

Health and safety product

- Work Categories:** **Medical, Pharmaceutical & Laboratory Equipment** , Controlled Environments (e.g. Clean Rooms)
Principal Contractor, Principal Contractor
Refurbishment, Partitioning & Suspended Ceilings
- Industry Roles:** Construction Contractor, Non-Construction Contractor, Principal Contractor
Inhalation of Dust, Fibres and Fumes, Ladders / Step Ladders, Selection & Control of Subcontractors, Tower Scaffolds, Working at Height, Working on Services, Systems, or Equipment Requiring Isolation, Working with Chemicals and Hazardous substances

Questions

Section: Health and safety

Sub Section: Health and safety management

- Q. Please confirm the number of direct employees employed by the company.
A. 16
- Q. Please confirm how many labour only employees the company has used within the last 12 months.
A. 0
- Q. Please provide your full health and safety policy. This should be signed and dated within the last 12 months.
A. H&S Policy - 2020.pdf
H&S Policy 2021 - Signed.pdf
HS Policy 2021-22.pdf
- Q. Please provide Name & Role of the person responsible for H&S within the company.
A. Name: Conor Barwise. Position: Operations Director, 14 years experience.
- Q. Do you use the services of a health and safety consultancy to support your organisation with your H&S
A. No
- Q. Please provide evidence of their health and safety qualifications or relevant experience.
A. Conor Barwise - SMSTS.pdf
Michael Burton - SMSTS.pdf
- Q. Please provide a brief explanation of the advice given to you by this person or organisation within the last 12
A. Day to day health and safety advice for the company.
- Q. Please provide evidence that you have discussed health and safety with your employees within the last 12 months.
A. POWSA OI 29621.pdf
TBT2 WhatsApp Image 2021-06-30 at 11.40.59.jpeg
TBT1 WhatsApp Image 2021-06-30 at 11.41.08.jpeg
35974 - Toolbox Talk - 041021.pdf
Re_ Health and Safety Assessment Feedback.msg
- Q. Please provide evidence of site inspections/audits dated within the last 12 months.

Section: Health and safety

Sub Section: Health and safety management

- A. OI Weekly check P3.pdf
OI Weekly check P1.pdf
OI Weekly check P2.pdf
SIW1P1.jpg
SIW1P2.jpg
SIW1P3.jpg
SIW2P1.jpg
SIW2P3.jpg
SIW2P2.jpg
SIW3P1.jpg
SIW3P2.jpg
SIW3P3.jpg
POWSA OI 29621.pdf
- Q. Please provide your work equipment maintenance records for the last 12 months.
- A. PPE Issue Log.xlsx
Work Equipment Checklist - Drill - 090821.docx
Work Equipment Checklist - Impact - 090821.docx
Work Equipment Checklist - Jigsaw - 170720.docx
Work Equipment Checklist - Multitool - 090821.docx
Work Equipment Checklist - Shears - 090821.docx
Work Equipment Checklist - Skillsaw - 090821.docx
Invoices 2334 PAS0452.pdf
Work Equipment Checklist - Drill - 251021.pdf
Work Equipment Checklist - Shears - 251021.pdf
Work Equipment Checklist - Multitool - 251021.pdf
Work Equipment Checklist - Skillsaw - 251021.pdf
Work Equipment Checklist - Jigsaw - 251021.pdf
Work Equipment Checklist - RPE - 251021.pdf
Work Equipment Checklist - Fall arrest - 251021.pdf
- Q. Please provide an explanation of how you discuss health and safety issues with clients, contractors or other trades before starting work.
- A. Pre-start meetings, progress meetings, tool box talks, company days.
- Q. Please provide copies of site specific risk assessments and method statements (RAMS) dated within the last 12 months for each of the following work categories: Medical, Pharmaceutical & Laboratory Equipment , Principal
- A. HAS019 - COVID 19 Policy.pdf
HAS020 - COVID-19 - Risk Assessment Signed.PDF
RAMS - Biopharma- 35832 - 001.pdf
RAMS - OI - 35976 - 003.pdf
- Q. Please provide evidence of your procedures in place for managing COVID-19 or evidence of a recently completed risk assessment that identifies and suitably controls the risk of COVID-19 exposure.
- A. HAS019 - COVID 19 Policy.pdf
HAS020 - COVID-19 - Risk Assessment .pdf

Section: Health and safety

Sub Section: Health and safety management

- Q. Do you have a drug and alcohol policy?
A. Yes
- Q. Please provide a copy of your Drug and Alcohol Policy
A. GUA049- Employee Handbook (7) (1).pdf
- Q. Does your organisation hold membership of any fleet operations operations / management scheme e.g. FORS
A. No

Sub Section: Enforcement action and accidents

- Q. Has your company name changed within the last 5 years?
A. No
- Q. Please confirm if you have received any form of enforcement action from the Health and Safety Executive (HSE) in the last 5 years.
A. No
- Q. How many of the following accidents and incidents of work-related ill-health have occurred in the past 3 years?

