



Supplier Qualification Questionnaire

Supplier Name:		Date:	
Core Business Activity:			
Number of Staff:			
Organisation Type <i>(please circle)</i> :	Sole Trader Partnership Private Limited (Ltd) Public Limited (PLC)		

Section 1 – Company Details

Address:			
Telephone:			
Fax:			
Email:			
Website:			
CIS Tax Certificate <i>(please circle)</i> :	4 5 6 Exempt	Copy Attached:	<input type="checkbox"/>
VAT registration no:		Copy Attached:	<input type="checkbox"/>

1.1 Insurance Details – Please attach copies of applicable insurance certificates

Insurance Type	Insurer	Policy Number	Value (£)	Expiry Date	Copy Attached
Employers Liability					<input type="checkbox"/>
Public Liability					<input type="checkbox"/>
Products Liability					<input type="checkbox"/>
Professional Indemnity					<input type="checkbox"/>
Other					<input type="checkbox"/>

1.2 Banking Details

Name of Bank:			
Branch Address:			
Account No:		Sort Code:	
Account Name:		Accept payment by BACS:	<input type="checkbox"/>

1.3 Key Contacts

Name	Position	Telephone	Email

1.4 Miscellaneous Details

Geographical Coverage:	
Services and products supplied:	

Section 2 – Quality Control

Do you operate a quality management system: <i>(please provide details)</i>			
Are you accredited to (or working towards) ISO 9001 (or similar):		Copy Attached:	<input type="checkbox"/>

Section 3– Health and Safety

Do you have a Health & Safety Policy Statement?		Copy Attached:	<input type="checkbox"/>
Overall responsible person for Health & Safety:	Name: _____ Position: _____		
Do you employ a Health & Safety Manager / Consultant / Advisor? <i>(please detail name & qualifications)</i>			
Do you operate a documented H&S management system: <i>(please provide copies of your documented system for the following:)</i>	Method Statements:	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>
	Risk Assessments:	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>
	COSHH assessments:	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>
	Health and Safety Training:	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>
	Near miss & Accidents:	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>
	Provision & use of PPE	<input type="checkbox"/>	Copy Attached: <input type="checkbox"/>

Section 4 – Environmental

Do you have an Environmental Policy Statement?		Copy Attached:	<input type="checkbox"/>
Overall responsible person Environmental Management:	Name: _____ Position: _____		
Do you operate an environmental management system: <i>(please provide details)</i>			
Are you accredited to (or working towards) ISO 14001 (or similar):		Copy Attached:	<input type="checkbox"/>

Section 5 - Declaration

Please sign below to confirm all information provided above is correct. In addition you agree to provide any further required information regarding your Health & Safety, Environmental, and Quality procedures

Signed:		Date:	
Name:		Position:	