

### **VENDOR ASSESSMENT QUESTIONNAIRE**

This Microsoft Word® template must be completed in Word® (Version 2003 or later); saved with your company name and emailed with required attachments to [indexva@trendale.co.uk](mailto:indexva@trendale.co.uk)

In order for your business to be given an INDEX ACCREDITATION NUMBER and included on the INDEX Vendor Accreditation listings please provide the information required.

*This information will only be made available only to accredited Building Services Contractors and Consultants on Application.*

The service is designed to reduce the number of Assessment procedures individual suppliers are required to complete. The form is similar to those you may have supplied to leading major contractors e.g. Spie Matthew Hall.

It is necessary to include copies of certain documents (CEDD, QA, etc) and these should be added in Adobe PDF format (not to exceed 2MB in total). (Checklist page 12)

The questionnaire is in the following sections:

1. **Quality Management System** ① (page 2)
2. **Sub-contractors' Safety, Health & Environmental Assessment** ② (pages 4,5,6,7)
3. **Building Services Design and Consultancy** ③ (pages 8 & 9)
4. **Commercial** ④ (pages 10 & 11)

① Parts 3 & 4 of Sections 1 & 4 need only be completed by companies that do not have a formal Quality Assurance Registration.

② Section 2 can be omitted by companies providing supply only products and who will not be engaged in site activity.

③ Section 3 may be omitted by companies that are not providing a service specific to either a design or consultancy related nature.

Sections you **MAY NOT HAVE TO COMPLETE** (pages, 2,3,4,5,6,7,8,9) are printed in Blue

**If you have any queries contact VA Assessment at Trendale Ltd 020 8763 1011**

VENDOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE No. \_\_\_\_\_ FAX No. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRODUCT OR \_\_\_\_\_

SERVICES \_\_\_\_\_

BEING SUPPLIED \_\_\_\_\_

## SECTION 1 QUALITY MANAGEMENT SYSTEM

1. HAS YOUR COMPANY A FORMAL UKAS REGISTERED QUALITY MANAGEMENT SYSTEM COMPLYING TO ISO 9001:2000
- YES  NO

IF YES :-

ACCREDITATION BODY \_\_\_\_\_ CERTIFICATE EXPIRY DATE \_\_\_\_\_

ENCLOSED: CERTIFICATE OF REGISTRATION

SCOPE DOCUMENTS (WHERE APPROPRIATE)

\* Tick boxes as applicable

2. GIVE NAME AND STATUS OF PERSON RESPONSIBLE FOR QUALITY ASSURANCE \_\_\_\_\_

TO WHOM DOES THE ABOVE PERSON REPORT

STATUS

### PARTS 3 & 4 OF SECTION 1 NEED ONLY BE COMPLETED BY COMPANIES THAT DO NOT HAVE FORMAL QUALITY ASSURANCE REGISTRATION

3. DOES YOUR COMPANY OPERATE TO A MANAGEMENT SYSTEM COMPRISING OF MANUAL AND OPERATING PROCEDURES
- YES  NO

COMMENT:

\_\_\_\_\_  
 \_\_\_\_\_

- IS THE MANAGEMENT SYSTEM REGULARLY REVIEWED BY SENIOR MANAGEMENT AND UPDATED WHEN NECESSARY
- YES  NO

COMMENT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. DO YOU HAVE WRITTEN PROCEDURES FOR:
- |  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| (A) DESIGN CONTROL                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) DOCUMENT AND DATA CONTROL                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C) PURCHASING                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (D) INSPECTION/ACCEPTANCE OF INCOMING MATERIAL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (E) CONTROL OF FREE ISSUE MATERIALS            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (F) HANDLING AND STORAGE OF MATERIALS          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| (G) | PROCESS CONTROL DURING MANUFACTURE              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (H) | PROCESS CONTROL DURING SITE INSTALLATION        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (I) | INSPECTION AND TESTING DURING MANUFACTURE       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (J) | INSPECTION AND TESTING DURING SITE INSTALLATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (K) | FINAL TEST AND INSPECTION                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (L) | CONTROL OF TEST INSTRUMENTATION                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (M) | CONTROLLING NON-CONFORMING PRODUCTS             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (N) | PACKING AND DELIVERY                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENT:

