

SUPPLIER QUESTIONNAIRE



Please provide the following information in connection with your Company and its activities/ capabilities:
Please use separate sheets if required and attach to this document

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						

Location of Accounts Department if different to the above:

Company Name						
Address						
Town						
County						
Post Code						
Telephone Number						
E-mail Address						

Company Contacts				
Address		Office	Telephone Number	Mobile Phone Number

Company Activities	
Principal products/commodities supplied:	
Activity/Trade	

Examples of recent contracts supplied:

Product/Commodities	Client	Project	Value

Insurance Arrangements

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

Quality

Yes / No

Do you have a Quality Policy?	
Date or version number of your current Policy Statement.	
Do you undertake to provide a copy if requested?	
Do you have a Quality Management System?	
Is your system accredited to ISO 9001:2000 or equivalent?	
Date of accreditation.	
If not already accredited, are you seeking accreditation?	
If you are seeking accreditation, date anticipated to achieve.	
If you have no formal Quality Management System, how do you maintain the quality of your product?	
Are you prepared to work in accordance with our Quality Management System?	

Are you members of any trade/industry certification body that audits?		
Product/Commodity	Industry Certification Body	Registration No.:

Are you able to provide evidence of regular quality checks or tests if requested?	
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Are you prepared to provide samples for independent quality checks or tests if requested?	
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Environmental Policy

Yes / No

Is your organisation registered to ISO 14001 standard?		
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.	#	
Have you appointed a Manager for the Environment?		
Do you carry out Environmental Audits and Reviews?		
Do you have a policy for reducing / re-cycling waste materials?		

If yes, for which materials?	
Do you implement Environmental control on your subcontractors?	
Has your organisation exceeded environmental permits in the last 5 years?	
Has your organisation been prosecuted for environmental activities in the last 5 years?	
Comments	

Health & Safety

Do you have a signed and dated Health and Safety statement?	Yes / No
Do you undertake to provide a copy if requested?	Yes / No
Do you undertake to provide COSHH/product information sheets where appropriate?	Yes / No
Do you undertake to provide instructions for use/method statements where appropriate?	Yes / No

Payment Arrangements

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

VAT Number			
Co Registration No.:		Date Incorporated	

Bankers Name			
Bank Address			
Town			
County			
Post Code			

Account Name			
Account Number			
Sort Code			

Questionnaire

Signed			
Position in Company			
Print Name			
Date			

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 #