

OCTOBER 2010



STRICTLY CONFIDENTIAL

ANNUAL DECLARATION [CORPORATE] FOR 2010

Return to: The Chief Executive, NFDC Ltd,

Resurgam House, Paradise, Hemel Hempstead, Herts. HP2 4TF

In accordance with the Rules of the Federation, **ALL CORPORATE** Members are required to complete an Annual Declaration Form.

Please ensure that Sections 1, 2, 3, 4, 5, 6 are completed and information requested in Appendices 1 & 2 is supplied before returning the DECLARATION WITH YOUR ANNUAL SUBSCRIPTION PAYMENT.

DECLARATION

I/We* declare that during the year ending 31 October 2010, I/We* have abided by, and shall undertake to continue to abide by the Rules and decisions of the Federation, and in particular, have complied with, and will continue to comply with the provisions of the Demolition Industry Conciliation Board's Working Rule Agreement. I/We* are registered with, and currently operate, in connection with demolition work, the Building & Civil Engineering Benefit Scheme, or other Federation Approved Scheme.* I/We* confirm that for the year ending 31 October 2010, that Sections 1, 2, 3, 4, 5, 6 and Appendices 1 & 2 have been completed to the best of my/our* knowledge that the information given therein is true.

I/We* confirm our company's compliance with statutory obligations under the Race Relations Act 1976.

I/We* confirm that during the forthcoming year, from 01 November 2010 until 31 October 2011, I/We* will undertake to maintain continuous Demolition-Specific Employers Liability Insurance. I/We* will undertake to maintain Public Liability Insurance cover, which will be a minimum of £2 million. [See Section 3]

I/We * will undertake to continue membership and contribute to the B&CE Template Scheme or other approved scheme.

[* Delete the above as necessary]

For and on behalf of [Please insert name of NFDC Corporate Member]

COMPANY.....

REGION.....

SIGNED.....DATE.....

POSITION.....

COMPANY REGISTRATION NO.....

NFDC MEMBERSHIP NO.....

All Members subscriptions are due on 01 November 2010

Your Annual Subscription must be returned with a completed DECLARATION FORM otherwise your subscription will be returned

NOTES:

Under the Rules of the Federation, (The Rules of The Federation 2005 Edition), (ALL MEMBERS are required to:

1. Report all **FATAL ACCIDENTS, MAJOR INJURIES, DANGEROUS OCCURRANCES (i.e., RIDDOR reportable) & ENVIRONMENTAL INCIDENTS** to the National Secretary within **fourteen days**. For RIDDOR reports, a copy of Form F2508 sent to the HSE, or an electronic copy of the report provided by the Incident Contact Centre (if reported via the internet) will fulfil this requirement. See Section 5.
2. All Members are required, as a condition of Membership, to train all their operatives. Each operative should hold or be under training to obtain a CSCS/NFDC Certificate of Competence of Demolition Operatives and/or a NDTG/CPCS Plant Operative Card.
3. All members are required to hold and continuously maintain Demolition specific employer's liability insurance cover and public liability insurance cover of £2 million.
4. All Corporate members are required to attend a minimum of three Regional meeting per year. (Rule 9.11)
5. All Corporate members are required to have a minimum of one Federation site audit per year.
6. Section 5 must be completed and **nil returns** are required.
7. All Sections and Appendices **MUST** be completed and the relevant information supplied to the NFDC.

SECTION 1

1.1 [a] Total numbers of demolition operatives employed as at 31st October 2010.....

[b] Number of Operatives who hold a CSCS/CCDO.....

1.2 [a] My/Our Building & Civil Engineering Benefit Scheme [B &CE BS]:

Registration No. is:

[b] Total number of Demolition operatives covered by above purchase was:

1.3 [a] Please confirm you are CITB Construction Skills Registered. **YES/NO**

Registration No. is

1.4. [a] Does the Company hold any Quality Assurance qualifications? (e.g. BS EN ISO 9001:2000, ISO 14000, ISO 18000, Investors in People etc.) **YES/NO**

[b] If **YES** please state qualification(s)

1.5. Please state your Annual Turnover: £.....

1.6 Does you Company operate an occupational health policy? **YES/NO**

If yes, please give details

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SECTION 2 - DIRECTORSHIPS

2.1 Have there been any changes in Company Directors/Principals in the past year ending 31 October 2010? **YES/NO**

If the answer is **YES**, please advise the Chief Executive.

2.2 Has the controlling interest changed? **YES/NO**

If the answer is **YES**, please advise the Chief executive.