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\* Tick boxes as applicable

YES      NO      N/A

- |    |  |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|
| 5. | DO YOU SUB-LET WORK ON A REGULAR BASIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|--------------------------|

COMMENT:

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- |     |  | PERIOD               | N/A                      |
|-----|--|----------------------|--------------------------|
| 6.  | HOW LONG DO YOU RETAIN THE FOLLOWING DOCUMENTATION/RECORDS |                      |                          |
| (A) | DESIGN CALCULATIONS  | <input type="text"/> | <input type="checkbox"/> |
| (B) | MATERIAL PURCHASING ORDERS                                 | <input type="text"/> | <input type="checkbox"/> |
| (C) | INSPECTION RECORDS   | <input type="text"/> | <input type="checkbox"/> |
| (D) | TEST INSTRUMENTATION RECORDS                               | <input type="text"/> | <input type="checkbox"/> |
| (E) | TEST CERTIFICATES  | <input type="text"/> | <input type="checkbox"/> |
| (F) | RECORD DRAWINGS / SPECIFICATIONS                           | <input type="text"/> | <input type="checkbox"/> |
| (G) | PERSONNEL TRAINING RECORDS                                 | <input type="text"/> | <input type="checkbox"/> |

COMMENT:

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\* Tick boxes as applicable

7. ANY OTHER COMMENTS:

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THIS ASSESSMENT IN NO WAY DIMINISHES THE VENDOR'S RESPONSIBILITY FOR ENSURING THAT THE PURCHASED PRODUCT CONFORMS TO SPECIFIED REQUIREMENTS.

## SECTION 2 SUB-CONTRACTORS' SAFETY, HEALTH AND ENVIRONMENTAL ASSESSMENT

**Section 2 can be omitted by companies providing supply only products and who will not be engaged in any form of site activity**

### Notes

The Health and Safety at Work Act 1974 places responsibilities on managing contractors to ensure that sub-contractors engaged in construction/maintenance work perform their duties with due regard to occupational health and safety.

In order for us to carry out assessment in this connection, would you please provide the following information. Additional information is requested in connection with matters of environmental concern.

### 1 Details of contractor

Name of company \_\_\_\_\_

### 2 Precise nature of the work your company undertakes

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### 3 Health and safety at work 'policy statement' (Essential for organisations with 5 or more employees)

3.1 Attach a copy of your signed policy document showing organisation and arrangements under the Health and Safety at Work etc Act 1974

3.2 What is the name and title of the executive in your company responsible for co-ordinating health and safety matters

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### 4 Safety advice

If you employ a safety adviser, please provide name and qualifications \_\_\_\_\_

If not, what arrangements have you made?  
\_\_\_\_\_  
\_\_\_\_\_

### 5 Health and safety training

5.1 Can you confirm that your employees all receive adequate training to ensure they are conversant with current legislation and guidance documentation appropriate for safe working practices.

Yes

No

Do you deliver Toolbox Talks on a regular basis to your trade operatives?

5.2  Yes

No

If yes, at what frequency? \_\_\_\_\_

5.3 It is a requirement of SPIE Matthew Hall that all subcontract employees attend Toolbox Talks at a frequency of not less than two per month. Do you accept this requirement?

Yes

No

**6 Accident/incident reporting** *Attach an example of your company accident/incident report*

6.1 What is your procedure for investigating and reporting accidents, dangerous occurrences or occupational illnesses?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been prosecuted or received any prohibition or enforcement notices in the last 5 years.

