

## SUPPLIER QUESTIONNAIRE

(Where certificates or documentation is required the preferred medium is electronic)

<b>1. <u>General Details of Company</u></b>			
1.1 Company Name:			
1.2 Address:			
1.3 Post Code:			
1.4 Email Address:			
1.5 Website Address:			
1.6 Contact:		1.7 Contact Telephone No:	
1.8 Company Telephone No:		1.9 Fax No:	
1.10 Company Registration No:		1.11 How long has your company been in business?	
1.12 Managing Director / Senior Partner:		1.13 Total number of staff in company:	
1.14 Ultimate parent Company / Sole trader:		1.15 Country of Registration:	
1.16 List of Companies within the group			

<b>2. <u>Finance and Tax Information</u></b>			
2.1 Turnover last financial year:			
2.2 VAT Registration No.:			
2.3 Bank Sort Code:		2.10 Bank Account No.:	
2.4 Bank Account Name:			

2.5 Bank:	
2.6 Bank Address:	
2.7 Sales Department Contact details: (Phone, fax and email)	
2.7 Remittance contact details: (Phone, fax and email)	
2.8 Goods or Services provided:	

### 3. **Insurance and Indemnity**

Can you provide the following types of insurance? **Please attach copies of certificates.**

<b><u>Insurance Type</u></b>	<b><u>Value</u></b>	<b><u>Expiry Date</u></b>
3.1 Public Liability (Standard £10 million)		
3.2 Contractors All Risk		
3.3 Professional Indemnity		
3.4 Employers Insurance (Mandatory requirement - Standard £10 million)		

### 4. **Health, Safety, Environment and Quality**

4.1 Do you operate a formal management system?	YES / NO	Date Introduced	
4.2 Please indicate the standard(s) to which the management system is structured:			

ISO9001:2008 (international standards)		OHSAS18001:2007 Health and Safety	
ISO14001:2004 ENVIRONMENT		Scope/Others	

4.3 Is your management system certified to any of the following standards?

ISO9001:2008		OHSAS18001:2007	
ISO14001:2004		Scope/Others	

(Please provide a copy of your current certificate(s) and scope of certification as an attachment to this information.)

4.4 Please provide contact details for your Quality Manager:

Name:		Address:	
Mobile Telephone:		Email:	

4.5 If your company is a member of an Approved Contractor Scheme (e.g. Safe Contractors passport schemes) please provide the name of your scheme and the registration number:

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4.6 Please identify the person in your company responsible for the co-ordination of health and safety.

Name:		Address:	
Mobile Telephone:		Email:	

4.7 Please provide the following statistics for the last **five** years:

4.7.1 No. of incidence reports made under RIDDOR regulations:	
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4.7.2 Any enforcement actions taken e.g. HSE:	
4.8 Please detail with dates and membership of any occupational groups (e.g. ROSPA, BSC etc)	

## 5. Environment

In this document the meaning of the term 'Environmental' shall include all aspects associated with any detrimental effect on the environment, as well as economical and social impact in areas such as working conditions, ethical behaviour etc

If applicable due to the nature of your work, please provide an Environmental Sustainability Appraisal. This appraisal negates the requirement to complete Section 5 of this questionnaire.

5.1 Are there any environmental permits/licences (e.g. from the Environment Agency) required? If so, please provide details			
5.2 If hazardous goods (chemicals, oils and paints) are bought on to site, provide details on method of storage:			
5.3 Please provide certification details of the employee responsible for the uplift and disposal of waste produced:			
5.4 Does your organisation have a named office responsible for Environmental and Sustainable Management (including Procurement)?			
If yes, please provide details:			YES / NO
Name:		Position:	
Qualifications			
5.5 Does your organisation have an Environmental Policy?			
			YES / NO
If 'yes' please enclose a copy			
5.6 Does your organisation have in place an Environmental Management system? Do you have any objections to this being inspected?			
System in place?	YES / NO	Objections?	YES / NO
5.7 Has your organisation compiled a register of environmental regulations and legislation relating to your business?			

Register compiled?	YES / NO		
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5.8 Has your organisation compiled an environmental effects register? Will this be available to view?

Register compiled?	YES / NO	Available to view?	YES / NO
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5.9 Do you have an environmental action plan in place to reduce any adverse impact on the environment? Will this be available to view?

Action plan in place?	YES / NO	Available to view?	YES / NO
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5.10 Do you know the locations of 100% of the facilities that produce your products and do you take steps to ensure that social and ethical compliance is achieved in these facilities?

If 'yes' please outline how this is achieved,

YES / NO

5.11 Outline the environmental impacts and risks associated with your products / services and what steps are being taken to minimise them.

5.12 Will any of the work be sub contracted and if so what processes do you have in place to ensure third party control. Please reference below:

Do you sub contract works? Y/N

How do you control third party sub- contractors?

## 6. Procurement

6.1 Please provide the names and annual expenditure with your 3 key suppliers:

Name	Spend

6.2 What category of goods/services does your company supply? (eg Tools, Electrical, Sports or Play Equipment, Site Services, Safety Equipment, etc)

<b>7. <u>Business Ethics &amp; Code of Conduct</u></b>	
It is expected that Yate Town Council employees and members will conduct their business to the highest standards of honesty & integrity, which includes non-acceptance of business gifts or hospitality. Suppliers should support this policy by acknowledging opposite	Acknowledge Y / N

<b>8. <u>Goods and Materials Declaration</u></b>	
When you supply Goods or Materials of a hazardous nature to the Council for the first time, you are requested to provide a copy of the Product Safety Data Sheet with the Goods / Materials.	Are you able to comply with this requirement?  Y / N

<b>9. <u>Perishable Goods or Materials</u></b>	
<p>When you supply Goods or Materials that have a limited Shelf-life to the Council, you are requested to:</p> <p>a/ Package each item separately.</p> <p>b/ Clearly identify on each item either the shelf-life expiry date, or the date of manufacture and the length of the shelf life applicable.</p> <p>c/ Ensure that each item supplied to the Council has at least 75% of it's shelf life remaining on the day it is received by the Council unless otherwise stated on the Contract.</p>	<p>Are you able to comply with this requirement?</p> <p>Y / N</p>

**10. Legal**

Does any company or individual have any litigation outstanding against your company

Y / N

If yes please list details:

Does your company have any litigation outstanding against any other company or individual

Y / N

If yes please list details:

**11. Attachments (To be supplied to Yate Town Council)**

11.1: Management Accounts

11.2: Insurance Certificates

11.3: Management System Certificate and Scope of Registration

11.4: Management System Manual

11.5: Environmental Sustainability Appraisal

11.6: Waste Carriers Certificate

12. **Date Questionnaire Complete by Supplier:**           /       /      .

**Name:**

**Signature:**

**Position:**

**Telephone No:**

I understand that by submitting a proposal permission is given to Yate Town Council to store the above information on its secure computer system, held under the Limitation Act 1980 (as amended) for a period of 6 years for audit purposes on the town council secure computer system.

	<b>1. References</b>			
	Please provide details of three recent contracts that are relevant to Yate Town Council's requirements. Where possible, at least one should be from the public sector. If you cannot provide three references, please explain why.			
		<b>Reference 1</b>	<b>Reference 2</b>	<b>Reference 3</b>
1	Organisation Name:			
2	Contact Name: Telephone Number: Email:			
3	Date Contract Awarded:			
4	Date the project was completed / launched			
5	Contract reference and brief description of provision:			