

**Mid-west**  
**Services (UK)**

3<sup>rd</sup> Floor, 415 High Street, London, E15 4QZ  
Tel: +44 (0) 2033705950 Fax: +44 (0)2030700065  
email: info@midwestservices.co.uk

**Subcontractor/Supplier Assessment Request**

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The details on the following pages to be completed by member company

**FORM COMPLETED BY**

**POSITION**

**DATE**

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## GENERAL COMPANY INFORMATION

Company trading name:					
Office address:					
Telephone number	Fax number				
E-mail address					
Name of person/department enquiries to be sent to					
Certificate no:	VAT No.	DUNS no:			
Private/public company ?	Year incorporated				
Company registration number					
Approximate turnover: £	Year	£	Year	£	Year
Do you have a parent Company? Yes?	No?				
If yes provide details:					
Do you belong to another Trade Association? If so, which one?					

State total number of employees	
No. of Directors	No. of office staff
No. of managers	No. of production workers

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## INSURANCE DETAILS

### EMPLOYERS LIABILITY INSURANCE

Insurer:  
Policy Number:  
Limit of Indemnity:  
Expiry Date:

### PUBLIC/PRODUCTS LIABILITY INSURANCE

Insurer:  
Policy Number:  
Limit of Indemnity:  
Expiry Date:

### CONTRACTORS RISK LIABILITY INSURANCE

Insurer:  
Policy Number:  
Limit of Indemnity:  
Expiry Date:

### PROFESSIONAL INDEMNITY INSURANCE

Insurer:  
Policy Number:  
Limit of Indemnity:  
Expiry Date:

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## ENVIRONMENTAL SYSTEMS

Do you have ISO 14001 accreditation?	Yes	No
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If yes, please state:

Accreditation Body:

Certificate of Registration Number:

Date Registered:

Date of last 2 audits:

**NOTE:** If answer to the above is Yes, please enclose a list or matrix of contents of your Environmental Manual with this questionnaire and Certificate of Registration and go to last question.

Do you have a documented Environmental System?	Yes	No
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Do you have an Environmental Manual?	Yes	No
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If yes, please enclose a list or matrix of contents with this questionnaire

Do you have a person within your organisation responsible for Environmental Systems?	Yes	No
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Name: Title:

Is your Environmental System audited?	(a)	Internally	Yes	No	(b)	Externally	Yes	No
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If yes, please state by whom and dates:

Please state here clients that you have had to satisfy in order to meet their quality requirements:
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## REFERENCES

REFERENCES (Who may be contacted):

Bank: |

Name:

Address:

Sort Code:

Account No.

Two Trade References:

**1** Company Trading Name:

Address:

Telephone Number:

**2** Company Trading Name:

Address:

Telephone Number:

Please supply details of at least three previous completed projects. Details to include, where applicable; name and location of the project; type of product; client or employer, commencement date and value or project, contract period and brief description of contract type. (Please continue on an additional page if required).

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## CONTRACTORS HEALTH & SAFETY INFORMATION

### SITE EMPLOYEES/SUB-CONTRACTORS (if applicable)

State how you assess the safety, health & environment competence of your Site Staff/Sub-Contractors:

### SAFE SYSTEMS OF WORK AND MONITORING

Provide details of your procedures or examples of system(s) if work, including risk assessments, COSHH assessments, safety method statements, etc. which you give/communicate to your employees and sub-contractors:

How do you communicate the information above to employees and sub-contractors?

Provide details of your monitoring arrangements (checks, inspections, audits, etc) to ensure that the above are carried out during the contract period:

Give details of safety record over last 3 years:

<b>Year</b>	<b>Lost Time Accidents</b>	<b>Frequency Rate</b>	<b>No. of Notifiable Accidents</b>
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Can you supply a copy of your Health & Safety Manual if requested
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Yes
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No
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