2.3 If the Company's details have changed in any way please advise the Chief Executive.

2.4 Please enclose an organisation chart of your Directors/Principals.

SECTION 3 - INSURANCE (DEMOLITION SPECIFIC)

3.1 My/Our Employer Liability & Public Liability Insurance (**demolition specific**) is provided by:

A COPY OF A VALID RENEWAL CERTIFICATE MUST BE FORWARDED WITH THE DECLARATION FORM, TOGETHER WITH A SIGNED AND OFFICIALLY STAMPED COPY OF A LETTER FROM YOUR INSURANCE BROKER, CONFIRMING EMPLOYER LIABILITY INSURANCE IS IN PLACE AND COVERS YOU FOR THE WHOLE RANGE OF DEMOLITION ACTIVITIES UPON WHICH YOU ARE OR WILL BECOME ENGAGED, AND CONFIRMS DETAILS OF ANY CONDITIONS, LIMITATIONS OR EXCLUSIONS THAT MAY APPLY.

[a] Insurance Broker:.....

[b] Insurance Company.....

[c] Policy Number:.....

[d] Date of Renewal:.....

[e] Sum of insurance carried:.....

[f] Please confirm that your insurance is **DEMOLITION SPECIFIC.** YES/NO

[f] Please give details of any special conditions and/or exclusions. Please forward a photocopy of the main elements as broken down in your cover:

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Please ask your Insurance Broker to complete all the details as requested.

and enclose a copy of your insurance certificate.

SECTION 4 - TRAINING/HEALTH & SAFETY

4.1 During the year, 01 November 2009 to 31 October 2010, indicate the training carried out for your operatives.

(Information provided will be forwarded to the NDTG for use in the compilation of Training Group Returns)

Item No.	Please enter any other TRAINING events in table below	Number of Events	Number of Operatives	Training Provided by NDTG (Yes/No)
1	New Entrant Demolition Operatives Safety Awareness			
2	New Entrant Asbestos Awareness			
3	Asbestos & Demolition Safety Awareness Refresher			
4	New Entrant Asbestos Removal for Operatives			
5	New Entrant Asbestos Removal for Supervisors			
6	Asbestos Removal Refresher for Operatives & Supervisors			
7	Non Licensed Asbestos Removal Training			
8	New Demolition Supervisor Distance Learning			
9	Demolition Supervisor Refresher			
10	Safe Use of Oxy/Fuel Cutting			
11	Refresher Safe Use of Oxy/Fuel Cutting			
12	Fire Marshall/Warden Safety			
13	Safety in Confined Spaces			
14	Safe Use of Cat & Genny			
15	Abrasive Wheels			
16	Scaffold Safety Inspection			
17	Manual Handling			
18	First Aid			

(Please continue on a separate sheet if necessary)

4.2 Please state the name of the person acting as your company's Health & Safety Advisor, as required by Regulation 7 of the Management of Health and Safety and Welfare Regulations 1999

APPENDIX 1

CDM COMPLIANCE – ARTICLE 4

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>	
<i>No.</i>	<i>Criteria</i>	<i>Standard to be achieved</i>	<i>Examples of the evidence that you could use to demonstrate you meet the required standard</i>	<i>For Office Use</i>
	Stage 1 Assessment	All	SSIP Approved Scheme Certification	
1	Health and safety policy and organisation for health and safety	You are expected to have and implement an appropriate policy, regularly reviewed, and signed off by the Managing Director or equivalent. The policy must be relevant to the nature and scale of your work and set out the responsibilities for health and safety management at all levels within the organisation.	Health & Safety policy document dated and current: (please forward H&S policy statement and pages including company structure & index. full policy to be made available if requested.) H&S Policy Statement dated & current to be displayed on ALL sites. *	
2	Arrangements	These should set out the arrangements for health and safety management within the organisation and should be relevant to the nature and scale of your work. They should set out how the company will discharge their duties under CDM2007. There should be a clear indication of how these arrangements are communicated to the workforce.	Index to Health and safety policy will confirm arrangements. Examples of Tool box talk records * Examples of site induction records *	
3	Competent advice – corporate and construction-related	Your organisation, and your employees, must have ready access to competent health and safety advice, preferably from within your own organisation. The advisor must be able to provide general health and safety advice, and also (from the same source or elsewhere) advice relating to construction health and safety issues.	Confirm appointed person responsible for Health & safety. Confirm competency. Please forward CVs for key management personnel on request.	
4	Training and information	You should have in place, and implement, training arrangements to ensure your employees have the skills and understanding necessary to discharge their duties as contractors, designers or CDM co-ordinators. You should have in place a programme for refresher training, for example a Continuing Professional Development (CPD) programme or life-long learning which will keep your employees updated on new developments and changes	Confirm training plan/matrix Confirm ongoing training by CPD points for supervisors and managers.	

