



## OutSafe Contractor Accreditation Scheme

OutSmart takes the safety and welfare of all people who work in the UK Out of Home industry very seriously. As a recognition of our responsibilities in relation to the safe working of those contracted to work on behalf of members of OutSmart, the Outsmart members have agreed to introduce a voluntary accreditation scheme that sets out the minimum standards for construction, maintenance and posting activities whilst representing them. There is no cost levied for any application. There are two levels of membership in this scheme to allow for the differing circumstances and roles of the contractors and partners that undertake activities on behalf of OutSmart members. These are:

**Standard Membership** - This level of membership is aimed at those undertaking lower risk and repetitive activities such as cleaning and posting. It is the minimum standard expected.

**Premier Membership** - This level of membership is aimed at those undertaking higher risk and occasionally, one of activities such as construction or work in areas where significant risks are identified.

OutSmart members receiving an application to the OutSafe contractor accreditation scheme will vet the application in line with the requirements and issue the appropriate accreditation certificate to successful applicants. N.B. This does not imply exclusivity and either level can be applied for. Contractors can seek to upgrade from one level to the higher one over time and at a later date.

Applicant General Information	
Contractor company name:	
Scope of work:	
<i>Brief description of relevant services provided to the OOH industry</i>	
Level of Membership Applied For (Premier or Standard)	
Total number of employees:	
Total number of field staff:	
Registered office address:	
Main address for correspondence (if different from above):	
Office telephone number:	
Full name of person dealing with this application:	
Position in Company:	
Telephone / Mobile Number (person dealing with the application):	
Email address (person dealing with the application):	

This completed form and all supporting documentation is to be returned to the H&S contact at the following Outsmart Member address:	Contact name & address
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When the Outsmart Member receives the application from the potential contractor, the information provided by that contractor will be assessed for Standard or Premier membership by the Health and Safety representative

										Admin Review
<b>1</b>	<b>Policies</b> - not required for companies with fewer than 5 employees	Yes	No	N/A	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>		<b>Additional information required</b>			
1.1	Does your company have a written Health and Safety Policy?				Please provide a copy					
1.2	Does your company have a written Environmental Policy?				Please provide a copy					
<b>2</b>	<b>SSIP Accreditation</b> - discretionary depending on extent of activities	Yes	No	N/A	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>		<b>Additional information required</b>			
2.1	Does your company have a valid SSIP membership through assessment? Eg. Safe Contractor, CHAS				Please provide copy of Qualification					
<b>3</b>	<b>ISO Certification</b> - one ISO required for Premier Membership	Yes	No	N/A	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>		<b>Comments from Applicant (not mandatory)</b>			
3.1	Does your company have ISO 45001 or OHSAS 18001 certification for your Health and Safety Management System?				Please provide copy of certification					
3.2	Does your company have ISO 14001 certification for your Environmental Management System?				Please provide copy of certification					
3.3	Does your company have ISO 9001 certification for your Quality Management System?				Please provide copy of certification					
<b>4</b>	<b>Competence</b>	Yes	No	N/A	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>		<b>Comments from Applicant (not mandatory)</b>			
4.1	Do you have a health & safety induction and/or training program that includes main risks for the activities & emergency procedures?				Please provide evidence of training content					
4.2	If undertaking Working at Height, have all Operatives received appropriate working at height training?				If applicable, please provide evidence of training					
4.3	If operating machinery, have all Operatives had appropriate training for the required plant? (e.g. IPAF, PASMA etc)				If applicable, please provide evidence of training					
4.4	If performing electrical work, have all Operatives received the proper Trade certification (eg City & Guilds)				If applicable, please provide evidence of Trade certificate					
<b>5</b>	<b>Work equipment</b>	Yes	No	N/A	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>		<b>Comments from Applicant (not mandatory)</b>			
5.1	Does your company have a procedure to check and test its equipment to ensure that it is fit for the purpose?				Please provide a copy of the procedure					
5.2	Do you perform periodical inspections of your vehicles & lifting equipment (including lifting accessories)?				Please provide a copy of a completed inspection form					
5.3	Do you have a process for issuing and inspecting PPE				Copy of completed inspection form					

<b>6</b>	<b>Incident Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>	<b>Comments from Applicant (not mandatory)</b>	
6.1	Does your company have a procedure for reporting and investigating accidents?				Please provide copy of the procedure		
<b>7</b>	<b>Waste Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>	<b>Comments from Applicant (not mandatory)</b>	
7.1	Does your company have a valid Waste Carriers Licence?				Copy of valid Waste Carriers Licence		
<b>8</b>	<b>Insurances</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>	<b>Additional information required</b>	
8.1	Do you have valid Employers Liability Insurance for at least £5m? (not required if you have no employees or employ only family members)				Copy of valid Employers Liability Insurance	If yes, expiry date of Employers Liability:	
8.2	Do you have valid Public Liability Insurance for at least £2m? Required for any self-employed trader or company whose business brings them into contact with members of the public.				Copy of valid Public Liability Insurance	If yes, expiry date of Public Liability:	
8.3	Do you have valid Commercial Vehicle Insurance?				Copy of valid Vehicle Insurance	If yes, expiry date of insurance policy:	
<b>9</b>	<b>Improvement Notices / Prosecutions</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>	<b>Additional information required</b>	
9.1	Is your company FREE from any Convictions for Health & Safety and Environmental offences including any Prohibition Notices or Improvement Notices served to it within the last 3 years?					If no, please state which notice and date received:	
<b>10</b>	<b>Annual Outsmart Health, Safety &amp; Environment Seminar</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Evidence availability</b> <i>(tick box if evidence attached to your answer)</i>	<b>Comments from Applicant (not mandatory)</b>	
10.1	Has your company attended the Outsmart Health, Safety & Environment Seminar in the past 2 years? Companies with 5 or less employees are encouraged to attend but this is not mandated.						

**Declaration**

We hereby apply to join the Outsafe Contractor Accreditation Scheme.  
We certify that the information supplied herein is accurate to the best of my/our knowledge and that we accept the conditions and undertakings requested in the questionnaire.  
We understand that false information could result in my/our exclusion from the Outsmart Accreditation Scheme.

**A Director, Partner or other Senior Manager of the Company or Firm making the application must sign this form**

Full Name:	
Position:	
For and on behalf of:	
Date:	
Signature:	

**Formal Approval (Outsmart Member Use Only)**

Full Name:	
Position:	
<b>Membership Approval (Standard or Premier)</b>	
Date:	
Signature:	

*If more information is required, list outstanding elements  
(Outsmart Member Use Only)*

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