**Sub-Contractor / Supplier Pre-Qualifying Questionnaire Template - EXAMPLE**

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| --- | --- |
| **Company Details:** | |
| **Company Name:** |  |
| **Address Inc Postcode:** |  |
| **Contact Name:** |  |
| **E-Mail Address:** |  |
| **Phone Number:** |  |
| **VAT Registration no:** |  |
| **Company Registration no:** |  |
| **Company Status:**  **(Please Circle)** | Sole trader Private Ltd Company Public Ltd Company  Partnership Other |
| **Company Trade:** |  |
| **Parent Company: (If applicable)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your company hold IPAF Rental+ Certification?** | **Yes** |  | **NO** |  |
| **PLEASE SUPPLY A COPY OF YOUR CURRENT IPAF RENTAL+ CERTIFICATE** | | | | |

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| **Services Offered: (Please tick relevant box)** | | | |
| Cross Hire: |  | Tyre Maintenance: |  |
| Sub Contract Haulier: |  | Service and or Repairs: |  |
| Hydraulic Hose Repair: |  | Machine Sales: |  |
| Completion of Thorough Examinations: |  | Operating: |  |
| Supplier: (Please specify items to be supplied) |  | | |
| Other: (Please specify) |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your company have the following:** | | | | |
| * Employers Liability Insurance: | YES |  | NO |  |
| * Public Liability Insurance: | YES |  | NO |  |
| * Product Liability Insurance: | YES |  | NO |  |
| * Vehicle Insurance: (including LGV if applicable) | YES |  | NO |  |
| * Plant Insurance: | YES |  | NO |  |
| * Professional Indemnity Insurance: | YES |  | NO |  |
| **PLEASE SUPPLY COPY CERTIFICATES FOR ALL APPLICABLE INSURANCE POLICIES** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your company have the following Policies:** | | | | |
| * Health & Safety Policy | YES |  | NO |  |
| * Environmental Policy | YES |  | NO |  |
| * Quality Assurance Policy | YES |  | NO |  |
| * Anti-Bribery Policy | YES |  | NO |  |
| * Ethical Trading Policy | YES |  | NO |  |
| * Human trafficking/Child Labour Policy/ Anti-Slavery | YES |  | NO |  |
| * Corporate & Social Responsibility Policy | YES |  | NO |  |
| * Staff Development Policy | YES |  | NO |  |
| * Supplier/ Subcontractor Policy | YES |  | NO |  |
| **PLEASE SUPPLY COPIES OF ALL APPLICABLE POLICIES.** | | | | |

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| **Please complete the following table for the last 3 years:** | | | |
| **Year** | **Two Years Previous** | **Previous Year** | **Current Year** |
| Fatalities |  |  |  |
| Major Injuries |  |  |  |
| Other lost time incidents (Over 7 days) |  |  |  |
| Environmental Incidents |  |  |  |
| No of HSE Improvement notices |  |  |  |
| No of HSE Prohibition Notices |  |  |  |
| No of convictions for offences under H & S legislation. |  |  |  |
| Prosecutions |  |  |  |
| Pending HSE Prosecutions |  |  |  |

**Declaration:**

* **I confirm that all operators of MEWP’s hold the correct category for the machine to be operated on a current in date PAL Card.**
* **I confirm that all delivery drivers, in addition to the previous point hold certification in a structured load/unload course.**
* **I confirm that delivery drivers involved in the handover of MEWP’s, in addition to the two previous points hold the correct category for the machine to be operated on a current in date PAL Card at Demonstrator level.**
* **All personnel provided will be competent to complete the task they have been allocated.**
* **Evidence of competence will be supplied by return should it be requested.**

***I declare the information provided within this questionnaire to be accurate and true:***

**Name:** Date:

**Signature:**

**For and on Behalf of:**

**Please return this completed questionnaire with documentation required to PLEASE ENTER YOUR COMPANY NAME AND ADDRESS HERE.**

**Provision of services and or supplies will not be possible until this form has been completed in full and returned along with all requested documentation.**

**FOR OFFICIAL USE ONLY:**

|  |  |
| --- | --- |
| Approved Supplier: YES/NO | Services Supplied: |
| Authorised by: | Signed: |
| Date: | Review Date: |

|  |
| --- |
| Comments: |