



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

IMS Form 003

Rev 11 April 2019

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IMPORTANT: Please return completed forms and any attachments to the SHEQ Manager, ASW Ltd, 58-59 Village Farm Industrial Estate, Pyle, Bridgend, Mid Glamorgan, CF33 6BN or by email to aswgroup.co.uk

Company Name:			
Registered Company Number: (Companies House)		Business Type: (Ltd/Sole Trader etc)	
Company Address:			
Telephone:		Fax:	
		Email:	

Insurances

Insurance Type:	Amount of Cover:	Expiry Date:	Copy?	
			YES	NO
Employers Liability:			<input type="checkbox"/>	<input type="checkbox"/>
Public Liability:			<input type="checkbox"/>	<input type="checkbox"/>
Contractors All Risks:			<input type="checkbox"/>	<input type="checkbox"/>
Professional Indemnity:			<input type="checkbox"/>	<input type="checkbox"/>

Company Turnover	Period 1	Period 2	Comments
Please state your organisation's financial turnover, for the last two years, beginning with the most recent figures.	Period Length: £	Period Length: £	
Please indicate your organisation's net profit (or loss) for the last 2 years beginning with the most recent figures.	Period Length: £	Period Length: £	

Are your invoices factored?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	

Health & Safety / Environmental:

Do you have a Health & Safety Policy?	<input type="checkbox"/>	Yes	Copy of Health & Safety Policy Enclosed?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Do you have an Environmental Policy?	<input type="checkbox"/>	Yes	Copy of Environmental Policy Enclosed?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No

Please Provide Health & Safety Performance Statistics for the last five years in the table below:	Last Three Years		
	20	20	20
Number of Accidents:	Fatal:		
	Major:		
	Over 7 Day:		

Average Number of Employees:			
Accident Frequency Rate (AFR): (Reportable Accidents x 100,000/Hours Worked)			

Have you had any Prohibition Notices from the HSE in the last 5 years? If so please provide details:	<input type="checkbox"/>	Yes	Have you had any incidents / prosecutions from the EA in the last 5 years? If so please provide details:	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Do you have certification to ISO 9001:2008 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/>	Yes	Do you have certification to ISO 14001:2004 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Do you have certification to OHASA 18001:2007 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/>	Yes	Do you have certification to any other recognised standards? If so please provide copy of certificates:	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are you a member of any SSIP or Health & Safety Schemes? If yes, please provide details?	<input type="checkbox"/>	Yes	Do you have membership of Trade Associations, or Organisations? Please provide names & Certificates	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal?	<input type="checkbox"/>	Yes	Has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission on grounds of alleged unlawful discrimination?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Have been convicted or had a notice served upon them for infringement of The Modern Slavery Act 2015	<input type="checkbox"/>	Yes	Does your organisation have an Anti-trafficking/slavery policy which details your organisations and your supply chains obligations in regards of The Modern Slavery Act 2015	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No

Please provide your company UTR Number: (UTR = Unique Tax Reference Number)		What percentage of your workforce hold relevant CSCS / CPCS / CCNSG competency cards or similar?	%
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Are your employees DBS (Disclosure and Barring Services) checked?	<input type="checkbox"/>	Yes	Do you have a company Equality and Diversity Policy?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No

Which locality does your company normally operate in?

Please provide at least two trade references with contact details:

Details of Typical Clients and Value of Works:

Signed on behalf of Supplier:		Date:
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ASW Office Use Only:

Comments / Conclusions:		Approved?	<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No