

## **Supplier Pre-Qualification Questionnaire**

Commercial Services to complete:					
Company Name:					
Completion Date:					

Countryside require all Suppliers to complete the following Competence / Resource Questionnaire. Information provided on this form will be required to demonstrate compliance with regulations and general good practice; therefore, all information must be accurate.

In order for Countryside to satisfy legal requirements, we expect our supply chain to meet our approval threshold in order to become an approved supplier to Countryside. This document will be scored in order to access your suitability, therefore please ensure you provide as much information and supporting evidence as possible. Please ensure any information submitted within this questionnaire, or as supporting documentation, is GDPR compliant.

We are committed to protecting your data & refer you to our Information Privacy Policy which informs you how we look after your personal data. This can be found on our website: <a href="https://www.countrysidepartnerships.com">https://www.countrysidepartnerships.com</a>.

Please send any supporting documentation as individual documents, clearly titled, and reference the document number in the specified areas throughout the questionnaire.



## **Supplier Pre-Qualification Questionnaire**

Completed By:	Company:									
	Address:									
Date:	Registered Business Number:									
	Company Contact:									
	Telephone:									
	Fax:									
	Email:									
COMPANY INFORMATION										
Type/s of supplies provided										
Radius of working area from add	Iress									
Last year's and this year's project	cted turnover									
Number of persons employed		Direct employees	s	elf employed		Total nu	ımber site based	Tot	al number employed	
Number of Administrative staff / Managers										
What percentage of your current	capacity is being used?									
Company VAT certificate please	attach									
Social Enterprise (tick ✓ if applic	cable) & state whether	Yes		Wholly			Partial		No	

Assess	sment	
No.	Question	Response (please supply supporting relevant documentation & reference accordingly)
	SSIP	
Have yo	ou been pre-qualified by a member of the SSIP forum ( <u>www.ssip.org.uk</u> )?	
	please supply evidence and complete the Questionnaire from <u>Stage 1b.</u> lease answer ALL sections.	
Stage	1a.	
1.	HEALTH AND SAFETY	
1.1	If more than five people are employed by your company, please provide a <b>signed current copy</b> of your organisation's safety Policy statement, as required by s.2 (3) Health and Safety at Work Act etc. 1974.	
Please i	indicate reference to evidence	
2.	ARRANGEMENTS	
2.1	Please provide a clear explanation of the arrangements which your company has made for putting its policy into effect and for discharging your duties under CDM.	
3.	MANAGEMENT SYSTEMS	
3.1	Does your company have a Health and Safety Management System in place?	
3.2	If NO, please provide details of how health and safety is managed in our company e.g. policies, manuals, audits, reviews, training.	
3.3	If your company is accredited to ISO 45001, please supply a copy of the certificate	
Please i	indicate reference to evidence	
4.	WORKFORCE INVOLVEMENT / INFORMATION / COMMUNICATION	

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4.1	Your company should have, and implement, an established means of consulting with your entire workforce on health and safety matters ie. toolbox talks, whiteboard notices, internal portal. <b>Please provide details</b>					
5.	ACCIDENT REPORTING					
5.1	Please provide records of all RIDDOR reportable events for the last three years.					
	All records provided to be GDPR compliant					
Please	indicate reference to evidence					
Stage	1b.					
6.	COMPETENCE OF HEATLH & SAFETY ADVICE					
6.1	Please name the person who is appointed to provide Health & Safety advice to your company.					
6.2	Please provide this person's telephone number.					
6.3		CFIOSH	CMIOSH	Grad IOSH	Tech IOSH	
	Please confirm the current Professional status that they hold.	FIIRSM	MIIRSM	AIIRSM	Affiliate IIRSM	
		Other (specify)				
7.	TRAINING & INFORMATION					
7.1	Please provide information on how you ensure that your employees current training is up to date, and how you monitor, assess, and provide additional training where required.					
Please	include example training certificates, training matrix etc. & indicate referer	nce to evidence.				
8.	INSURANCE					
8.1	Please provide copies of the following insurance certificates, where applicable:  • Employers Liability  • Public Liability  • Contractors All Risks  • Plant & Machinery					

