



THE PONY CLUB CONTRACTORS ASSESSMENT

Contractor _____

Contact Name _____ Position _____

Address _____ Telephone _____

_____ Fax _____

		Please tick if available Copies and/or evidence may be requested.		
1	Health and Safety Policy available (Companies with 5 or more employees only)			
	Public Liability and Employers' Liability Insurance Policy Certificate			
2	Competence certificates available			
3	Risk assessments available			
	Risk assessments carried out for contract works			
	COSHH assessments carried out for contract works			
	Manual Handling assessments carried out for contract works			
	Noise assessments carried out for contract works			
4	Personal Protective Equipment (PPE)			
	Staff provided with PPE identified as necessary in risk assessments			
	Staff trained in use of PPE as appropriate			
5	Child Protection			
	Name	CRB Disclosure Completed	Self Disclosure	
			Prepared to Sign	Signed & returned

Signed _____ Position _____

Please print name _____ Date _____
