

VENDOR ASSESSMENT QUESTIONNAIRE

INSTRUCTIONS FOR COMPLETION

- 1 The completed application form must be returned to the Purchasing & Materials Manager at the above address.
- 2 Contractors MUST provide ALL of the information requested below by the above date. Failure to address any area may disadvantage your company with regard to the assessment process and possibly result in exclusion from any resultant tender enquiry or future works.
- 3 If the Contractor is a company and is a part of a group of companies, the responses in this application must be provided by the Contractor and not by a parent or holding company on behalf of the Contractor.
- 4 The Contractor shall attach, where appropriate, any supporting documents to this application marking clearly the name of the Contractor and the number of the questions in this application form to which the document refers. Please note that general company information or literature is NOT to be provided.

A. CONTRACTOR DETAILS

Details of the Contractor making this application

Full Name:

Address:

.....

Tel No. Fax No.....

Contact Name: Position.....

E-mail address:

VAT Registration No:.....

Company Registration No:.....

Date of Registration:.....

Managing
Director:.....

Is your company owned by an individual who is resident in the Isle of Man for tax purposes?

Yes / No

B. CONTRACTOR STATUS

The Contractor must specify below whether they are (please tick):

<input type="checkbox"/>	Sole trader	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Private company	<input type="checkbox"/>	Public company
<input type="checkbox"/>	Part of a consortium	<input type="checkbox"/>	In association with a group
<input type="checkbox"/>	Part of a holding company	<input type="checkbox"/>	Wholly owned

C. PREVIOUS QUALIFICATION

Have you submitted a pre-tender questionnaire similar to this one for the MEA in the last 12 months?

NO: Complete this questionnaire in its entirety.

YES: Please state which tender/contract this was for including date of submission

.....

Complete Sections E, F, H, J K, Q, R and T.

If the previous submission was incomplete or information contained within is no longer relevant or accurate please amend the relevant sections of this form and enclose any relevant documentation. Please note that in signing this form you are re-verifying the relevance and accuracy of the previous submission detailed above.
Not applicable for this enquiry.

D. PARENT COMPANY INFORMATION

If applicable, the Contractor shall provide the name of the parent or holding company together with the names of the other subsidiary companies of the parent or holding company.

Parent Company:

Other Subsidiary Companies:

E. SERVICES PROVIDED

The Contractor shall list all the services provided by the company applicable to this application.

F. (i) LEGAL PROCEEDINGS

The Contractor shall state whether they are subject to proceedings in relation to: (please tick as appropriate):

- | | |
|---|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Arrangements made with creditors |
| <input type="checkbox"/> Winding up | <input type="checkbox"/> Suspended business activities |
| <input type="checkbox"/> Affairs being administrated by a court | <input type="checkbox"/> Any analogous situation with creditors (please specify) |

F (ii) FAILURE TO FULFIL OBLIGATIONS

The Contractor shall state whether they have any outstanding obligations regarding:

- | | |
|---|---|
| <input type="checkbox"/> Payment of social security obligations | <input type="checkbox"/> Taxes (in accordance with the statutory provisions of the country in which they are established) |
|---|---|

G. BANK DETAILS

The Contractor shall provide the name and addresses (and contact name) for their bank (below)

Contact:.....

Name of Bank:.....

Branch Address:.....

Sort Code:.....Account No:.....

H. FINANCIAL INFORMATION

The Contractor shall provide the turnover figures (as related to the supply of similar services) for the last three trading years:

Year 1		Year 2		Year 3	
From	to	From	to	From	to
Turnover	£	Turnover	£	Turnover	£

These figures must be entered and must be supported by **a copy of full audited accounts.**

Copies enclosed: Yes / No

I. CONTRACTOR'S OFFICES & ORGANISATION

1. The Contractor shall provide details of the location(s) from which the services would be delivered.
2. The Contractor shall provide a histogram or organisation chart showing the company's structure. Details enclosed: Yes / No

J. DETAILS OF SIMILAR CONTRACTS

Have you carried out previous work of this type which is comparable in size and nature to the works? The Contractor shall provide a list of such contracts awarded during the last three years with the values, dates and names of awarding entity:

<u>Awarding Entity</u>	<u>Contract Value</u>	<u>Contract Dates</u>	<u>Types of services provided</u>
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1.

On time Yes/No

On budget Yes/No

2.

On time Yes/No

On budget Yes/No

3.

On time Yes/No

On budget Yes/No

4.

On time Yes/No

On budget Yes/No

5.

On time Yes/No

On budget Yes/No

6.