	Professional Indemnity	
	<ul><li>Product Liability</li><li>Other relevant</li></ul>	
Please	indicate reference to evidence	
9.	NOTICES & PROSECUTIONS	
9.1	Have any formal notices been issued, or legal proceedings been taken against your company by the Health & Safety Executive / Enforcing Authority in the last five years? If yes, please provide details and remedial actions.	
Please	indicate reference to evidence	
10.	QUALITY ASSURANCE	
10.1	Does your company operate a quality management system certified to ISO9001 by a UKAS accredited body?	
	If YES, please provide a copy of your certificate and proceed to question 12	
10.2	If NO, please provide details of how quality management is managed in your company, e.g. quality policy, manual, audits, reviews, training	
10.3	Do all relevant products comply with the applicable EU/UK Directives and or required legislation or Standards?	
10.4	Do your products / materials / components have a British Board of Agreement (BBA) certificate?	
10.5	What is your Building Research Establishment Green Guide Rating?	
10.6	Where a harmonised standard is present, are your products all CE marked?	
10.7	Do you have a documented recall procedure and remedy plan?	
11.	MONITORING & REVIEW	
11.1	Do you review inspect or audit your health, safety, quality, and environment processes?	
11.2	Please provide evidence e.g., audit, inspection report of recent monitoring and the management response to any issues identified in the monitoring.	

Please	provide evidence to support your answers & indicate reference to evidence	
12.	ENVIRONMENTAL MANAGEMENT	
12.1	Does your company operate an environmental management system certified to ISO14001by a UKAS accredited body?	
	If YES, please provide a copy of your certificate and proceed to question 12.3	
12.2	If NO, please provide details of how environmental management is managed in your company, e.g. environmental policy, manual, targets, audits, reviews, training	
Please	indicate reference to evidence	
12.3	Who has responsibility for environmental management within your company?	
12.4	Has your company been prosecuted for any breaches of environmental legislation, or received any enforcement or warning notices or sanctions within the past five years?	
	If Yes, please provide details of the incident(s) and any penalties received and any remediation activities undertaken.	
Please	provide evidence to support your answers & indicate reference to evidence	
12.5	Is your company a member of the Sustainability Supply Chain School? If a member, please provide what level i.e. Bronze, Silver or Gold.	
13.	PRODUCT SUSTAINABILITY	
13.1	Are the products you will supply certified to BES 6001 or have an Environmental Product Declaration (EPD)	
	If Yes, please list which products are certified and provide evidence.	
Please	indicate reference to evidence	
13.2	If timber is present within the product, is it certified to a recognised scheme e.g. Forest Stewardship Council (FSC), and, or Programme for the Endorsement of Forest Certification (PEFC)?	

	Please provide proportion of certified timber in the product (s) & provide copies of your Chain of Custody certificates.
Please i	indicate reference to evidence
14.	GUARANTEES AND WARRANTIES
14.1	What is the design life expectancy of products / materials / components?
14.2	Do you provide a manufacturer backed guarantee? (If so, what is the length?)
14.3	Do you provide a third-party insurance backed warranty? (If so, what is the length?)
15.	LOGISTICS
15.1	Does the company have FORS (Fleet Operator Recognition Scheme) Accreditation? If so, to what level? If you do not provide logistics services, does you logistics partner hold accreditation? Please provide a copy of the certificate.
	FOR SUPPLIERS DELIVERING TO GREATER LONDON
	Does the supplier have CLOCS (Construction, Logistics and Cycle Safety) Accreditation?
	If yes, please provide a copy of the certificate.
Please i	indicate reference to evidence
16.	SOCIAL & ETHICAL IMPACTS
16.1	Does the company have a policy regarding social and ethical issues? For example, a Human Rights Policy or a Modern Slavery Policy.  If yes, please attach.
	Does it outline consequences for non-compliance of employees, Contractors, and Suppliers with your standards?

If yes, please attach

i icasc i	ndicate reference to evidence	
16.3	Does your company produce an Annual Modern Slavery Statement in line with the Modern Slavery Act requirements?	
	If yes, please attach	
Please i	ndicate reference to evidence	
16.4	Does the company have an Anti-bribery & Corruption Policy & Procedure? If so, please attach.	
Please i	ndicate reference to evidence	
16.5	Does the company pay employees, as a minimum, the Real Living Wage, as set out by the Living Wage Foundation?  See link to website: <a href="https://www.livingwage.org.uk/what-real-living-wage">https://www.livingwage.org.uk/what-real-living-wage</a>	
Please i	ndicate reference to evidence	
17.	FINANCE	
17.1	Are you in agreement with our standard payment terms (if applicable)? – Payment of invoices for directly procured materials will be made the end of the month after the month of the date of invoice.	

## **SUPPLIERS DECLARATION**

I understand that if any false or incomplete information is given, it may result in exclusion from being considered as an 'Approved Supplier'.

I accept that it is my responsibility to advise your company of any revised working practices, prosecutions and changes to any other details enclosed in this document, with the Countryside Group. I also agree to provide any renewed accreditation certificates and insurances when required.

Company Director Signature:		
Name:		
Position:		
On behalf of		
Name of Company:		