



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

IMS Form 003

Rev 14 March 2026

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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
Employers Liability:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Public Liability:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Contractors All Risks:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Professional Indemnity:			<input type="checkbox"/> YES <input type="checkbox"/> NO
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 <input type="checkbox"/> No		Copy of Health & Safety Policy Enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Environmental Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Copy of Environmental Policy Enclosed?	<input type="checkbox"/> Yes <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/ Improvement Notices from the HSE in the last 5 years? If so please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		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
Do you have certification to ISO 9001:2015 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have certification to ISO 14001:2015 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have certification to ISO 45001:2018 or equivalent? If so please provide copy of certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have certification to any other recognised standards? If so please provide copy of certificates:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of anySSIP or Health & Safety Schemes? If yes, please provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have membership of Trade Associations, or Organisations? Please provide names & Certificates	<input type="checkbox"/> Yes <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 <input type="checkbox"/> No		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
Have been convicted or had a notice served upon them for infringement of The Modern Slavery Act 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No		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
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?	%
Are your employees DBS (Disclosure and Barring Services) checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a company Equality and Diversity Policy?	<input type="checkbox"/> Yes <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:				

You have read, understood, and agreed to our Terms and Conditions available on our website.

Signed on behalf of Supplier:		Date:	
ASW Office Use Only:			
Comments / Conclusions:		Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No