

# SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

Competence | Resources | Health & Safety | Quality | Environment | Compliance

For current and prospective subcontractors engaged by The Macadam Specialist Limited.

Please complete all applicable sections and return the requested supporting evidence. Where an item does not apply, mark N/A and briefly explain why.

|                          |  |
|--------------------------|--|
| Questionnaire issued to  |  |
| Issued by                |  |
| Date issued              |  |
| Return by                |  |
| Proposed trade / service |  |

Document Control

|                    |                               |
|--------------------|-------------------------------|
| Document reference | TMS-PQQ-01                    |
| Revision           | 1                             |
| Issue date         | August 2026                   |
| Review frequency   | Annual / upon material change |

## 1. HOW TO COMPLETE THIS QUESTIONNAIRE

This questionnaire is used to assess whether a subcontractor has the organisational capability, resources, competence and management arrangements appropriate to the works it may undertake for The Macadam Specialist Limited. Approval may be subject to trade, project value, location or other conditions.

Accredited organisations may use current SSIP / ISO certification as supporting evidence; however, the core company, insurance, resource, project experience, supply-chain and declaration sections must still be completed.

| Question / Requirement                                                         | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Have you completed every applicable section of this questionnaire?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Have you attached or clearly referenced all mandatory supporting documents?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Are all certificates current and valid as at the date of submission?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Have you identified any answers that require explanation or corrective action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

### Minimum mandatory evidence

- Employers Liability and Public Liability insurance certificates (where applicable)
- Current Health & Safety Policy or suitable arrangements
- Relevant SSIP / accreditation certificates, if held
- Training / competence matrix for personnel proposed for our works
- Example RAMS relevant to your trade
- Environmental / waste documentation where applicable
- Signed declaration at the end of this questionnaire

# 1 COMPANY DETAILS

Provide the legal and operational details of the business that would contract with us.

|                                  |  |
|----------------------------------|--|
| Full legal company name          |  |
| Trading name (if different)      |  |
| Registered office                |  |
| Trading / correspondence address |  |
| Postcode                         |  |
| Company registration no.         |  |
| VAT registration no.             |  |
| UTR / CIS status                 |  |
| Website                          |  |
| Main telephone                   |  |
| General email                    |  |

| Key Contacts                           |  |
|----------------------------------------|--|
| Primary contact - name                 |  |
| Position                               |  |
| Mobile / direct line                   |  |
| Email                                  |  |
| Accounts contact - name / email        |  |
| Health & Safety contact - name / email |  |

| Question / Requirement                                                                                                             | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Legal structure: Limited Company / LLP / Partnership / Sole Trader / Other (state in details).                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Has the business traded under any other name or registration during the last 5 years? If yes, provide details.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Has any director / principal been disqualified from acting as a director during the last 5 years? If yes, provide details.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Is the business currently subject to insolvency, administration, liquidation, CVA or similar proceedings? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

## OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

## 2 TRADE, SERVICES AND RESOURCES

Tell us what you do, where you work and the resources available to deliver safely and reliably.

|                                                           |  |
|-----------------------------------------------------------|--|
| Primary trade / service                                   |  |
| Other trades / services                                   |  |
| Geographical coverage                                     |  |
| Years trading in this trade                               |  |
| Typical contract value                                    |  |
| Maximum contract value you are equipped to undertake      |  |
| Maximum concurrent projects / gangs available             |  |
| Normal working hours / ability to work nights or weekends |  |

### Workforce resources

| Role                           | Directly employed | Self-employed / labour only | Agency / other |
|--------------------------------|-------------------|-----------------------------|----------------|
| Managers                       |                   |                             |                |
| Contracts / Project Managers   |                   |                             |                |
| Site Supervisors / Foremen     |                   |                             |                |
| Skilled Operatives             |                   |                             |                |
| General Operatives / Labourers |                   |                             |                |
| Apprentices / Trainees         |                   |                             |                |

| Question / Requirement                                                                                                          | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you own or have assured access to the plant, vehicles, tools and specialist equipment required for your trade?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have arrangements for breakdowns, replacement plant and continuity of service?                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you maintain inspection, maintenance and statutory examination records for relevant plant and equipment?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you use agency labour or labour-only subcontractors? If yes, explain how competence and right-to-work checks are controlled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

### 3 COMMERCIAL, FINANCIAL AND PROJECT EXPERIENCE

|                                                     |  |
|-----------------------------------------------------|--|
| Last financial year ending                          |  |
| Turnover - latest year                              |  |
| Turnover - previous year                            |  |
| Turnover - two years prior                          |  |
| Approx. number of projects completed in latest year |  |
| Standard payment terms requested                    |  |

| Question / Requirement                                                                                                                                        | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Are you currently in a material dispute with a client, main contractor, supplier or subcontractor? If yes, provide brief details.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Have you commenced or been subject to adjudication, arbitration or litigation relating to construction work within the last 3 years? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| May The Macadam Specialist Limited undertake a soft credit / financial standing check as part of approval and ongoing review?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

#### Relevant project references - preferably within the last 3 years

| Ref | Client / Contractor | Project / Location | Scope of Works | Approx. Value | Contact Name / Email / Tel |
|-----|---------------------|--------------------|----------------|---------------|----------------------------|
| 1   |                     |                    |                |               |                            |
| 2   |                     |                    |                |               |                            |
| 3   |                     |                    |                |               |                            |

#### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

### 4 INSURANCE, ACCREDITATIONS AND REGISTRATIONS

Please provide copies of all relevant current certificates. Minimum insurance requirements may vary by package and will be stated in the subcontract order where applicable.

| Insurance              | Insurer | Limit of Indemnity / Cover | Expiry Date |
|------------------------|---------|----------------------------|-------------|
| Employers Liability    |         |                            |             |
| Public Liability       |         |                            |             |
| Products Liability     |         |                            |             |
| Professional Indemnity |         |                            |             |
| Contractors All Risks  |         |                            |             |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>Owned / Hired-in Plant</b> |  |  |  |
|-------------------------------|--|--|--|

| Question / Requirement                                                                                                                                                 | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you hold a current SSIP accreditation (e.g. CHAS, SafeContractor, Acclaim or equivalent)? State scheme and expiry.                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you hold ISO 9001 or equivalent quality certification? State certification body and expiry.                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you hold ISO 14001 or equivalent environmental certification? State certification body and expiry.                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you hold ISO 45001 or equivalent health & safety certification? State certification body and expiry.                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you hold any trade-specific registrations or licences relevant to the proposed works (e.g. Waste Carrier, NICEIC, Gas Safe, asbestos licence, NHSS)? State details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

| OFFICE USE ONLY - Assessment         |                                             |                                      |                                     |          |             |
|--------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------------|----------|-------------|
| <b>Pass</b> <input type="checkbox"/> | <b>Conditional</b> <input type="checkbox"/> | <b>Fail</b> <input type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> | Reviewer | Review Date |

## 5 HEALTH, SAFETY AND COMPETENCE

|                                                        |  |
|--------------------------------------------------------|--|
| <b>Director / principal responsible for H&amp;S</b>    |  |
| <b>Competent H&amp;S adviser - name / organisation</b> |  |
| <b>Qualifications / professional status</b>            |  |
| <b>Internal or external</b>                            |  |
| <b>Frequency / nature of H&amp;S support</b>           |  |

| Question / Requirement                                                                                                                                                         | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you have a current written Health & Safety Policy and arrangements proportionate to your organisation and work activities?                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do your arrangements address your duties under the Construction (Design and Management) Regulations 2015 where applicable?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you prepare suitable and sufficient task-specific risk assessments and method statements before work starts?                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have a process for briefing RAMS, recording acknowledgement and dealing with changes on site?                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you consult with your workforce on health, safety and wellbeing matters?                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have arrangements for occupational health risks relevant to your work, including noise, vibration, dust, fumes, manual handling and health surveillance where required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have a Drugs & Alcohol policy / procedure and arrangements for fitness for work?                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have arrangements for first aid, emergency response and incident reporting?                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you investigate accidents, incidents, dangerous occurrences and near misses and record corrective actions?                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you check that all personnel hold appropriate competence cards / qualifications for the tasks and plant they undertake?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do site supervisors hold suitable supervisory training (e.g. SSSTS / SMSTS or equivalent) where the role requires it?                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you maintain a current training / competence matrix and monitor expiry dates?                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Where temporary works or design are undertaken, do you appoint competent persons and follow appropriate control procedures?                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

### Accident and enforcement record - last 3 years

| Category                                     | Current Year | Previous Year | 2 Years Prior |
|----------------------------------------------|--------------|---------------|---------------|
| <b>Fatalities</b>                            |              |               |               |
| <b>RIDDOR reportable injuries / diseases</b> |              |               |               |
| <b>Dangerous occurrences</b>                 |              |               |               |

|                                               |  |  |  |
|-----------------------------------------------|--|--|--|
| Other lost-time injuries                      |  |  |  |
| Near misses recorded                          |  |  |  |
| HSE / Local Authority notices or prosecutions |  |  |  |

#### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

## 6 ENVIRONMENTAL AND WASTE MANAGEMENT

| Question / Requirement                                                                                                                                                  | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you have an Environmental Policy and arrangements appropriate to your activities?                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Have you identified the significant environmental aspects and impacts associated with your work?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you control fuels, chemicals and other substances to prevent spills, pollution and harm to the environment?                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have waste segregation, transfer and disposal arrangements using authorised carriers / facilities?                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you hold a Waste Carrier registration where your activities require one?                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you retain waste transfer / consignment documentation as applicable?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you brief personnel on environmental controls relevant to their work?                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have arrangements to minimise nuisance such as noise, dust, vibration, mud on roads and light pollution?                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have objectives or practical measures to reduce resource use, waste and carbon emissions?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| During the last 5 years, have you received an environmental enforcement notice, prosecution or formal regulatory action? If yes, provide details and corrective action. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

#### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

## 7 QUALITY MANAGEMENT AND WORKMANSHIP

| Question / Requirement                                                                                  | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|---------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you operate a documented quality management system appropriate to your activities?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Is responsibility for quality and workmanship clearly allocated?                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you control drawings, specifications, revisions, instructions and changes before work is undertaken? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |



| Question / Requirement                                                                                       | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|--------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you identify inspection / hold points and keep relevant quality records for your work?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you ensure measuring, testing and inspection equipment is calibrated or verified where required?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have a process for reporting, correcting and closing out defects / non-conformances?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you self-inspect / snag completed works before handover?                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Can you provide product, material and conformity certification where required by the specification?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have a procedure for dealing with remedial works during the defects liability / rectification period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

| Defects and Service                                   |  |
|-------------------------------------------------------|--|
| Typical response time for urgent defects / call-backs |  |
| Normal defects / rectification response time          |  |
| Person responsible for quality / defects              |  |

| OFFICE USE ONLY - Assessment  |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |

## 8 EMPLOYMENT, ETHICAL AND LEGAL COMPLIANCE

| Question / Requirement                                                                                                                                   | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you have controls to verify the right to work in the UK for all personnel you employ or supply to our sites?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you comply with minimum wage / National Living Wage requirements and applicable working time legislation?                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Is employment freely chosen, with no forced, bonded, trafficked or involuntary labour?                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you take reasonable steps to identify and prevent modern slavery and human trafficking within your business and supply chain?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have an Equality, Diversity and Inclusion / Equal Opportunities policy or equivalent arrangements?                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do your recruitment, training, promotion and treatment of workers comply with the Equality Act 2010?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you take reasonable steps to prevent sexual harassment of workers, including harassment by third parties, and provide an appropriate reporting route? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

| Question / Requirement                                                                                                                                                                                   | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you have procedures to prevent bribery, corruption and fraud and to report concerns / whistleblowing?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Have you or your organisation been found in material breach of modern slavery, immigration, equality, bribery, fraud or employment law in the last 3 years? If yes, provide details and remedial action. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you require equivalent standards from any subcontractors, labour providers or suppliers you engage for our work?                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

#### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

## 9 FURTHER SUBCONTRACTING AND SUPPLY-CHAIN CONTROL

| Question / Requirement                                                                                                             | Yes                      | No                       | N/A                      | Details / Evidence Reference |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Do you intend to subcontract or sublet any part of the work you may undertake for The Macadam Specialist Limited?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you have a documented process for pre-qualifying and approving subcontractors / labour providers before appointment?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you verify insurance, competence, training, H&S arrangements, right to work and relevant licences / accreditations?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Do you monitor subcontractor performance and remove / suspend approval where standards are not met?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Will you obtain written approval from The Macadam Specialist Limited before introducing any lower-tier subcontractor to our works? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |

#### Supply-Chain Details

|                                                      |  |
|------------------------------------------------------|--|
| Trades / activities likely to be sublet              |  |
| Typical lower-tier subcontractors / labour providers |  |
| How performance is monitored                         |  |

#### OFFICE USE ONLY - Assessment

|                               |                                      |                               |                              |          |             |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|
| Pass <input type="checkbox"/> | Conditional <input type="checkbox"/> | Fail <input type="checkbox"/> | N/A <input type="checkbox"/> | Reviewer | Review Date |
|-------------------------------|--------------------------------------|-------------------------------|------------------------------|----------|-------------|

## 10 DOCUMENT RETURN CHECKLIST

Mark each item Enclosed, N/A or provide an evidence reference. Documents should be current and legible.

| Document / Evidence                                             | Enclosed                 | N/A                      | Reference / Notes |
|-----------------------------------------------------------------|--------------------------|--------------------------|-------------------|
| Company organogram / responsibility structure                   | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Employers Liability insurance                                   | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Public Liability insurance                                      | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Professional Indemnity insurance (if applicable)                | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Contractors All Risks / Plant insurance (if applicable)         | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| SSIP certificate (if held)                                      | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| ISO 9001 certificate (if held)                                  | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| ISO 14001 certificate (if held)                                 | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| ISO 45001 certificate (if held)                                 | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Health & Safety Policy / arrangements                           | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Competent H&S adviser details / CV                              | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Training / competence matrix                                    | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Sample RAMS relevant to proposed trade                          | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Accident / incident statistics                                  | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Environmental Policy                                            | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Waste Carrier registration / relevant waste licence             | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Quality Policy / quality arrangements                           | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Modern Slavery policy / statement or arrangements               | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Equality / EDI policy or arrangements                           | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Drugs & Alcohol policy / procedure                              | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Bribery / fraud prevention policy or arrangements               | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Trade-specific licences / certificates                          | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Plant inspection / test certificates (sample, where applicable) | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Three relevant project references / case studies                | <input type="checkbox"/> | <input type="checkbox"/> |                   |

## 11 SUBCONTRACTOR DECLARATION

I confirm that the information given in this questionnaire is accurate and complete to the best of my knowledge. I understand that The Macadam Specialist Limited may rely on this information when deciding whether to approve, appoint or retain the organisation as a subcontractor.

I undertake to notify The Macadam Specialist Limited promptly of any material change affecting this submission, including changes to insurance, accreditations, ownership, competence, enforcement action, insolvency status, working practices or the use of lower-tier subcontractors.

I understand that false, misleading or incomplete information may result in rejection, conditional approval, suspension or removal from the Approved Subcontractor Register.

|                                       |  |
|---------------------------------------|--|
| <b>Company name</b>                   |  |
| <b>Name of person completing form</b> |  |
| <b>Position</b>                       |  |
| <b>Signature</b>                      |  |
| <b>Date</b>                           |  |

### Data protection

Information supplied will be used for subcontractor due diligence, competence assessment, supply-chain management, legal compliance and contract administration. It should only include information relevant to those purposes.

## THE MACADAM SPECIALIST LIMITED - FINAL APPROVAL

|                                                               |                                                                                                                       |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Assessment outcome</b>                                     | Approved <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Not Approved <input type="checkbox"/> |
| <b>Approved trade(s) / service(s)</b>                         |                                                                                                                       |
| <b>Maximum approved package / order value (if restricted)</b> |                                                                                                                       |
| <b>Conditions / actions required</b>                          |                                                                                                                       |
| <b>Reviewed by / Position</b>                                 |                                                                                                                       |
| <b>Signature / Date</b>                                       |                                                                                                                       |

To be returned via email to – [estimating@themacadamsspecialist.co.uk](mailto:estimating@themacadamsspecialist.co.uk)

Or by post to 11-13 Hanover Street, Liverpool, L1 3DN

Supporting documentation can be provided by multiple emails, WeTransfer or suitable download links.