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**PREFERRED SUBCONTRACTORS/SUPPLIERS QUESTIONNAIRE**

Company Name:		
Company Address:	Telephone:	
	Fax:	
	Email:	
<b>Tax Certificate Details</b> 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:	
<b>Provide Annual Turnover for the last 3 years</b>		<b>Supply Copies of Accounts</b>
Year		Accounts Enclosed <input type="checkbox"/>
Year		
Year		



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**GENERAL**

1.	Please provide details of the services or products that you supply to Eless Construction?		
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?  <i>If yes, please attach an example training record.</i>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>
5.	Please attach a copy of your current insurance certificate that applies to the work that you perform/intend to perform for Eless Construction ( e.g. Employers Liability, Public Liability, Contractors All Risks, Construction Plant, Professional Liability).		
	Employers Liability Certificate Enclosed <input type="checkbox"/>		
	Public / Products Liability Insurance Certificate Enclosed <input type="checkbox"/>		
	Contractors All Risk Certificate Enclosed <input type="checkbox"/>		
	Professional Indemnity Certificate Enclosed <input type="checkbox"/>		



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### HEALTH SAFETY AND ENVIRONMENT

6.	Does your Company have a Health & Safety Policy?  <i>If yes please attach a copy of the <b>Policy Statement</b>, Contents Page and examples of arrangements.</i>  Policy Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
7.	Does your Company have an Environmental Policy?  <i>If yes please attach a copy of the <b>Policy Statement</b>.</i>  Policy Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>		No  <input type="checkbox"/>
8.	Are you accredited to OHSAS 18001 – Health and Safety Management System?  If yes please provide Certificate Number and enclose certificate  Certificate No. _____ Certificate Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
9.	Are you accredited to ISO 14001 – Environmental Management System?  If yes please provide Certificate Number and enclose certificate  Certificate No. _____ Certificate Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
10.	Are the above Policies communicated to your employees?  <i>If yes, please state the methods of communications below</i>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
11.	Please state who is ultimately responsible for Health, Safety and Environment within your Company?	Name:		Position:

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12.	<p>Who is the 'Competent Person' as required under the Management of Health, Safety at Work Regulations 1999?</p> <p><i>Please enclose competent person's CV</i></p> <p>Enclosed <input type="checkbox"/></p>	Name:	Position:
13.	<p>Are Health, Safety and Environmental responsibilities allocated to individuals within your Company?</p>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
14.	<p>Has your Company had any of the following during the past 5 years?</p> <ul style="list-style-type: none"> <li>• Fatal Accident</li> <li>• Reportable Accidents</li> <li>• Dangerous Occurrences</li> <li>• Major Environmental Incidents</li> </ul> <p><i>If yes, please attach the statistics and details of the accidents/incidents and any action taken by you or external authorities.</i></p> <p>Accident Statistics Enclosed <input type="checkbox"/></p>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
15.	<p>Has your Company been prosecuted for breaches in Health, Safety and Environmental Legislation in the past 5 years?</p> <p><i>If yes please attach details of the incident and any action taken.</i></p> <p>Details Enclosed <input type="checkbox"/></p>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
16.	<p>Has your Company had a prohibition or improvement notices served on it during the past 5 years?</p> <p><i>If yes please attach details of the incident and any action taken.</i></p> <p>Details Enclosed <input type="checkbox"/></p>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

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17.	<p>Has your Company been prosecuted for breaches in Health, Safety and Environmental Legislation in the past 5 years?</p> <p><i>If yes please attach details of the incident and any action taken.</i></p> <p>Details Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
18.	<p>Do you monitor Health, Safety and Environmental Compliance?</p> <p><i>If so please attach an example of how this is done.</i></p> <p>Details Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>

### QUALITY

19.	<p>Is your Company UKAS accredited to ISO 17025?</p> <p><i>If yes, please attach a copy of your certificate</i></p> <p>Certificate Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p>
20.	<p>If you answered no to question 17 are you planning to implement ISO 17025.</p> <p><i>If yes, please attach a timing plan for accreditation.</i></p> <p>Details Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p>
21.	<p>Is your Company UKAS accredited to ISO 17020?</p> <p><i>If yes, please attach a copy of your certificate</i></p> <p>Details Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p>
22.	<p>If you answered no to question 19 are you planning to implement ISO 17020.</p> <p><i>If yes, please attach a timing plan for accreditation</i></p> <p>Details Enclosed <input type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p>



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23.	Is your Company accredited to ISO 9001?  <i>If yes, please attach a copy of your certificate.</i>  Certificate Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
24.	If you answered no to question 19 are you planning to implement ISO 9001:2000?  <i>If yes, please attach a timing plan for accreditation.</i>  Details Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	N/A  <input type="checkbox"/>
25.	Please state who is ultimately responsible for Quality Management within your Company?	Name:		Position:
26.	Does your Company allocate Quality responsibilities to individuals within your Company?	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	
27.	Does your Company have a procedure for calibrating equipment?  <i>If yes, please attach an example of a calibration record.</i>  Details Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	
28.	Does your Company have a procedure for dealing with customer Quality complaints?  If yes, please attach a copy of the procedure.  Details Enclosed <input type="checkbox"/>	Yes  <input type="checkbox"/>	No  <input type="checkbox"/>	



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Questionnaire completed by – Please print name:

Sign name:

Position:

Date: