



NAME _____

NUMBER OF YEARS
INDUSTRY EXPERIENCE _____

DISCIPLINE _____

JOB TITLE/ POSITION _____

EDUCATION/QUALIFICATIONS

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NOTES TO BE READ BEFORE COMPLETING THE QUESTIONNAIRE

- 1) THE QUESTIONNAIRE CAN BE COMPLETED WITH REFERENCE MATERIAL AND THE ACOP.

- 2) CDM 2007 REQUIRES ALL DESIGN ORGANIZATIONS TO DEMONSTRATE COMPETENCE BEFORE APPOINTMENT. SIMILARLY, ALL INDIVIDUAL DESIGNERS NEED TO BE COMPETENT TO PRODUCE SAFE DESIGNS. THIS QUESTIONNAIRE LOOKS AT THE KNOWLEDGE AND EXPERIENCE OF INDIVIDUAL DESIGNERS IN ORDER TO MAINTAIN THE COMPETENCE OF ORGANIZATIONS.

- 3) ALTHOUGH PART A OF THE QUESTIONNAIRE IS MARKED, THE FOCUS OF THE QUESTIONNAIRE IS TO ESTABLISH TRAINING NEEDS IN ORDER TO ACHIEVE/MAINTAIN INDIVIDUAL COMPETENCE.

- 4) PART B OF THE QUESTIONNAIRE IS NOT MARKED AS IT DEPENDS ON THE PRACTICES OF YOUR EMPLOYER AND THOSE YOUR EMPLOYER WORKS FOR. HOWEVER, THOSE PRACTICES MAY LEAVE YOU SHORT OF DESIRABLE EXPERIENCE, WHICH THIS QUESTIONNAIRE SEEKS TO IDENTIFY SO THAT TRAINING MAY BE DEvised TO ADDRESS THE DEFICIT.



PART A CDM 2007 REGULATIONS

1. WHICH OF THE FOLLOWING HAVE ANY RESPONSIBILITY FOR ENSURING THE CLIENT IS AWARE OF HIS DUTIES UNDER CDM? PLEASE TICK THE APPROPRIATE BOX(ES)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> CONTRACTORS | <input type="checkbox"/> THE CDM CO-ORDINATOR |
| <input type="checkbox"/> DESIGNER | <input type="checkbox"/> THE HSE |

2. WHO HAS RESPONSIBILITY FOR CO-ORDINATING AND EXCHANGING INFORMATION BETWEEN CDM DUTY HOLDERS?

- | | |
|---|---|
| <input type="checkbox"/> THE CLIENT | <input type="checkbox"/> THE PRINCIPAL CONTRACTOR |
| <input type="checkbox"/> THE CDM CO-ORDINATOR | <input type="checkbox"/> OTHERS |

3. WHAT DO YOU BELIEVE DESIGNERS MUST DO TO MANAGE HEALTH AND SAFETY IN DESIGN? (PLEASE TICK AS APPROPRIATE)

- MAKE SURE THEY ARE COMPETENT AND ADEQUATELY RESOURCED
- PREPARE METHOD STATEMENTS FOR THE CONSTRUCTION OF THEIR DESIGNS
- PREPARE DESIGNS WHICH AVOID FORESEEABLE RISK DURING CONSTRUCTION AND THEREAFTER
- PROVIDE ADEQUATE INFORMATION ABOUT THE DESIGN, AND REMAINING RISKS
- CO-OPERATE WITH THE CDM CO-ORDINATOR & WITH OTHER DESIGNERS, SO THAT EACH CAN COMPLY WITH THEIR OWN DUTIES UNDER THE REGULATIONS
- PREPARE THE HEALTH AND SAFETY FILE
- CO-ORDINATE THEIR WORK WITH THAT OF OTHERS IN ORDER TO IMPROVE THE WAY IN WHICH RISKS ARE MANAGED AND CONTROLLED

4. FROM A CDM PERSPECTIVE GIVE 4 EXAMPLES OF WHO ARE CLASSED AS DESIGNERS?

5. WHAT ARE THE CRITERIA FOR DETERMINING IF THE PROJECT IS NOTIFIABLE? AND WHAT IF IT IS A DEMOLITION PROJECT?



6.	NAME ONE DUTY OF A DESIGNER WHICH ONLY APPLIES ON A NOTIFIABLE PROJECT
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7.	LIST THREE DUTIES OF THE CLIENT
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8.	DEFINE THE TERM HAZARD
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9.	DEFINE THE TERM RISK
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10.	HOW DO YOU ADDRESS THE HAZARDS AND RISKS ARISING FROM THE ACTIVITIES ASSOCIATED WITH THE CONSTRUCTION, MAINTENANCE ETC OF THE PROJECT?
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11.	NAME THE DIFFERENT PARTIES WHOSE SAFETY YOU WOULD CONSIDER WHEN YOU ARE ESTABLISHING THE HAZARDS AND RISKS ASSOCIATED WITH A PROJECT
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12.	THERE IS AN IMPORTANT CHANGE UNDER CDM 2007; WHICH DEFINES THE RELATIONSHIP OF THE CDM CO-ORDINATOR WITH THE CLIENT. WHAT IS THIS DUTY?
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13.	UNDER CDM 2007 THERE IS A DUTY TO CO-OPERATE AND CO-ORDINATE WITH OTHERS OUTSIDE THE PROJECT TEAM , WHO ARE THESE PARTIES?
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14.	WHICH OF THESE HAVE DUTIES ONLY ON NOTIFIABLE PROJECTS?
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- | | |
|---|---|
| <input type="checkbox"/> THE CLIENTS AGENT | <input type="checkbox"/> THE PRINCIPAL CONTRACTOR |
| <input type="checkbox"/> THE CDM CO-ORDINATOR | <input type="checkbox"/> DOMESTIC CLIENTS |

