

GENERAL PRE-QUALIFICATION QUESTIONNAIRE

Applies to Contractors/Sub-Contractors supplying services or facilities

GENERAL DETAILS

Company Name
Main Contact

Head Office Address

Alternative Site Office (if applicable)

Telephone Number

Fax Number

Web site

E-mail address

Contact name (Alternative Site)

Mobile Number – main contact

VAT Number

Tick Type of Company:- PLC Limited Partnership

Are you a Quality Assured ISO 9001 / Environmental ISO 14001 / Health and Safety ISO 45001 certified?

(please attach copy of relevant certification)

<i>TICK BOXES AS APPLICABLE</i>	
ISO 9001:2000 <input type="checkbox"/>	ISO 45001 <input type="checkbox"/>
ENVIRONMENTAL 14001:2004 <input type="checkbox"/>	

Provide copy of Health & Safety Policy statement, Environmental Policy Statement and the arrangements for Business Continuity in emergencies

<i>TICK BOXES TO INDICATE ENCLOSED DOCUMENTS</i>	
HEALTH & SAFETY POLICY STATEMENT	<input type="checkbox"/>
ENVIRONMENTAL POLICY STATEMENT	<input type="checkbox"/>
BUSINESS CONTINUITY PROCEDURES/PLAN	<input type="checkbox"/>

Enclose copies of applicable Method Statements for work on site
Enclose copies of Risk Assessments for work/ activities on site

enclosed
enclosed

Have you or your company received any of the following in the last 3 years:-

Improvement Notices Yes / No

Prohibition Notices Yes / No

SECTION - INSURANCES DETAILS

<i>Tick circles as Applicable</i>	Employers/Public Liability Insurance <input type="radio"/> Yes <input type="radio"/> No	Product Liability Insurance if applicable <input type="radio"/> Yes <input type="radio"/> No	Professional Indemnity Insurance <input type="radio"/> Yes <input type="radio"/> No
Name of Insurer and/or broker			
Contact details of Insurer/Broker			
Policy Number			
Limit of Indemnity			
Expiry date			
Please Attach Certificate (copy)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Person responsible for Health and Safety/Environment in the company

PROFESSIONAL MEMBERSHIPS

Are you a member of any professional organisations, tick & name those that apply:

Is the company aware of its requirements under current Safety law & practices ? YES NO

Do employees receive proper Induction/Safety training before commencing work ? YES NO

Has the company had any notifiable accidents in the last three years ? YES NO
(If so please append details)

Do you issue appropriate PPE to your employees and ensure that the equipment? is checked/tested regularly YES NO

Do you comply with the Modern Slavery Act and Bribery & Corruption legislation? YES NO

Has your company received any fines or convictions in the last 12 months If YES, please attach details. YES NO

Form to be Signed on behalf of the Service Provider, Contractor or Sub-contractor supplying services to Total Office by a Senior Officer of that company.

Signed: _____ **Date:** _____

Print Name _____

Status: Director or Senior Manager etc _____