**Ports of Jersey Contractor Authorisation Assessment Form**

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| **CONTRACTOR DETAILS** | | | | |
| CONTRACTOR BUSINESS NAME |  | | | |
| Contact Name |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone & Mobile Number |  | Fax Number |  | |
| Email Address |  | | | |
| Number of Employees including Directors |  | | | |
| Last Work Date |  | Status - Complete? |  | |
| Details Of Last Work and Contractor Sponsor for PoJ |  | | | |
| Additional Information (if applicable) |  | | | |
| Whom in your Company is responsible for Health and Safety? |  | Contact No. |  | |
| **EMPLOYER LIABILITY INSURANCE** | | | | |
| Does your company have Employer Liability Insurance? |  | Have you attached a copy with this certificate? | |  |
| Employer Liability Limit Of Indemnity |  | Employer Liability Expiry Date | |  |
| **PUBLIC LIABILITY INSURANCE** | | | | |
| Does your company have Public Liability Insurance? |  | Have you attached a copy with this certificate? | |  |
| Public Liability Limit Of Indemnity |  | Public Liability Expiry Date | |  |
| **PROFESSIONAL INDEMNITY INSURANCE** | | | | |
| Does your company have Professional Indemnity Insurance? |  | Have you attached a copy with this certificate? | |  |
| Professional Indemnity Insurance Limit Of Indemnity |  | PI Insurance Expiry Date | |  |
| **Please forward copies of your new certificates as they are renewed to** [engineeringhelpdesk@ports.je](mailto:engineeringhelpdesk@ports.je) | | | | |

Please complete the following sections and supply relevant information as requested. On completion please return to your Contractor Sponsor.

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| --- | --- | --- | --- | --- |
| **HEALTH AND SAFETY** | | | | |
| Please provide a copy of your Company Health and Safety Policy Statement and, if applicable, the index of your health and safety procedures manual.  Copy Attached? | | | |  |
| Provide details of trade/professional organisations of which your company is accredited by or is a full member of: |  | | | |
| Provide details of licences or certificates held for specific types of work, e.g. asbestos, vessel registration. Attach copies if applicable: |  | | | |
| Provide summary details of skills training for employees, which are specifically relevant to your work for the PoJ. Attach example certificates: |  | | | |
| Does your organisation intend to use sub-contractors for PoJ work?  If “Yes”, give detail of the work undertaken by sub-contractors, your arrangements for assessing the competence of sub-contractors used and for monitoring their on-going health and safety performance: |  | | | |
| Does your organisation intend to use casual labour or temporary staff for PoJ Work?  If “Yes”, give detail of the work undertaken by these staff, your arrangements for ensuring their competence and for monitoring their on-going health and safety performance: |  | | | |
| Has your organisation been issued with any enforcement notices or formal proceedings by HSI in the last 3 years?  *If ‘Yes’, please provide the details of what occurred:* |  | | | |
|  | | | | |
| **WORK ACTIVITY SPECIFIC RISK ASSESSMENTS AND METHOD STATEMENTS (CURRENT AND/OR PROPOSED WORK ACTIVITIES)** | | | | |
| Provide documented a **Risk Assessment** specific to the work activity you are carrying out for Ports of Jersey, considering the task, equipment, location, environment and competence of employees, etc. Is a Copy attached? | | |  | |
| Provide documented a **Method Statement** specific to the work activity you are carrying out for Ports of Jersey, explaining the safety arrangements you will use to control, as far as practicable, the risks identified. Is a Copy attached? | | |  | |
| What is the intended frequency of the work activity you are requesting authorisation for? (One Off, Monthly, Weekly for example) | |  | | |

***Insert Business Name***

**………………………………………. agree to ensure that all our employees engaged in working with Ports of Jersey are fully conversant with the contents of, and agree to abide by the requirements of, the Ports of Jersey Contractor Information Guide and any further specific instructions from Ports of Jersey.**

**Signed: Position in Company:**

**Printed: Date:**