### 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 certificate  Certificate 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 certificate  Certificate 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 |
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|  | |
| 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 |
|  | |  |

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| --- | --- | --- | --- |
| 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 | |
|  | |  | |

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| --- | --- | --- | --- |
| 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 |
|  |  |

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