

# Pre-Qualification Assessment Guidance-Contractors Part 1.

Please read this guidance prior to completing any questions, this guidance should assist you in completing the form and in areas where additional information is required. **The form is in 2 parts, the first section is the guidance section and the second part is the actual questionnaire to be completed.**

## Part 1 Company Standard

Complete this section providing as much information about your company. Provide copies of insurance details such as public liability and, where required, employers liability. Please provide details of any restrictions or specific requirements in the policy.

## Part 2 Questionnaire Section

**Q 2.1** If you employ 5 or more people you are legally required to prepare a Health and Safety Policy Statement which sets out the organisational arrangements for managing Health and Safety within your company. The company should include a Health and Safety Statement signed by the director of the company and dated. The Health and Safety Policy should be reviewed annually. Any amendments should be recorded.

Where you do not employ 5 or more people simply enter "N/A".

**Q 2.2** Explain how you ensure your employees and any subcontractors you employ are provided with relevant Health, Safety, Environmental and Quality Information. This should include some of the following sources of information:-

- Company Induction;
- Relevant Health, Safety Environmental and Quality procedures;
- Toolbox Talks;
- Explanation of safe Systems of Work, Method Statements and Risk Assessments;
- Posters;
- Company Handbook.

**Q 2.3** Explain how you ensure that the people you employ are competent to perform their tasks. Provide evidence of any training certificates. Only include those certificates with current dates.

Examples include:-

- Management and supervisor training;
- Task specific (electrician, gas safe, work in confined spaces, First Aid, use of work equipment etc.);
- CPD (continuous professional development).

**Q 2.4** How do you ensure that all your work equipment is maintained in good order? This should include:

- Evidence of Portable Appliance Electrical Testing;
- Evidence of operator inspections;
- Evidence of statutory inspection, testing and examination of lifting equipment, air compressors etc.

**Q 2.5** Explain how you develop and prepare Risk Assessments and Safe Systems of Work (including Method Statements where applicable).

- Explain what experience you have for preparing Risk Assessments, Safe Systems of Work and Method Statements, if any. **(In some cases the employing company prepare all relevant documentation, if this applies you should make reference to this);**
- Detail how you identify local workplace hazards;
- What training the person who is completing the relevant documentation has been provided to identify the hazards and applying the most effective control measures;
- Explain how you communicate the details contained in the Risk Assessments, Safe Systems of Work and Method Statements to those effected by your works.

**Q 2.6** Does your company have an accredited Health and Safety Management System?

- You should mention if your company operates a system that is not accredited
- If your company does not have a management system please answer "N/A"

**Q 2.7** Does your company have an accredited UKAS Environmental Management System?

- You should mention if your company operates a system that is not UKAS accredited
- If your company does not have a management system please answer "N/A"

**Q 2.8** Does your company have an accredited UKAS Quality Management System?

- You should mention if your company operates a system that is not UKAS accredited
- If your company does not have a management system please answer "N/A"

**Q 2.9** Please detail how you manage Health, Safety, Environmental and Quality standards. You should include details of any formal and informal inspections, the frequency of inspections and relevant qualifications for any person completing the inspections. If the company employs external consultants to complete the inspections please include details.

**Q 2.10** Please supply detail the total number of accidents, incident and near misses over the past 5 years.

**Q 2.11** Please details of any enforcement action taken against you and/or your company. Where enforcement action has been taken please detail what action was taken to prevent a re-occurrence.

**Q 2.12** Explain your process of assessment of competency of any contractors you propose to employ, this should include:-

- Evidence of a pre-qualification assessment process;
- Provide evidence of a completed pre-qualification assessment;
- If you do not employ contractors please enter N/A.

**Q 2.13** Provide details of any Health, Safety, Environmental or Quality awards that you have received. **If this does not apply please enter "NA".**

**Q 2.14** Provide details of you or your company's experience detailing dates, companies and summary of the work undertaking.

**Q 2.15** Please detail how you ensure you and any contractors you employ are paid at least the minimum wage and comply with Equal Opportunity legislation.

- Provide a copy of your Employment Policy;
- Provide a copy of your Equal Opportunity Policy.

Note, if your company has been accredited to a SIPP approval scheme YOU DO NOT have to submit evidence to the following questions.

Q2.1. 2.2, 2.4, 2.5, 2.6, 2.7.2.8, 2.9, 2.12, 2.13, 2.14.

You will still need to answer the questions.

## **References:-**

Please provide details of two referees who can support your application. The references should be from the most recent companies you completed regular work for.

Before returning the form, refer to supporting information check list.

## **Declaration**

You must sign the declaration which confirms your acceptance of the company's terms and conditions.

## **What happens next?**

You must return the form by the date detailed on page 1. Failure to do so may exclude your application from the assessment process.

