



HygienaClad
55 Atherton Road
Clayhall, Ilford
Essex
IG5 0PQ

Please print this page and fit in a DL window envelope along with the completed Contractor Questionnaire.

This questionnaire is designed for contractors who already are skilled floor layers or Wall / Ceiling cladding contractors. If you do not fall in any of the above categories then please complete our online application form.

Portable Appliance testing (PAT)

All equipment taken onto site must be 110V and all equipment must have current PAT testing and covered by certification by a UK recognised body. Please complete the tables below for all equipment used onsite.

Equipment List

Equipment	Date PAT Tested	Date due to be retested	Covered by Certificate
Jigsaw			Yes / No
Battery Charger			Yes / No
Router / Trimmer			Yes / No
Drill			Yes / No
Mixer			Yes / No
Plunge Saw			Yes / No
Multimaster or equivalent			Yes / No
Hoover / extraction			Yes / No
Line bender			Yes / No
Transformer			Yes / No
110V leads			Yes / No

For all other equipment not listed above please complete below;

Equipment	Date PAT Tested	Date due to be retested	Covered by Certificate

PAT Certificate by:	Date issued	Date Expires	Issue no.

Personal Protective Equipment PPE & Accident records

All PPE must be in good condition and clean, they must not be logoed with any other company name. Please complete the tables below for all PPE equipment used onsite.

PPE Equipment

Equipment	Possess
High Visibility vest	Yes / No
High Visibility jacket	Yes / No
Steel Toecap trainers	Yes / No
Steel Toecap boots	Yes / No
Safety Glasses	Yes / No
Nitrol Gloves (General working)	Yes / No
Latex Gloves (Mixing glue)	Yes / No
Ear Defenders	Yes / No
Respiratory equipment (Mixing Glue)	Yes / No

For all other equipment not listed above please complete below;

Equipment	Possess

Accident Records

Please List all accidents that have occurred onsite in the last 2 years;

Accident details	Was this reported to site supervisor	Was hospitalisation required	Date occurred

Do you have an accident record book? Yes / No

Training & Experience

All training that has been achieved that is relevant to the sections below must be able to be supported by the appropriate evidence.

Health & Safety Training

Training undertaken	Type	Date Undertaken	Evidence
First Aid Training			
Asbestos Awareness Training (UKATA course)			
Manual Handling Training			
Working at Height			
SMSTS			
IOSH			
For training not listed above please complete below;			
Training undertaken	Type	Date Undertaken	Evidence

Experience

Please List all companies that you have worked for that installed hygienic wall cladding and the amount of time that you have been self-employed.

Company	Position	Length of services (months –years)	Evidence