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>	
<i>No.</i>	<i>Criteria</i>	<i>Standard to be achieved</i>	<i>Examples of the evidence that you could use to demonstrate you meet the required standard</i>	<i>For Office Use</i>
		to legislation or good health and safety practice. This applies throughout the organisation – from Board or equivalent, to trainees.		
5	Individual qualifications and experience	Employees are expected to have the appropriate qualifications and experience for the assigned tasks, unless they are under controlled and competent supervision.	Confirm qualifications. Confirm Demolition supervisors*	
6	Monitoring, audit and review	You should have a system for monitoring your procedures, for auditing them at periodic intervals, and for reviewing them on an ongoing basis.	Confirm if ISO registered. Alternatively confirm in house monitoring and auditing systems.	
7	Workforce involvement	You should have, and implement, an established means of consulting with your workforce on health and safety matters.	Confirm named safety representative as detailed within the Health & Safety policy. Confirm records of worker involvement.	
8	Accident reporting and enforcement action; follow-up investigation	You should have records of all RIDDOR (The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1999) ⁸ reportable events for at least the last three years. You should also have in place a system for reviewing all incidents, and recording the action taken as a result. You should record any enforcement action taken against your company over the last five years, and the action which you have taken to remedy matters subject to enforcement action.	Confirm three years RIDDOR reports. Confirm incident review policy. Confirm five years enforcement action records.	
9	Sub-contracting/consulting procedures (if applicable)	You should have arrangements in place for appointing competent sub-contractors/consultants. You should be able to demonstrate how you ensure that sub-contractors will also have arrangements for appointing competent sub-contractors or consultants.	Confirm sub-contractor pre qualification questionnaire. Confirm monitoring policy for sub contractors.	
10	Risk assessment leading to a safe method of work (contractors)	You should have procedures in place for carrying out risk assessments and for developing and implementing safe systems of	Forward example of risk assessments used. Forward example of risk assessment sign off sheets.	

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>	
No.	Criteria	Standard to be achieved	Examples of the evidence that you could use to demonstrate you meet the required standard	For Office Use
	only)	work/method statements.	Confirm implementation & monitoring policy*	
		The identification of health issues is expected to feature prominently in this system.	Confirm policy for the identification of Health issues.*	
11	Co-operating with others and co-ordinating your work with that of other contactors (contractors)	You should be able to illustrate how co-operation and co-ordination of your work is achieved in practice, and how you involve the workforce in drawing up method statements/safe systems of work.	Please reference to statement within the Health & safety policy document. Forward example of sub contractor co-ordination risk assessments. Confirm contract briefings and pre-tender meeting records	
12	Welfare provision (contractors)	You should be able to demonstrate how you will ensure that appropriate welfare facilities will be in place before people start work on site.	Confirm policy for the provision of welfare.*	
	Stage 2 Assessment			
1	Work experience	You should give details of relevant experience in the field of work or which you are applying.	Please use management structure plan as detailed within the Health & Safety policy document.	

Note: - In addition to the office audit, all items marked with * will be reviewed during the site audit.

APPENDIX 2

ANNUAL RETURN OF DEMOLITION MATERIAL PRODUCTION



Confidential Information

The National Federation of Demolition Contractors Limited

Annual Return of Demolition Arisings

Period Covered From: To:

Corporate Member Name:

Region:

Person Completing Return:

Regions:

Midlands & Wales

North East

Scotland & Northern Ireland

North West

London & Southern Counties

	1(A,B,C,D)	A	B	C	D	E	F	G	H	I	J*	Ji	Jii
	Total amount of Hardcore produced (a+b+c+d)	Un processed hardcore used on site (a)	Unprocessed hardcore removed off-site for recycling or reuse (b)	Hardcore crushed on-site for use on-site (c)	Hardcore crushed on-site for off-site sale (d)	Metals sent for Recycling or reuse	Timber sent for recycling or reuse	Gypsum sent for recycling or reuse	Total Non-Hazardous Mixed Waste sent for Recycling	Non-hazardous waste to landfill or incineration	Total Hazardous Waste to Landfill (Ji + Jii)	Non Asbestos Containing Hazardous Waste to Landfill	Asbestos Hazardous Wastes
LoW*	17 01 07					17 04 07	17 02 01	17 0 8 02	17 09 04	17 09 04		17 09 03*	17 06 05*
Tonnes													

** if you do not know both Ji and Jii enter all Hazardous under ji only.*



HOW ARE WE DOING?

We want to make sure that you are happy with the service that we are providing. In order to help us maintain our high standards, we would be grateful if you could spare a few minutes to complete and submit this questionnaire.

Please rate the following areas on a scale of 1 = poor 5 = excellent. Please circle the relevant score.

- 1. Training provided by the NDTG 1 2 3 4 5
- 2. The accuracy of our service. 1 2 3 4 5
- 3. The usefulness of NFDC literature. 1 2 3 4 5
- 4. E Mail alerts, are they hitting the mark? 1 2 3 4 5
- 5. The level of service given to you over the phone. 1 2 3 4 5
- 6. The NFDC Web Site. 1 2 3 4 5

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Your comments will be used to measure our performance and where necessary, improve our service. Your co-operation is very much appreciated and we look forward to working with you in the forthcoming year.

Thank you for taking the time to fill out this questionnaire. Please return to the NFDC when sending your Annual Declaration form.

The NFDC Team