1. An assessor from the company will review the information provided and completed Pre-Qualification Form.
2. If you /your company are unlikely to meet the company standards for the applicable risk rating relative to the type of work being tendered for you will receive an email confirmation that you/your company have failed the assessment.
3. Where there is some information missing or the details are a bit unclear but overall it is likely that if supporting information is provided that you/your company is likely to meet the risk rating level and company standards, again you will receive an email confirmation that you/your company has passed the assessment but subject to agreeing to implementing an action plan. The action plan would need to be completed before allowing work to proceed. Once formally approved you will have to agree additional monitoring arrangements with the assessor, the cost of which must be borne by yourself/your company,
4. Where you have provided all the relevant information and it is likely that you and your company will meet the company's standards you will receive an email confirmation that you/your company has passed the assessment.
5. Your conformation email should be received between 14-28 days from receipt of your completed application form.

# Pre-Qualification Form Part 2.

Part 1 Company Information		Date to Return By:	14/6/17
Company Name:	<input type="text"/>	Directors:	1) <input type="text"/>
Company Address:	<input type="text"/>		2) <input type="text"/>
			3) <input type="text"/>
			4) <input type="text"/>
Post Code:	<input type="text"/>	Annual Turnover:	£ <input type="text"/>
Contact:	<input type="text"/>	Insurance Company:	<input type="text"/>
Type of Business:	<input type="text"/>	Policy No.	<input type="text"/>
Company Registration:	<input type="text"/>	Public Liability Cover:	£ <input type="text"/>
Home Email:	<input type="text"/>	Employers Liability:	£ <input type="text"/>
VAT Reg. Number:	<input type="text"/>	Years Trading:	<input type="text"/>
Contact Number:	<input type="text"/>	No. Employees	<input type="text"/>

## Assessors Scoring Guidance

5 = Exceeds company standards  
2 = Poor Standard

4 = Meets company standards  
1 = Lack of response

3 = Average standards

## Section 2 Questionnaire

Office Use

Q 2.1 If you employ more than 5 people do you have an updated Health and Safety Policy?

5 4 3 2 1

Response:



☒ Provide Copy of Policy

Assessors Comments:

Q 2.2 How do you ensure employees and contractors are provided relevant information?

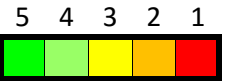
Response:



☒ Provide copy of induction and signed registers

Assessors Comments:

Q 2.3 How do ensure all personnel have the required level of competence?



Response:

☒ Provide Copy of Training Matrix

Assessors Comments:

Q 2.4 How do you ensure all work equipment is inspected, tested and maintained?



Response:

☒ Provide evidence of work equipment inspection and testing

Assessors Comments:

Q 2.5 How do you assess the risks and prepare Risk Assessments and Safe Systems of Work?

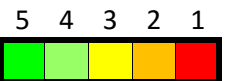


Response:

☒ Provide 2 recent copies Method Statements and associated Risk Assessments

Assessors Comments:

Q 2.6 Does your company operate a Health and Safety Management System?



Response:

☒ Provide Copy of the Certification

Assessors Comments:

Q 2.7 Does your company operate an Environmental Management System?



Response:

☒ Provide Copy of the Certification

Assessors Comments:

Q 2.8 Does your company operate a Quality Management System?



Response:

☒ Provide Copy of the Certification

Assessors Comments:

Q 2.9 How do you ensure that the highest standards of Health, Safety and Environmental Standards are maintained and monitored?

Office Use

5 4 3 2 1



Response:

☒ Provide 3 examples of inspection reports

Assessors Comments:

Q 2.10 Please list the number of accidents and incidents over the past 5 year?

Year	No. Reportable	No. First Aid Accidents	Incidents	No. Employees



Assessors Comments:

Q 2.11 Have you or your company ever been issued any notices from the enforcement agencies?

Response:



Assessors Comments:

Office Use



Q 2.12 How does your company ensure that the contractors they employ are competent?

5 4 3 2 1

Response:

☒ Where applicable provide a copy of your Pre-Qualification Questionnaire.

Assessors Comments:



Q 2.13 Has your company ever won any Health, Safety or Environmental Awards?

Response:

☒ Provide copies of applicable awards

Assessors Comments:



Q 2.14 Please provide evidence of you/your company's experience relative to the work you tendering for?

Dates	Project Value £	Summary

Assessors Comments:



Q 2.15 How do you ensure that you and your contractors pay at least the minimum wage and comply with equal opportunity legislation?

Response:

Assessors Comments:



## References

Please provide the names of two referees that can support your submission.

