

**Prequalification Questionnaire**

Section C

Rail Competencies



Contents

C1 Rail Competencies

Please complete all sections of this document and return it to :

STORY CONTRACTING LIMITED

Burgh Road Industrial Estate, Carlisle, Cumbria CA2 7NA

t: 07834 739543

e: nick.hughes@storycontracting.com

wherever possible, please submit this questionnaire by email.

Failure to complete all fields within this questionnaire **together with any requested documentary evidence** will result in an automatic rejection. If you require any help in completing the fields please contact \_\_\_\_\_\_\_\_\_\_\_\_

Rail Competencies

**RISQS**

|  |  |  |
| --- | --- | --- |
| **Does your organisation currently have ‘RISQS’ accreditation?**I*f YES, please provide a copy of your Registration Certificate, your RISQS engage Audit Certificate and Product Code Summary* | [ ]  **Yes** | [ ]  **No** |
| **Have you been Audited by RISQS in the last 12 months?** *If YESs, please provide a copy of your RISQS Engage Audit Certificate*  | [ ]  **Yes** | [ ]  **No** |
| **RISQS Registration Number** |  |

**Network Rail Principle Contract License and/or Plant Operating Scheme**

|  |  |  |
| --- | --- | --- |
| **Does your company hold a Principle Contract License?** | [ ]  **Yes** | [ ]  **No** |
| **Does your company hold a Plant Operating Scheme License?** | [ ]  **Yes** | [ ]  **No** |
| *If YES, please provide copy of the license/s* |

**Competence and Training**

|  |  |  |
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| **Does your company have any trained staff in the following competencies for work on the railway infrastructure?** | [ ]  **Yes** | [ ]  **No** |
| ***If yes please confirm the quantity trained?*** | ***QTY*** | *Please add any extra rail competencies your company hold that are not listed*  | ***QTY*** |
| (PTS) - Personal Track Safety |  | (MC) - Machine Controller |  |
| (COSS) - Control of Site Safety |  | *(CC) – Crane Controller* |  |
| (IWA) - Individual Working Alone |  |  |  |
| (LO) - Lookout/Site Warden |  |  |  |
| (PC) - Protection Controller |  |  |  |
| (ES) - Engineering Supervisor |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Are all your staff primary sponsored by the organisation for the Sentinel Scheme** | [ ]  **Yes** | [ ]  **No** |
| *If NO please confirm the quantity Sponsored?* |
| **Number of Primary** |  | **Number of Secondary** |  |

|  |  |  |
| --- | --- | --- |
| **Have your company employees been issued with the appropriate current modules form the Rule Book, GE/RT8000 and a record of issue is maintained?** | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.* |

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| **Please provide details and procedures your company has in place for Controlled Hours Worked by Safety Critical Staff** |
| *Please provide supporting detail/documentation.* |

|  |  |  |
| --- | --- | --- |
| **Has your organisation have policy and procedures in place for safe working, allowing an employee to cease work (without recrimination) if the individual feels that safety is being compromised?** | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.* |  |  |

|  |  |  |
| --- | --- | --- |
| **Has your organisation have policy and procedures in place for safe working, allowing an employee to cease work (without recrimination) if the individual feels that safety is being compromised?** | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.* |  |  |

**Product Codes**

|  |  |  |
| --- | --- | --- |
| **Do you hold any approvals for any of the products you supply?**  | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.**Please include any RISQS Codes/ UK Rail Industry Certification*  |
| **Do you have any approvals from any other clients?** | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.* |
| **Do you have approvals from any third party, e.g. BSI, Government depts. Technical Associations?** | **☐ Yes** | **☐ No** |
| *If YES, please provide supporting detail/documentation.* |

**Previous Rail Experience**

Please provide details of previous work carried out on Network Rail/ LUL/ Other Rail contracts. Story Contracting reserves the right to contact the companies for reference.

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| --- | --- | --- | --- |
| **Client** |  | **Contract Title** |  |
| **Contact Name** |  | **Position**  |  |
| **Description of Contract** |  |
| **Role within Contract** |  |
| **Date of Commencement**  |  | **Date of Completion**  |  |
| **Value of Contract** |  |

|  |  |  |  |
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