

Elliott Nash Limited Contractors Pre Qualification Questionnaire (PQQ) (SHE 15)

The questions listed below have been designed to assess contractor's suitability in line with ENCL Safety, Quality and Environmental manuals and operation procedures. Please answer **all** questions to assess your competence in areas such as Management, training, supervision & safety.

NOTE: Failure to provide the following details may preclude you from being a suitable contractor for Elliott Nash Limited.

Thank you in advance for your time in completing this questionnaire

1.0	CONTRACTOR ORGANISATION	DETAILS	Office Use Only
1.1	Name of firm making application: Contact Name:		
1.2	Main address for correspondence:		
1.3	Registered office: (if different from above)		
1.4	Registration number & date of registration: (if applicable)		
1.5	VAT registration number:		
1.6	Does your firm hold a Construction Industry Scheme or exemption certificate: YES/NO/NOT APPLICABLE	If so, please enclose copy	
1.7	Telephone number:		
1.8	Fax number:		
1.9	E-mail Address:		
1.10	Principle Mobile Phone Contacts:	Name No. Name No.	
1.11	Are you a sole trader, partnership or limited company:	If not Ltd, please give names and address of all proprietors below	
	Name	Address	

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2.0 INSURANCE DETAILS		Office Use Only
2.1	EMPLOYERS LIABILITY INSURANCE Insurer & Policy no: (Please enclose copy certificate)	
	Period of Cover –	
	Indemnity Limit	
2.2	PUBLIC LIABILITY INSURANCE Insurer & Policy no: (Please enclose copy certificate)	
	Period of Cover;	
	Indemnity Limit: Public Liability Product Liability	
2.3	EXCESS LAYER PUBLIC & PRODUCT LIABILITY (If Applicable) Insurer & Policy no: (Please enclose copy certificate)	
	Period of Cover:	
	Indemnity Limit	
2.4	Please confirm the following as applicable in respect to all or any of the above policies: a) Is indemnity to Principle included b) Is Contractual Liability covered c) Are Fire/Explosion Risks covered d) Is heat work on site included e) Is a height or depth limit included f) Are any High Risk Locations <u>excluded</u>	

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2.5	FINANCE: In order to evaluate the Company's stability for contract works, please provide the following figures based on the company's last 3 years accounts.			
	Description / Year	Yr	Yr	Yr
	Annual Turnover			
	% Construction Industry Based			
	Pre-tax Profit (Loss)			
	Total Assets			
	Current Assets			
	Current Liabilities			
	Net Assets			

3.0	GENERAL DETAILS		
3.1	Does your company belong to any Trade organisations or is accredited by any other organisation. Please list:		
3.2	Other major clients for which you are registered or approved:		
3.3	Number of employees available: (Number of Employees with CITB or other national recognised industry scheme cards eg CSCS,CPCS,IPAF etc)	Managers:	
		Supervisors:	
		Operatives:	
3.4	Please state geographical areas of work:		
3.5	Minimum value of contracts undertaken:		

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3.6	Maximum value of contracts undertaken:		
3.7	Please forward details of 3 x clients for which you carried out similar work together with contact details for a reference:	Company Contact name Contact phone no.	
	Company Contact name Contact phone no.	Company Contact name Contact phone no.	

4.0	SUB CONTRACTORS COMPETENCE	DETAILS	Office Use Only
4.1	Does the Company have a Health & Safety Policy? YES/NO	If so, please enclose copy	
4.2	Does the Company carry out and certify in house H&S related training? YES/NO	If so, please enclose an example certificate	
4.3	Does the Company have a Quality Policy? YES/NO	If so, please enclose copy	
4.4	Is the Company BS ISO 9000: 2000 certified? YES/NO	If so, please enclose certificate	
4.5	Does the Company have an Environmental Policy? YES/NO	If so, please enclose copy	
4.6	Is the Company BS ISO 14001 certified? YES/NO	If so, please enclose certificate	
4.7	Please state name of person dealing with Health & Safety issues:		

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	Qualifications:		
4.9	Has the Company had any prohibition or improvement notices issued or been prosecuted by the HSE, HMRI, EA or local authority in the last 5 years?	None/or Details Enclosed	
4.10	Has the Company had any RIDDOR reportable accidents / incidents involving employees, sub contractors and third parties during the last 3 yrs?	None/or Details Enclosed	
4.11	Please provide copies of your companies policies relating to the following:		
	Monitoring of Health and Safety	None/or Details Enclosed	
	Personal Protective Clothing	None/or Details Enclosed	
	Safe Systems of Work	None/or Details Enclosed	
	Manual Handling	None/or Details Enclosed	
	COSHH	None/or Details Enclosed	
	Noise	None/or Details Enclosed	
	Vibration	None/or Details Enclosed	
	Risk Assessment	None/or Details Enclosed	
	Fire	None/or Details Enclosed	
	Accidents & Incidents	None/or Details Enclosed	
	Plant & Machinery	None/or Details Enclosed	
	Transport	None/or Details Enclosed	
	Working at Height	None/or Details Enclosed	
	Harness Inspection Pro forma	None/or Details Enclosed	

5.0 PLANT & EQUIPMENT:		
Please detail below available major serviced plant & equipment regarding your application:		
Plant & Equipment	Year	Service History Available

6.0 DECLARATION:	
I/We apply for inclusion in the list of approved Contractors and certify that the information supplied is complete and accurate to the best of my/our knowledge and belief. I/We attach employee details (if applicable) and undertake to provide additional information, which may be required to establish the suitability for inclusion on the approved list.	
Signed:	Print Name:

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Position:	Date:
For and on behalf of:	

Please attach any documents as requested

OFFICE USE ONLY: To be approved by each manager with comments (if applicable) of restrictions	
HSE Check completed: Entries Yes/No. Details if yes.	
Signed:	Date:
H&S Coordinator/Advisors Comments:	
Approval by:	Date:

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