



## Sub-Contractor / Supplier Pre-Qualifying Questionnaire Template

### Company Details:

Company Name:	
Address Inc Postcode:	
Contact Name:	
E-Mail Address:	
Phone Number:	
VAT Registration no:	
Company Registration no:	
Company Status: (Please Circle)	<div style="display: flex; justify-content: space-around;"> <span>Sole trader</span> <span>Private Ltd Company</span> <span>Public Ltd Company</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Partnership</span> <span>Other</span> </div>
Company Trade:	
Parent Company: (If applicable)	

Does your company hold Constructionline or equivalent SSIP?

Yes

NO

PLEASE SUPPLY A COPY OF YOUR CURRENT CONSTRUCTIONLINE OR EQUIVALENT SSIP

### Does your company have the following:

• Employers Liability Insurance:	YES		NO	
• Public Liability Insurance:	YES		NO	
• Product Liability Insurance:	YES		NO	
• Vehicle Insurance: (including LGV if applicable)	YES		NO	
• Plant Insurance:	YES		NO	
• Professional Indemnity Insurance:	YES		NO	

PLEASE SUPPLY COPY CERTIFICATES FOR ALL APPLICABLE INSURANCE POLICIES

### Does your company have the following Policies:

• Health & Safety Policy	YES		NO	
• Environmental Policy	YES		NO	
• Quality Assurance Policy	YES		NO	
• Anti-Bribery Policy	YES		NO	
• Ethical Trading Policy	YES		NO	
• Human trafficking/Child Labour Policy/ Anti-Slavery	YES		NO	
• Corporate & Social Responsibility Policy	YES		NO	
• Staff Development Policy	YES		NO	
• Supplier/ Subcontractor Policy	YES		NO	

PLEASE SUPPLY COPIES OF ALL APPLICABLE POLICIES.



**Please complete the following table for the last 3 years:**

Year	Two Years Previous	Previous Year	Current Year
Fatalities			
Major Injuries			
Other lost time incidents (Over 7 days)			
Environmental Incidents			
No of HSE Improvement notices			
No of HSE Prohibition Notices			
No of convictions for offences under H & S legislation.			
Prosecutions			
Pending HSE Prosecutions			

**Declaration:**

- I confirm that all operators of MEWP's hold the correct category for the machine to be operated on a current in date PAL Card.
- I confirm that all delivery drivers, in addition to the previous point hold certification in a structured load/unload course.
- I confirm that delivery drivers involved in the handover of MEWP's, in addition to the two previous points hold the correct category for the machine to be operated on a current in date PAL Card at Demonstrator level.
- All personnel provided will be competent to complete the task they have been allocated.
- Evidence of competence will be supplied by return should it be requested.

*I declare the information provided within this questionnaire to be accurate and true:*

Name:

Date:

Signature:

For and on Behalf of:

Please return this completed questionnaire with documentation required to **PLEASE ENTER YOUR COMPANY NAME AND ADDRESS HERE.**

Provision of services and or supplies will not be possible until this form has been completed in full and returned along with all requested documentation.

**FOR OFFICIAL USE ONLY:**



Approved Supplier:	YES/NO	Services Supplied:
Authorised by:		Signed:
Date:		Review Date:

Comments:
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