### PREFFERED SUBCONTRACTORS/SUPPLIERS QUESTIONNAIRE

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: | Telephone:  |  |
| Fax: |  |
| Email:  |  |
| **Tax Certificate Details**Type: Cert No:Expiry Date:Issued To: | Company Registration No |  |
| Date of Incorporation |  |
| VAT Number |  |

### ACCOUNTS / FINANCE

|  |  |  |
| --- | --- | --- |
| Bank Name and Address: | Sort Code: |  |
| Account Number: |  |
| **Provide Annual Turnover for the last 3 years** | **Supply Copies of Accounts** |
| Year | Accounts Enclosed [ ]  |
| Year |
| Year |

### GENERAL

|  |  |
| --- | --- |
|  | Please provide details of the services or products that you supply to Copperstone? |
|  | How long have you provided the above services or products? | years/months  |
|  | Please identify the last 2 customers that you have provided the above service or product to:  |
|  | Does your company undertake Health Safety Environmental and Quality Training?*If yes, please attach an example training record.* | Yes | No  |
|  |  |[ ] [ ]
|  | Please attach a copy of your current insurance certificate that applies to the work that you perform/intend to perform for Copperstone (e.g. Employers Liability, Public Liability, Contractors All Risks, Construction Plant, Professional Liability).  |
|  | Employers Liability Certificate Enclosed [ ]  |
|  | Public / Products Liability Insurance Certificate Enclosed [ ]   |
|  | Contractors All Risk Certificate Enclosed [ ]  |
|  | Professional Indemnity Certificate Enclosed [ ]  |

### HEALTH SAFETY AND ENVIRONMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Does your Company have a Health & Safety Policy?*If yes please attach a copy of the* ***Policy Statement****, Contents Page and examples of arrangements.*Policy Enclosed [ ]  | Yes | No  | *.*N/A  |
|  |  |[ ] [ ] [ ]
|  | Does your Company have an Environmental Policy?*If yes please attach a copy of the* ***Policy Statement****.*Policy Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]
| 8. | Are you accredited to ISO 45001 – Health and Safety Management System?If yes please provide Certificate Number and enclose certificateCertificate No. Certificate Enclosed [ ]  | Yes | No  | *.*N/A  |
|  |  |[ ] [ ] [ ]
| 9. | Are you accredited to ISO 14001 – Environmental Management System?If yes please provide Certificate Number and enclose certificateCertificate No. Certificate Enclosed [ ]  | Yes | No  | *.*N/A  |
|  |  |[ ] [ ] [ ]
| 10. | Are the above Policies communicated to your employees?*If yes, please state the methods of communications below* | Yes | No  | N/A |
|  |  |[ ] [ ] [ ]
|  |  |  |  |  |
| 11. | Please state who is ultimately responsible for Health, Safety and Environment within your Company? | Name: | Position: |

|  |  |  |  |
| --- | --- | --- | --- |
|  12. | Who is the ‘Competent Person’ as required under the Management of Health, Safety at Work Regulations 1999?*Please enclose competent person’s CV*Enclosed [ ]  | Name: | Position: |
|  13. | Are Health, Safety and Environmental responsibilities allocated to individuals within your Company? | Yes | No |
|  |  |[ ] [ ]
|  14.  | Has your Company had any of the following during the past 5 years?* Fatal Accident
* Reportable Accidents
* Dangerous Occurrences
* Major Environmental Incidents

*If yes, please attach the statistics and details of the* *accidents/incidents and any action taken by you or external authorities.* Accident Statistics Enclosed [ ]  | Yes[ ] [ ] [ ] [ ]  | No[ ] [ ] [ ] [ ]  |
|  15. | Has your Company been prosecuted for breaches in Health, Safety and Environmental Legislation in the past 5 years?*If yes please attach details of the incident and any action taken.*Details Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  16. | Has your Company had a prohibition or improvement notices served on it during the past 5 years?*If yes please attach details of the incident and any action taken.*Details Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  17. | Do you monitor Health, Safety and Environmental Compliance?*If so please attach an example of how this is done.* Details Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]

### QUALITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  18. | Is your Company accredited to ISO 9001?*If yes, please attach a copy of your certificate.*Certificate Enclosed [ ]  | Yes | No | N/A |
|  |  |[ ] [ ] [ ]
|  19. | If you answered no to question 19 are you planning to implement ISO 9001:2000?*If yes, please attach a timing plan for accreditation*.Details Enclosed [ ]  | Yes | No | N/A |
|  |  |[ ] [ ] [ ]
|  20. | Please state who is ultimately responsible for Quality Management within your Company? | Name: | Position: |
|  21. | Does your Company allocate Quality responsibilities to individuals within your Company? | Yes | No |
|  |  |[ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  22. | Does your Company have a procedure for calibrating equipment?*If yes, please attach an example of a calibration record.*Details Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]
|  23. | Does your Company have a procedure for dealing with customer Quality complaints?If yes, please attach a copy of the procedure.Details Enclosed [ ]  | Yes | No |
|  |  |[ ] [ ]
| 24. | Please confirm that you check Eligibility to work in the UK of all staff prior to attending site | Yes | No |
|  |  |[ ] [ ]

|  |
| --- |
| Questionnaire completed by – Please print name:Sign name: Position: Date: |