



THE IRISH PONY CLUB CONTRACTORS (CATERER/STALL HOLDERS) 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 (i.e. chain saw handling, post driver, hygiene cert. available)	
3	Risk assessments available	
	Risk assessments carried out for contract works	
	Fire extinguishers checked	
	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	

Signed _____ Position _____
 Please print _____ Date _____
 name _____