15.	WHY WOULD ANY DUTY HOLDER INCLUDING THE DESIGNER NOT ACCEPT AN APPOINTMENT FROM A CLIENT, IN ORDER TO COMPLY WITH CDM 2007?
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PART B – ABOUT YOUR EXPERIENCE

16. HAVE YOU WORKED ON SITE AND SEEN THE PROBLEMS FROM THE CONTRACTORS VIEWPOINT

- YES
 NO

17. IF YOU HAVE WORKED ON SITE PLEASE GIVE ONE EXAMPLE OF LEARNING WHICH YOU LATER APPLIED TO YOUR DESIGN

18. IS CDM ADDRESSED DURING DISCUSSIONS AT MULTI-DISCIPLINE DESIGN TEAM MEETINGS?

- | | |
|--|--|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> ALWAYS |
| <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> WHENEVER THERE IS A PROBLEM |
| <input type="checkbox"/> AT THE END OF THE MEETING AFTER HALF THE PARTICIPANTS HAVE LEFT | |

19. HOW DO YOU COMMUNICATE RESIDUAL RISKS TO SITE? (PLEASE TICK AS APPROPRIATE)

- MEETING WITH THE SITE MANAGER
 MEETING WITH THE PROJECT CONSTRUCTION TEAM
 ISSUE OF A RESIDUAL RISK REGISTER
 RESIDUAL RISKS ADDED TO CONSTRUCTION DRAWINGS
 OTHER (PLEASE STATE)



20. HOW OFTEN DO YOU LIAISE WITH THE SITE MANAGER/SITE SUPERVISOR?

- | | |
|---|--|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> REGULARLY |
| <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> WHENEVER THERE IS A PROBLEM |
| <input type="checkbox"/> NOT PART OF OUR APPOINTMENT, THE CLIENT DEALS WITH ALL CONTRACTOR LIAISON. | |

21. HAVE YOU EVER RECEIVED FEEDBACK ON THE EFFECTIVENESS OF YOUR DESIGN FROM CONSTRUCTION, IF SO HOW WAS THIS COMMUNICATED TO YOU?

22. HAVE YOU PARTICIPATED IN ANY OF THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> THE SAFETY ORGANISATION OF YOUR COMPANY | <input type="checkbox"/> SAFETY COMMITTEES |
| <input type="checkbox"/> FEEDBACK ON DESIGN EXPERIENCES FROM THE CONSTRUCTION TEAM | <input type="checkbox"/> FEEDBACK ON DESIGN EXPERIENCES FROM THE COMMISSIONING TEAM |
| <input type="checkbox"/> FEEDBACK ON DESIGN EXPERIENCES FROM THE FACILITIES MANAGEMENT TEAM | <input type="checkbox"/> ACTIONS NEEDED TO INCREASE SAFETY ATTITUDE/ PERFORMANCE |
| <input type="checkbox"/> MONITORING OF YOUR ORGANIZATIONS SAFETY PERFORMANCE | <input type="checkbox"/> WAYS TO IMPROVE YOUR COMPANY'S SAFETY |

OTHER SAFETY RELATED ACTIVITIES (PLEASE STATE)



23. ARE YOU CONVINCED THAT THE WORK YOU DO TO COMPLY WITH CDM REALLY MAKES A DIFFERENCE? GIVE AN EXAMPLE

24. WHAT TRAINING HAVE YOU RECEIVED RELATED TO CDM? WHAT DID IT CONSIST OF? PLEASE MARK WITH AN ASTERISK THOSE ITEMS SPECIFICALLY APPLICABLE TO CDM2007 (PLEASE STATE IN BOX BELOW)

25. DO YOU FEEL YOU COULD BENEFIT FROM ANY ADDITIONAL TRAINING?

Yes

No

IF SO PLEASE DETAIL IN THE BOX



26.	HAVE YOU EVER VISITED THE WEBSITE WWW.DBP.ORG.UK ?	YES	NO
	HAVE YOU EVER SUBMITTED A CASE STUDY TO THE WEBSITE?	YES	NO
WHICH OTHER SPECIFIC SOURCES - REFERENCE MATERIAL, WEBSITES ETC RELATED TO HEALTH, SAFETY & WELFARE DO YOU USE WHEN CONSIDERING YOUR ACTION TO DEAL WITH HAZARDS AND RISKS (PLEASE PROVIDE DETAILS BELOW)			

27.	HOW OFTEN DO YOU NORMALLY VISIT A SITE?
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- | | |
|---|---------------------------------------|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> ONCE A WEEK |
| <input type="checkbox"/> ONLY WHEN THERE IS A PROBLEM | <input type="checkbox"/> ONCE A MONTH |

28.	WHAT DO YOUR VISITS GENERALLY ENTAIL? (PLEASE DETAIL BELOW)
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29.	DO YOU USUALLY RECEIVE A SITE INDUCTION FOR THE CONSTRUCTION PROJECTS THAT YOU VISIT?
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- YES NO

30.	DO YOU CARRY OUT A 'SELF RISK ASSESSMENT' PRIOR TO GOING OUT ON SITE?
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- YES NO
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