Year	Minor injuries	Reportable	Fatalities	Work Related Ill Health
2021	0	0	0	0
2020	0	0	0	0
2018	0	0	0	0

Sub Section: Qualifications and training

- Q. Please provide evidence of Asbestos Awareness training that has been completed within the previous 24 months.
A. Asbestos Awareness.pdf
Asbestos Awareness Certificate - Michael Burton.jpg
Asbestos Awareness Certificate - Connor Westbrook.jpg
- Q. Please provide examples of in-date SMSTS certificates or equivalent training for site managers.
A. Conor Barwise - SMSTS.pdf
Michael Burton - SMSTS.pdf
Michael Burton - SMSTS.pdf
- Q. Please provide examples of the trade specific or academic qualifications held by your employees for the work categories selected: Medical, Pharmaceutical & Laboratory Equipment , Principal Contractor, Refurbishment
A. Training Certificates - Project Management.pdf
Arran Williams BSc Cert.pdf
- Q. Please provide a copy of your current training matrix or a list of employees.
A. GT-SOP-GN-001_ANNEXURE_3_AD003_Training and Development Matrix (1).xlsx
Employee List.xlsx
- Q. Please provide examples of training/refresher training undertaken in the last 12 months.
A. C Barwise - ILM Level 5 - Certificate.pdf
C Westbrook H&S (1).jpg
M Burton H&S (1).jpg
Michael Burton - SMSTS.pdf
35974 - Toolbox Talk - 041021.pdf

Sub Section: Qualifications and training

- Q. In the box below please outline the approximated number of your construction based workforce whom hold a CSCS or CSCS partnership Card - If no cards are held please provide a brief explanation why it has been deemed not applicable to your business.
- A. 17

Sub Section: Selection and control of contractors

- Q. Please confirm the number of other companies you use as subcontractors.
- A. 20
- Q. Please provide a completed example of a subcontractor health and safety assessment that has been carried out in the last 12 months.
- A. CRS-RAMS-090.doc
bio-pharma-packaging.pdf
Air Conditioning-Installation- Risk Assessment (Mega Lab Heathrow).pdf
Rena Clinic - Risk Assessment_.pdf
Rena Clinic - Method Statement_.pdf
P002 - Contractor Approval Form.pdf
- Q. Please provide evidence of how subcontractors are monitored whilst on site. This evidence should be dated within the last 12 months.
- A. OI SI cw.jpg
OI SI mn.jpg
OI SI LS.jpg
MS Sign.jpg
OI TBT2.jpg
OI TBT.jpg
TBT Sign.jpg
Construction Site Inspection Record Rena 011121.pdf
- Q. If your subcontractors are allowed to use other contractors to complete work on your projects, please explain how you monitor and manage these arrangements.
- A. Our sub-contractors rarely use sub-contractors but on the occasions they do we will always request specific RAMS for their work and everyone will be inducted in the same way. Only sub-contractors that have successfully completed a P002 form/assessment for GT will be permitted to use their own sub-contractors. We acknowledge that Document P002 does not currently state subcontractors that use subcontractors are to be assessed, however we will amend

Sub Section: Industry specific health and safety requirements

- Q. PASMA or equivalent certificates for erecting Tower Scaffolds
- A. PASMA Tower certs - M Burton & D Vickers.pdf
PASMA Tower certs - M Burton & D Vickers.pdf
- Q. Isolation procedures for work on electrical systems or mechanical plant or equipment etc.
- A. Method statement SC.docx
- Q. Precautions for the safe use of ladders / step ladders
- A. Method statement SC.docx
Ladder_safety Sept 2017.pdf

Sub Section: Industry specific health and safety requirements

- Q. Precautions for the safe erection and use of tower scaffolds
- A. PASMA Tower certs - M Burton & D Vickers.pdf
Method statement SC 21-22.pdf
Mobile Scaffold Tower Inspection Sheet.pdf
- Q. Please provide a completed copy of a Construction Phase Health and Safety Plan for a project undertaken within the last 12 months.
- A. 35976 - HAS001_Construction Phase Health and Safety Plan - 002.pdf
- Q. Examples of RPE maintenance / issue records dated within the last 12 months.
- A. RPE Invoice.pdf
Respiratory Protective Equipment Checklist - P2 Half Mask - 021121.pdf
PPE Inspection AW 021121.docx
- Q. Please provide examples of completed COSHH Assessments for the chemicals or hazardous substances used by
- A. COSHH - Silirub Cleanroom.pdf
COSHH - Everbuild Firemate.pdf
HAS035_HSSI_COSSH Assessment Form_Dow Corning 798 (1).pdf
HAS038_HSSI_COSSH Assessment Form_Delta_RFU_Micronclean.pdf
HAS035_HSSI_COSSH Assessment Form_Dow Corning 798.pdf
COSHH Assessment - 200921.pdf

Section: Insurances

- Q. Do you hold Employers Liability Insurance?
- A. Yes
- Q. Employers Liability Insurance Expiry Date
- A. 31/10/2022
- Q. Employers Liability Insurance Cover Amount
- A. £10000000
- Q. Do you hold Public Liability Insurance?
- A. Yes
- Q. Public Liability Insurance Expiry Date
- A. 31/10/2022
- Q. Public Liability Insurance Cover Amount
- A. £5000000
- Q. Do you hold Product Liability Insurance?
- A. Yes
- Q. Product Liability Insurance Expiry Date
- A. 31/10/2022
- Q. Product Liability Insurance Cover Amount
- A. £5000000

Q. Do you work at Airports?

A. No

Q. Please upload your current insurance schedule / summary of cover

A. TWIMC Letter 2020-21.pdf

TWIMC Letter.pdf

Accredited