Name:	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	Post Code:	<input type="text"/>
Contact Number	<input type="text"/>	Contact Number	<input type="text"/>

## Office Use – Reference Follow-Up

No	Date	Company	Contacted	Comments

## Supporting Information

Please check that the following information is attached as required:-

Public Liability Insurance Policy	<input type="checkbox"/>	2 copies of Method Statements	<input type="checkbox"/>
Employers Liability Insurance Policy	<input type="checkbox"/>	2 copies of Risk Assessments	<input type="checkbox"/>
Health and Safety Policy (where applicable)	<input type="checkbox"/>	3 Copies of Health and Safety Inspections	<input type="checkbox"/>
Copy of training matrix	<input type="checkbox"/>	Copy of H&S Certified Management System Certification	<input type="checkbox"/>
Evidence of inspection and testing certificates	<input type="checkbox"/>	Copy of Environmental UKAS Certified Management System Certification	<input type="checkbox"/>
Evidence of P.A.T. electrical testing	<input type="checkbox"/>	Copy of Quality UKAS Certified Management System Certification	<input type="checkbox"/>
Copy of induction and signed registers	<input type="checkbox"/>	Equal Opportunities & Employment Policy	<input type="checkbox"/>

## Declaration

Please read this document carefully before signing and returning. You are not allowed to work for the company unless you sign and return the form. Where applicable you are advised to seek professional advice before signing the form.

1. You must ensure that you/your company comply fully with all current Health, Safety and Environmental legislation.
2. You/your company shall comply with Advanex Europe Ltd.'s standards and as detailed in the Contractor Conditions Document.
3. You/your company shall maintain all work equipment in accordance with Health and Safety legislation, the manufacturers requirements.
4. You/your company shall ensure that suitable protective measures are in place to protect the user of work equipment of who use the work equipment or are affected by there use.
5. You/your company's employees shall be provided with and wear suitable and sufficient personal protective equipment detailed in any risk assessments, HSE guidance or company requirements etc.
6. Where applicable you must ensure that all work activities are suitably supervised.
7. You/your company shall maintain all statutory inspections, testing and examination records are completed and maintained in good order.
8. You/your company you shall ensure all work activities are suitably organised to eliminate/reduced any hazards to an acceptable level.
9. You/your company shall take suitable and sufficient measures to protect those not in your employment from being injured from you/your company's work activities.
10. You/your company must ensure only competent trained personnel are allowed to operate mechanical plant.
11. You/your company shall indemnify Advanex Europe Ltd. from legal proceedings where there is evidence that you or your company have been found to be negligent.

**By signing this form you agree to the above conditions and that the information provided is accurate to the best of your knowledge.**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 3 Office Use Assessment Section

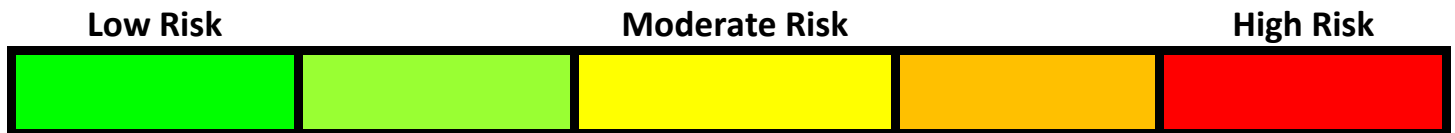
Add all of the scores and divide them by the number of boxes. Check the risk rating, the higher the risk activity the higher the score will be required. The Assessor should tick the appropriate risk rating to the task.

### Guidance purposes only, Examples of risk rating:-

**High Risk** - Work activity where there is a significant risk of injury or death.

**Moderate Risk** - Work activity where there is a low risk of injury or death.

**Low Risk** - Work activity where there is an insignificant of injury or death.



Total score of all boxes scored =

Total number of boxes scored =

Score (Total Score/Number of Boxes = )

## Assessment Approval

Did the company being assessed meet the required score? If **"No"**, the company must be recorded as failing the assessment, unless the company can implement measures detailed in the action plan as detailed in Part 4. Where an action plan has been agreed all items detailed in the action plan must be completed **BEFORE** allowing the company to undertake any work. Where an action plan has been agreed and implemented there must be a period of monitoring to ensure the standards are maintained or improve. The Assessor must sign that they have assessed the company and either approved or declined the assessment. There are three levels of approval:-

**Fail** – The Company significantly failed the assessment as they were unable to provide evidence in support of their assessment and unlikely to be able to meet the company standards.

**Pass, but subject to completion of the Action Plan** – The Company failed to provide supporting information but were likely to pass the minimum risk rating if the information was provided.

**Pass** – The Company met all the required standards.

I confirm I have assessed the information provided and assessed the company as (tick box):-

Failed Assessment

☐

Pass, further action required before  
employing subcontractor

☐

Pass Assessment

☐

### Assessor Details:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

## Part 4 Action Plan

The company being assessed must only be considered for an Improvement Action Plan where they are likely to be able to meet the risk rating required if they implement the required actions. The company being assessed must provide additional monitoring arrangements to ensure that the arrangements they have agreed are being implemented for an agreed period, the cost of which must be borne by the company being assessed.

[illegible]