On time Yes/No

On budget Yes/No

NB it is essential that Contractors provide adequate objective evidence of similar work performed successfully, to agreed timescales and budget on similar projects.

References

Please provide contact details for three references for whom you have conducted similar work in the last three years.

<u>Customer Name & Company</u>	<u>Telephone No.</u>	<u>Services provided</u>
.....
.....
.....

Commitments

Please provide a list of contracts / orders which you currently need to fulfil that have not been mentioned earlier in this section.

<u>Contract Value</u>	<u>Services to be provided</u>	<u>Estimated completion date</u>
.....
.....
.....
.....

K. STAFF QUALIFICATIONS & PREVIOUS RELEVANT EXPERIENCE

1. Please indicate the number of full time staff equivalent staff you normally employ:

Management..... Design

Manufacture Construction Administration

Quality Assurance & Control**TOTAL**

2. Please provide details of the experience, qualifications, etc. and arrangements for continuing professional development of key staff who would be employed on the project. Please answer on a separate sheet.

Details enclosed: Yes / No

3. What resources (staff, plant and equipment), does your company intend to allocate to these works?

Please answer on a separate sheet.

Details enclosed: Yes / No

4. Please provide the following details for staff to be allocated to these works on a separate sheet.

- a) details of any manual handling training undertaken.
- b) details of all plant operator training conducted.
- c) details of special equipment training undertaken appropriate for these services.
- d) details of any Health & Safety Training

Details enclosed: Yes / No

Please also include copy of appropriate certificates for staff members.

5. Please provide levels of experience in terms of years and examples for both skilled workers and supervisory staff. Please provide details on a separate sheet.

Details enclosed: Yes / No

L. QUALITY ASSURANCE

Does your company have a certified Quality System complying with the requirements of ISO 9000 or an equivalent standard? Yes / No

If **yes**, please provide a copy of your current certificate and state what additional certification, if any, your company is working towards.

Copies enclosed: Yes / No

If **no**,

1. Is your company working towards certification of a Quality System? Yes / No
When do you expect to become certified?

2. Does your company have a written Quality Policy? Yes / No
Please provide a copy. Copy enclosed: Yes /

No

3. Does your company have a Quality Manual? Yes / No
Please provide a copy of the index from the manual

Copy enclosed: Yes / No

M. TRADE AFFILIATIONS

The contractor shall give full details of affiliations with any trade association or official body and confirmation of whether they have any active involvement in their activities.

All Contractors need to be registered on the Isle of Man Government's List of Approved Contractors. Are you an Approved Contractor? Yes / No

If **no** have you submitted an application? Yes / No

N. SUB-CONTRACTORS

The Contractor shall give an indication of the type of any work to be subcontracted and the proportion of the works (expressed as a percentage of total value) that they may sub-contract.

All sub-contractors need to be registered on the Isle of Man Government's List of Approved Contractors. Are your sub-contractors Approved Contractors? Yes / No

If **no** have they submitted an application? Yes / No

O. ELECTRONIC TRADING

Do you currently process order and / or payment details between your company and your customers / suppliers by electronic means? Yes / No

If Yes please provide brief details:

Do you currently accept payment by purchase / credit card? Yes / No

If **no**, when do you envisage being card capable:

If **yes**, what level of detail are you able to provide. Please indicate.

Level One Level Two Level Three

P. DISTRIBUTION

Do you own your own delivery vehicles? Yes / No

Which companies do you use for delivery?

Do you have on island storage facility? Yes / No

If yes, where is it and what storage capacity does it have?

Q. INSURANCES

The Contractor shall provide details of the following insurances held.

Employer's Liability Insurance

Insurer
Policy Number:
Extent of Cover:
Excess:
Expiry Date:

Public Liability Insurance

Insurer
Policy Number:
Extent of Cover:
Excess:
Expiry Date:

Professional Indemnity Insurance

Insurer
Policy Number:
Extent of Cover:
Excess:
Expiry Date:

Product Liability Insurance

Insurer
Policy Number:
Extent of Cover:
Excess:
Expiry Date:

Copies of all relevant insurance certificates shall be enclosed.

Copies enclosed: Yes / No

Please notify us of any restrictions. In particular that your insurance policies allow you to work in or around power stations, electrical sub-station sites, near electricity cables or working at height or depth.

R. HEALTH & SAFETY

Organisation and Arrangements:

1. The Contractor shall provide a copy of their latest Health & Safety policy document.
Copy enclosed: Yes / No

2. Who in your organisation has overall responsibility for the management of Health and Safety?

Name:

Position:

Telephone:.....

e-mail:

Please provide details of the experience and qualifications of the person you have nominated
Details enclosed: Yes / No

3. Please provide details of your organisation's Health and Safety management structure. Clearly identify management responsibilities, delegation of duties, how you maintain and update your health & safety awareness and explain relevant procedures.

