

SUBCONTRACTOR QUESTIONNAIRE

Please provide the following information in connection with your Company and its activities/ capabilities:

Company Details		Principal Operating Office:					
Company Name							
Address							
Town							
County							
Post Code							
Telephone Number							
E-mail Address							
Website							
Areas of Operation #	Leeds	Harrogate	Knaresborough	Bradford	Doncaster	Sheffield	

Location of Estimating Department if different to the above:

Company Name						
Address						
Town						
County						
Post Code						
Telephone Number						
E-mail Address						
Website						
Areas of Operation #						

Company Contacts					
Name	Position	Office	Telephone Number	Mobile Phone Number	
Head of Company					
Tot No. of Permanent Employees					
Person responsible for Company Management Systems					

Company Activities

Principal activities/trades carried out and minimum/maximum values:

Activity/Trade	Minimum Value	Maximum Value

Examples of recent contracts undertaken:

Activity/Trade	Client	Project	Value

Insurance Arrangements

Type	Insurer	Policy No	Limit of Indemnity	Expiry date
Employers Liability				
Third Party Liability				
Product/ Public Liability				
Professional Indemnity				
Please provide Broker's confirmation of current renewal			enclosed?	#

Health & Safety

Is your organisation registered to ISO 18001?	Yes / No
---	----------

If yes, please provide a copy of your accreditation	#
---	---

If not, do you plan to implement ISO18001?	Yes / No	If yes, by what date?
--	----------	-----------------------

Who is directly responsible for Health and Safety in your organisation?

Name	
Qualifications	
Experience	

Name the Director who is ultimately responsible for Health and Safety in your organisation.

Name	Contact Number
------	----------------

Do you have a Health and Safety Policy dated & signed? (if YES, please provide a copy of your H&S Policy Statement signed and dated and the content/index page).	#
--	---

How is your H&S Policy implemented? (please include an organisation chart and description of duties and responsibilities).

Does your company use a Safety Consultant? (If YES please supply details)	Yes / No
---	----------

Name	Contact Number
Qualifications	

Experience

Over the past 5 years, has your company been subject to any form of enforcement action by the Health, Safety or Environmental Authorities? I.e. Prosecution, prohibition, improvement notices etc). If so, please provide details:

Provide details of any accidents / incidents during the past 5 years including all reportable accidents / incidents (as required by RIDDOR) to the Health and Safety Executive.

Training & Information

What measures do you take to assess the competency of sub-contractors employed?

Please provide a list of relevant training carried out for your site operatives.

Examples of training

SMST

Asbestos Awareness

Manual Handling

Working at Heights

First Aid

Temporary Works Co-Ordination

Please provide a copy of your Training Policy Statement and Summary.

Site Management

What methods do you employ for carrying out risk assessments and preparing Method Statements prior to work commencing?
(Please enclose a sample) #.

Please indicate the steps you take to monitor, enforce and control your safety policy and site rules.

How do you ensure that any plant, equipment and vehicles either hired or owned are issued and maintained in a safe condition and that the plant operatives are suitably trained (please provide two examples).

Quality

Is your organisation registered to ISO 9001?

Yes / No

If yes, please provide a copy of your accreditation

#

If not, do you plan to implement ISO 9001?

Yes / No

If yes, by what date?

Who is responsible for Company Management Systems?

Name

Do you have a Quality Policy?

Yes / No

Date or version number of your current Policy Statement.

Please provide a copy of your current Policy

#

Do you have a Quality Management System?

If you have no formal Quality

Management System, how do you maintain the quality of your service or product?

Are you prepared to work in accordance with our Quality Management System?

Yes / No

Environmental Policy

Is your organisation registered to ISO 14001?	Yes / No		
If yes, please provide a copy of your accreditation	#		
If not, do you plan to implement ISO14001?	Yes / No	If yes, by what date	
Do you have a written Environmental Policy dated & signed ?			
If yes, please provide copy of your current Policy Statement.	#		
If no, do you agree to work within ABG's Environmental Policy (see www.ashfieldbuilders.co.uk).			
Do you have a policy for reducing / re-cycling waste materials?			
If yes, please provide one example.	#		
Has your organisation exceeded environmental permits in the last 5 years?			
If yes, please provide details	#		
How do you ensure that your legal obligations are met?			

Equal Opportunities

Do you have an Equal Opportunities Policy?	Yes / No
Date or version number of your current Policy	
Please provide a copy of your current Policy Statement.	#
If you have no Equal opportunities Policy, how do you ensure that your legal responsibilities are met?	

Construction Skills Certification Scheme (CSCS)

Is it your policy to use operatives registered under the above scheme or an equivalent?	Yes / No
If so, what proportion of your workforce are registered cardholders?	
When do you anticipate having 100% of your workforce registered?	
If you do not operate such a scheme, how do you establish skills levels?	

Disclosure & Barring Service

Do you undertake DBS (old CRB) checks on your employees?	Yes / No
--	----------

Accreditations

Please list any Accreditations your company has achieved (I.e. CHAS, SAFE CONTRACTOR, CEASER etc).

Sustainable Procurement

Do you have a Sustainable Procurement Policy?

Yes / No

Date or version number of your current Policy

Please provide a copy of your current Policy Statement

#

If no, do you agree to work within ABG's Sustainable Procurement Policy (see www.ashfieldbuilders.co.uk)

Payment Arrangements

The following information will be required in order to establish payment arrangements:

VAT Number

Bankers Name

Bank Address

Town

County

Post Code

Account Name

Account Number

Sort Code

Are you registered under the Construction Industry Scheme (CIS)?

Yes / No

Company

Name of User

UTR No.

Company Reg No.

or Partnership

Partnership Name

Partnership UTR No.

Partner Name

Partner UTR No.

Partner NI No.

or Sole Trader

UTR No.

NI No.

Completion of Questionnaire

Completed By

Date

Position of above

Signed

Please Return To

info@ashfieldgroup.co.uk or
post to: ASHFIELD GROUP, Sandown House, Sandbeck Way, Wetherby, LS22 7DN

Please include enclosures requested above and marked #