

# SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

## Company Details

FULL TRADING/COMPANY NAME

REGISTRATION NUMBER

REGISTERED ADDRESS

NUMBER OF YEARS TRADING

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

WEBSITE ADDRESS

MANAGING DIRECTOR

HEALTH & SAFETY OFFICER

ENVIRONMENTAL OFFICER

QUALITY MANAGER

FINANCIAL MANAGER/DIRECTOR

RANGE OF SERVICES/GOODS

TOTAL NUMBER OF EMPLOYEES

## SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

### Health and Safety Policy

PLEASE SUPPLY A COPY OF YOUR SIGNED, UP TO DATE HEALTH AND SAFETY POLICY

YES

NO

PLEASE EXPLAIN HOW YOU COMMUNICATE THIS POLICY TO YOUR EMPLOYEES

### Competent Advise

PLEASE SUPPLY THE NAME AND CONTACT OF YOUR COMPETENT HEALTH AND SAFETY ADVISOR

PLEASE GIVE EXAMPLES OF YOUR LAST 12 MONTHS ADVICE AND ACTION

### Training and Information

Please Supply example of a training matrix

YES

NO

If possible, please supply 2 examples of training certificates:

YES

NO

### Monitoring, Audit and Review

Please explain how your companies Health and Safety standards are monitored. I.E Do you carry out site inspections?

## SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

### Workforce Involvement

Please explain how you consult with your workforce

### Accident reporting and enforcement action, follow up investigation

Please supply details of your accident records for the past 3 years

YES

NO

Have you had any reportable accidents (reportable to the HSE under RIDDOR), if so please explain the action/s taken to prevent a recurrence?

Have you received any HSE enforcement action?

### Risk Assessment Procedures

Please supply details of your accident records for the past 3 years

YES

NO

Please explain how the risk assessments are produced and by whom within your organization.

Person Completing This Form  
Name:

Sign:

Date:

/ /2011