Details enclosed: Yes / No

4. Does your company engage specialist Health and Safety consultants to provide advice and services (eg occupational hygiene services, noise level surveys etc) as appropriate to your work?
If yes please provide details below: Yes / No

5. Is your company a member of any group, body, organisation, Trade Association or similar which promotes or has an involvement in Health and Safety matters?
Yes / No

If yes, give the name of the group etc and what involvement employees of your company have with it:

6. Does your company have a recognised Safety Representative(s)?
If yes, please provide details Yes / No

7. Does your company have any up-to-date trained first-aiders who would be available on-site on a day-to-day basis?
If yes, please provide details Yes / No

Health & Safety Training:

8. Have all the Directors and Managers within your Company attended a Health and Safety Course within the last five years?
Yes / No

9. Have all Site Supervisors within your Company attended Health and Safety courses within the last five years?
Yes / No

10. Have all your site workers received Health & Safety training that is appropriate for their type of work including specialist plant & equipment training?

Yes / No

Please provide evidence of the above-mentioned safety training.

Details enclosed Yes / No

11. Do you carry out safety induction training for all new employees?

Yes / No

Health & Safety Performance

12. Does your company prepare summaries, statistics and reports of all accidents and incidents at work at regular intervals?

Yes / No

If yes, please provide evidence of such reports compiled over the last three years

Evidence enclosed Yes / No

13. Please provide accident statistics for the past three years on the following:

- Fatal accidents
- Major injuries
- Over three-day injuries
- Dangerous occurrences
- Total number of lost days due to accidents
- Average number of employees
- Total number of days worked by employees

14. Has your company, or individuals employed by your company, been prosecuted for any breaches of Health and Safety legislation within the past five years?

Yes / No

If so, please provide details and any action that was taken to prevent reoccurrences.

Details enclosed Yes / No

15. Have any Prohibition, Improvement or other Enforcement Notices been issued against your company within the past five years?

Yes / No

If so, enclose a copy and give details of actions taken by your company following the issue of such notices.

Details enclosed Yes / No

16. Has your company ever received an award for accident prevention or good Health and Safety performance?

Yes / No

If yes, give the name of any award and provide evidence.

Details enclosed: Yes / No

17. Has your company carried out work that falls under the Construction (Design and Management) Regulations (CDM) of the UK or Isle of Man?

Yes / No

If **yes**, please provide an example of an appropriate Health and Safety plan that you have previously prepared for CDM work.

Details enclosed: Yes / No

18. Are you able to provide references that verify / support your company's good Health & Safety practice with regard to previous projects?

Yes / No

If yes, please provide details:

Details enclosed: Yes / No

Communications

19. Please provide details of your systems for communicating safety information to your work force and clients.

Details enclosed: Yes / No

20. Please provide details of the structure and frequency of safety meetings held with members of staff and site representatives.

Details enclosed: Yes / No

Safe Systems of Work

21. Please provide three samples of any laid – down safety procedures or permit to work systems that you have developed.

Details enclosed: Yes / No

22. Please provide three examples of substances used in your operations that are classified as hazardous to health and attach copies of all assessment records.

Details enclosed: Yes / No

23. Please provide details of your formal system for monitoring and auditing the safety of your systems of work at site.

Details enclosed: Yes / No

Plant & Equipment Maintenance and Inspection

24. Please provide details of the procedures to ensure that plant, equipment and personal protective equipment for use on site is issued, maintained and kept in a safe condition.

Details enclosed: Yes / No

S. ENVIRONMENTAL POLICY

Does your company have a certified Environmental Management System complying with the requirements of ISO 14001 or an equivalent standard? Yes / No

If **yes**, please provide a copy of your current certificate and state what additional certification, if any, your company is working towards.

Copies enclosed Yes / No

If **no**,

1. Is your company working towards certification of an Environmental Management System?

Yes / No

When do you expect to become certified?

2. Does your company have a written Environmental Management Policy?

Yes / No

Please provide a copy. .

Copy enclosed Yes / No

3. How does your company manage environmental matters and in particular the disposal of waste and the prevention of land contamination?

T. COMMENTS

Please feel free to make any other comments in support of your application.

I confirm that the information contained within this document and attached are accurate.

Authorised Signature:

Name in block letters:

Position:

For and on behalf of:

Date:

This must be signed by the Contractor or a partner or authorised representative in his/her own name and on behalf of the company/organisation making this application