Please complete and send with supporting documentation to Accounts at the address below [accounts@infratec-uk.com](mailto:accounts@infratec-uk.com). Answers can be continued on a separate sheet if necessary.

# GENERAL INFORMATION

Company Name: Tel:

Address: Fax:

Email:

Web address:

Postcode: Annual turnover:

Contact: Position:

Company Reg. No.: VAT No.:

Date of registration: No. of employees:

Please state type of business you are, e.g. Ltd, sole trader, etc.

Please confirm that you are able to supply all resources on a full PAYE basis?.......................................

Please provide details of goods/services offered:

Sales Manager: Tel:

Quality Manager: Tel:

Health & Safety: Tel:

Finance Manager: Tel:

Managing Director: Tel:

Please state value of work you wish to be considered for:

Minimum: £ Maximum: £

# PARENT COMPANY DETAILS (if applicable)

Parent Company Name: Tel:

Address: Fax:

Email:

Web address:

Post code: Annual turnover:

Contact: Position:

Company Reg. No.: VAT No.:

Date of registration: No. of employees:

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# FINANCIAL DETAILS

Please provide details for the most recent 3-year period

|  |  |  |  |
| --- | --- | --- | --- |
| **Profit & Loss** | Year - | Year - | Year - |
| Turnover |  |  |  |
| Gross Margin |  |  |  |
| Operating Profit |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Balance Sheet** | Year - | Year - | Year - |
| Fixed Assets |  |  |  |
| Stock |  |  |  |
| Debtors |  |  |  |
| Creditors |  |  |  |
| Cash |  |  |  |
| Loans/Borrowings |  |  |  |

# PLEASE PROVIDE DETAILS OF TWO MAJOR CUSTOMERS (In order to obtain references)

1. Company Name: 2. Company Name:

Address: Address:

Post Code: Post Code:

Contact: Contact:

Tel: Tel:

Value of orders: Value of orders:

# BANK DETAILS

Name: A/c No.:

Branch: Sort Code:

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# INSURANCE DETAILS (Sub contractors Only)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Insurer | **Policy No.** | Limit of Liability |
| Employers Liability |  |  |  |
| Public Liability: |  |  |  |
| Professional Indemnity: |  |  |  |
| Contractor All Risks: |  |  |  |
| Other: |  |  |  |

**Please attach copies of insurance certificates.**

# NEW CIS DETAILS

Please complete following table dependant if you’re a Sole Trader, Partner in Firm or a Company

|  |  |  |
| --- | --- | --- |
| **SOLE TRADER** | **PARTNER IN FIRM** | **COMPANY** |
| Name: | Firm’s Name: | Company Name: |
| UTR Ref: | Partner’s Name: | Company UTR: |
| N.I. No.: | Firm’s UTR: | Company Reg. No.: |
|  | Partner’s UTR or N.I. No. (if an individual): |  |
|  | Partner’s UTR or Company Reg. No. (if a company): |  |

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# QUALITY MANAGEMENT

## Do you have a documented Quality Management System (QMS)?

## If yes, is it certified to a recognised standard (please state)?

(If yes, please provide a copy of the scope and the certificate)

## Does your organisation ensure that customer satisfaction is met?

If so, please provide details (continue on a separate sheet if necessary):

## Does your organisation have a system for ensuring continual improvement?

If so, please provide details (continue on a separate sheet if necessary):

## Please provide details of how your organisation manages customer orders and monitors their progress (continue on a separate sheet if necessary):

## Do you hold a current HERS Certificate? If yes please provide a copy and training matrix

.................................................................................................................................................................

## Please provide details of how your organisation prevents the reoccurrence of problems encountered in meeting customer requirements (continue on a separate sheet if necessary):

## Do you hold certification for the Fleet Operator Registration Scheme?

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# ENVIRONMENTAL MANAGEMENT

## Do you have a documented Environmental Management System (EMS)?

## If yes, is it certified to a recognised standard (please state)?

(If yes, please provide a copy of the scope and the certificate)

## What steps does your organisation take in improving:

a) Waste recycling (please give examples):

b) Energy conservation (please give examples):

c) Air quality improvement (please give examples):

d) Water conservation (please give examples):

## Does your organisation set environmental objectives?

If so, please state top 3 objectives and their relevance to your industry

## Please state what your organisation considers to be its main environmental impacts

## Does your organisation carry out regular environmental audits?

(Please supply a copy of your last audit)

## Does your organisation carry out life cycle analysis of the manufacture, use and disposal of its products?

## Does your organisation support Environmental Research or Environmental Initiatives?

## (Please supply details)

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# HEALTH AND SAFETY

## Do you have a documented Health and Safety Policy?

## If yes, is it certified to a recognised standard (please state)?

## (Please provide a copy of your H&S Policy and certificate if applicable)

## Do you have a risk assessment procedure?

## (If yes, please attach details)

## Have you ever been convicted under the Health and Safety at Work Act?

## (If yes, please attach details)

## Do you have an accident/incident reporting system?

## (If yes, please attach details)

## Do you have an H&S Action Plan for reviewing/improving the H&S System?

## (If yes, please attach details)

## Do you have an alcohol/drug policy?

## (If yes, please attach details)

## What systems do you have in place for keeping up to date with current Health and Safety standards? (Please attach details)

## How do you measure your health and safety performance?

## How do you assess the competence of your suppliers/subcontractors health and safety matters?

## (Please attach details)

## Please provide accident and ill-health statistics for the last 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
| RIDDOR Information | Year: | Year: | Year: |
| No. of fatalities: |  |  |  |
| No. of Major Injuries: |  |  |  |
| No. of lost time accidents – over 7 days |  |  |  |
| No. of dangerous occurrences: |  |  |  |
| Accident Frequency Rates: |  |  |  |

## Please provide the following statistical information for the last 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year: | Year: | Year: |
| No. of improvement notices: |  |  |  |
| No. of prohibition notices: |  |  |  |
| No. of convictions for offences under H&S Legislation: |  |  |  |

(Please attach details)

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# EQUALITY

## As an employer, do you comply with every provision of law which prohibits discrimination in relation to employment and accordingly, your practice not to treat one group of people less favourably than others because of their, colour, race, nationality, ethnic origin, disability, gender, sexual orientation or religion in relation to recruitment, training or promotion of employees?

## Is your policy on equality in line with & set out?

1. In instructions for those concerned with recruitment, selection, training, etc.
2. In documents available to employees, trade unions or other representatives to employees?
3. In recruitment advertisements or other literature?

(Please provide examples of the above)

## In the last three years has your organisation been the subject of formal investigation in the UK on the grounds of alleged unlawful discrimination by:

|  |  |
| --- | --- |
| Commission for Racial Equality | Yes / No *(delete as appropriate)* |
| Equal Opportunities Commission | Yes / No *(delete as appropriate)* |
| Disability Rights Commission | Yes / No *(delete as appropriate)* |
| Any Employment Tribunal | Yes / No *(delete as appropriate)* |

If the answer to the above is yes, please provide details.

## What steps does your organisation take to keep up to date with current legislation?

#### SUBCONTRACTOR QUESTIONNAIRE, cont.

# DECLARATION

I confirm that the information contained in this questionnaire is correct to the best of my knowledge.

Signature: Date:

Name: Position:

