            |           |
| c. Are COSHH assessments carried out and periodically reviewed?                        |            |           |
| If YES to C above who carries them out? .....  |            |           |
| <i>Please provide a <u>recent</u> example and any related information</i>              |            |           |
| d. Do you have a health surveillance programme?  |            |           |
| Please provide details of your OH provider? .....                                      |            |           |

**When completed please return to:**

**SAFETY & ENVIRONMENT DEPARTMENT  
 Box 21  
 AGUSTAWESTLAND LIMITED  
 LYSANDER ROAD  
 YEOVIL  
 SOMERSET BA20 2YB**