PREFFERED SUBCONTRACTORS/SUPPLIERS QUESTIONNAIRE

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Please provide details of the services or products that you supply to London Fitout Ltd.? | | | |
| 2. | How long have you provided the above services or products? | years/months | | |
| 3. | Please identify the last 2 customers that you have provided the above service or product to: | | | |
| 4. | Does your company undertake Health Safety Environmental and Quality Training?  *If yes, please attach an example training record.* | | Yes | No |
| ☐ | ☐ |
| 5. | Please attach a copy of your current insurance certificate that applies to the work that you perform/intend to perform for London Fitout Ltd. (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 ISO 18001

OCCUPATIONAL HEALTH AND SAFETY ISO 45001

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6. | 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 | N | o | *.*  N/A |
| ☐ | ☐ |  | ☐ |
| 7. | Does your Company have an Environmental Policy?  *If yes please attach a copy of the* ***Policy Statement****.*  Policy Enclosed ☐ | | Yes |  |  | No |
| ☐ |  |  | ☐ |
| 8. | 8.1. Are you accredited to OHSAS ISO 18001 – Health and Safety Management System? And or  8.2. ISO 45001? Occupational Health and Safety Management System?  If NO TO 8.2 When are you making the transition?  If yes please provide Certificate Number and enclose certificate  Certificate No. Certificate Enclosed ☐ | | Yes  ☐ | N  ☐ |  | *.*N/A  ☐ |
| Yes  ☐ | N  ☐ |  | 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 | N |  | *.*  N/A |
| ☐ | ☐ |  | ☐ |
| 10. | Are the above Policies communicated to your employees?  *If yes, please state the methods of communications below* | | Yes | N |  | 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. | 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 |
| ☐ | ☐ |
| 18. | Do you monitor Health, Safety and Environmental Compliance?  *If so please attach an example of how this is done.*  Details Enclosed ☐ | Yes | No |
| ☐ | ☐ |

Quality Management

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 19. | Is your Company accredited to ISO 9001?  *If yes, please attach a copy of your certificate.*  Certificate Enclosed ☐ | | Yes | No | | N/A |
| ☐ | ☐ |  | ☐ |
| 20. | If you answered no to question 19 are you planning to implement ISO 9001?  *If yes, please attach a timing plan for accreditation*. Details Enclosed ☐ | | Yes | No | | N/A |
| ☐ | ☐ |  | ☐ |
| 21. | Please state who is ultimately responsible for Quality Management within your Company? | Name: | | Position: | | |
| 22. | Does your Company allocate Quality responsibilities to individuals within your Company? | | Yes |  |  | No |
| ☐ |  |  | ☐ |
| 23. | Does your Company have a procedure for calibrating equipment?  *If yes, please attach an example of a calibration record.*  Details Enclosed ☐ | | Yes |  |  | No |
| ☐ |  |  | ☐ |
| 24. | 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 |
| ☐ |  |  | ☐ |

Date:

Position:

Sign name:

Questionnaire completed by – Please print name: