



## 2023 SUPPLIER ASSESSMENT RECORD

As part of our commitment to improving our quality, health, safety and environmental management systems and a greater understanding of your company's capabilities, we request that you complete this questionnaire and provide the supplementary information. The information will be held in the strictest confidence.

Once completed, please return by email or post with all necessary supporting documentation to:

[finance@gilligans.co.uk](mailto:finance@gilligans.co.uk) or

Gilligan Engineering Services Ltd, Andrews House, Princess Way, Prudhoe, Northumberland, NE42 6HB

### 1. Company Details

Name:	
Registered Office Address:	
Telephone:	
E-mail:	
Website:	
Product or Services Offered:	

### 2. Quality

	Yes	No	N/A
1. Does your company operate an accredited quality system? If <b>YES</b> , please enclose copies of your registration certificates and <i>move to Section 3</i> . If <b>NO</b> , please complete the remaining questions in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to gain accreditation to an ISO quality standard? If YES, by when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does a formal quality control system currently exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a quality policy; manual; procedures? If YES, please provide copies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is production, inspection and test documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is inspection carried out on incoming goods; during production and prior to dispatch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a system for controlling non-conforming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can materials/parts be identified against a particular order number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the certificates of conformity be signed by approved signatories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you prepared to agree to inspection/quality assurance visits by GES personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Who is your contact with respect to quality problems with your products/services?  Name: Position: Contact Details:			

### 3. Environmental

	Yes	No	N/A
1. Does your company operate an accredited environmental system? If <b>YES</b> , please enclose copies of your registration certificates and <i>move to Section 4</i> . If <b>NO</b> , please complete the remaining questions in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your company working towards an environmental accreditation? If YES, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your company have any environmental improvement programmes or initiatives for any aspects of your operations, products, or services? If YES, please summarise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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4. Does your company use recycled materials/products? If YES, please list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Please name the contact for environmental issues.  Name: Position: Contact Details:			
<b>4. Health and Safety</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does your company operate an accredited health and safety system? If YES, please enclose copies of your registration certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your company have a stated health and safety policy and supporting procedures? If NO, please explain what measure your company has in place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are health and safety characteristics for products your company supplies fully documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your company ensure that the purchaser receives data pertinent to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Performance Please complete the table in accordance with HSE legislation – The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.	2018	2019	2020
Fatalities			
Riddor			
Major Injuries			
Minor Injuries			
First Aid			
Dangerous Occurrences			
Near Misses			
Average Number of Employees			
Accidence Frequency Rate			
6. Has your Company been served with any Health, Safety or Environmental Prosecutions, Enforcement, or Improvement Notices in the last 5 years? If YES, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please name the contact for health and safety issues.  Name: Position: Contact Details:			
<b>5. Training &amp; Competency</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the company identify training needs of all employees and institute the necessary training programmes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are training records available for all your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe how you manage training and assure the competency of your employees:			



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<b>6. Liability Insurance</b>	Yes	No	N/A
1. Does your company have Liability Insurance? <i>(The Employers (Compulsory Insurance) Regulations 1998)</i> If <b>Yes</b> supply details and provide a copy: If <b>No</b> state reasons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Information Security</b>	Ye	No	N/A
1. Does your company have an information security policy for preventing unauthorized access, use, disclosure, disruption, modification, inspection, recording or destruction of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Equality &amp; Diversity</b>	Ye	No	N/A
1. Does your company have an equality & diversity policy ensuring everybody has an equal opportunity and is not treated differently or discriminated against because of their characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Antibribery &amp; Corruption</b>	Ye	No	N/A
1. Does your company have an anti-bribery and corruption policy setting out the rules and regulations for how your employees can handle potential bribes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Corporate Social Responsibility</b>	Ye	No	N/A
1. Does your company have a corporate social responsibility policy that shows commitment to manage the social, environmental, and economic effects of its operations and responsibly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Human Rights &amp; Modern Slavery</b>	Ye	No	N/A
1. Does your company have a human rights and modern slavery policy that shows a committed to respecting and upholding internationally recognised human rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of person completing form:	
Position/function:	
Date:	
Signed:	

<i>GES INTERNAL USE ONLY</i>	Q	C	D	A	T	O	COMMENTS
<i>Assessment criteria score</i>							
<i>Documents supplied</i>	Quality	Env	H&S	insurance	Policies	Other	
<i>Approved Supplier category code</i>	Critical	Frame	Other		N/A		
<i>Review completed by GES</i>		date			ASL /DB updated		