6.2  Yes

No

Details if yes:

\_\_\_\_\_

6.3 Provide details of your accident records for a minimum of the past three years:

<b>Year (please state)</b>			
No of minor accidents			
Number of over three day RIDDOR accidents			
Number of RIDDOR major accidents			
Number of fatalities			
Accident incidence rate			
Accident frequency rate			

**7 Plant, equipment and vehicle maintenance and inspection**

7.1 How do you ensure that plant, equipment and vehicles for use on site are issued and kept in a safe condition?

\_\_\_\_\_

7.2 Do you restrict the following to trained/certificated employees only? Comments

- Erecting/dismantling scaffolds      YES/NO \_\_\_\_\_
- Operating mobile elevated work platforms      YES/NO \_\_\_\_\_
- Changing abrasive wheels      YES/NO \_\_\_\_\_
- Other \_\_\_\_\_ YES/NO \_\_\_\_\_

**NB: Unless a special written arrangement exists with SPIE Matthew Hall you must provide all necessary plant, tools and equipment, which, must be maintained in a safe condition.**

**8 Safe Systems of Work**

8.1 Do you have procedures in place to ensure safe systems of work are implemented in accordance with the requirements of legislation?

8.2 Are your employees specifically conversant with requirements appertaining to:

**Comments**

- risks associated with confined spaces YES/NO \_\_\_\_\_
- the requirement for Risk Assessments/method statements YES/NO \_\_\_\_\_
- the control of substances hazardous to health YES/NO \_\_\_\_\_
- compliance with Permit to Work instructions YES/NO \_\_\_\_\_
- not working on live electrical services YES/NO \_\_\_\_\_
- correct use of PPE YES/NO \_\_\_\_\_
  
- working at height safely YES/NO \_\_\_\_\_
- edge protection to excavations YES/NO \_\_\_\_\_

**9 Sub-contractors**

How do you assess the health and safety record and competence of your sub-contractors?

\_\_\_\_\_  
\_\_\_\_\_

**10 Standard health, safety and security rules and conditions for sub-contractors**

Please read the attached document entitled 'Standard Rules and Conditions for Contractors' and sign and return the acknowledgement slip. Approval for your company to work for SPIE Matthew Hall will not be given unless and until this has been received.

**11 Other relevant information**

Provide samples of your Risk Assessments, Method Statements and Permits to Work documentation for the type of work that you carry out.

(Please note that submissions without such documentation will be rejected and not approved).

**12 Environment**

- 12.1 Are you registered to ISO 14001?  Yes  No
- 12.2 Do you have an environmental policy?  Yes  No If yes, please provide a copy
- 12.3 Please provide the name and qualifications of your environmental representative. \_\_\_\_\_
- 12.4 Does the product or service that your provide to this company use any substance classified as dangerous for the environment (symbol letter N) under the Chemicals (Hazard Information and Packaging for Supply) Regulations?  
 Yes  No If yes, please supply details  
\_\_\_\_\_  
\_\_\_\_\_
- 12.5 Please provide details of any waste generated on site as a result of your product or service

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12.6 If you intend to remove waste from site generated as a result of your activities, please supply a copy of your registration Certificate as a carrier of controlled waste.

12.7 Does or could your company produce waste subject to the Special Waste Regulations?

Yes

If yes, please provide details of the waste and intended disposal arrangements.

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12.8 As a result of your activity on site, do you or could you produce effluent subject to a consent to discharge to surface watercourses/groundwater?

Does or could your company activity produce effluent subject to trade effluent consent for discharge to foul sewer?

12.9  Yes

No

12.10 Has there been a civil action against your company in respect of the environment in the last five years?

Yes

If yes, please provide date and details.

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12.11 Has your company been convicted or breaching any environmental legislation in the last five years?

Yes

Yes, please provide date and details

12.12 Does your company have any environmental civil or criminal action pending?

Yes

Yes, please provide details

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12.13 Other relevant information

Please provide other relevant information if appropriate that will assist us in this environmental assessment

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## SECTION 3 BUILDING SERVICES DESIGN AND CONSULTANCY

Section 3 may be omitted by companies that are not providing a service specific to either a design or consultancy related nature.

1. How many professionally qualified staff do you employ (C.Eng., I.Eng. etc) \_\_\_\_\_

2. How many technically qualified staff do you employ (Tech Eng. or other) \_\_\_\_\_
3. How many general support staff do you employ \_\_\_\_\_
4. What services can you offer :-
- HVAC design
  - Electrical design
  - Public health design
  - Fire engineering (active and passive)
  - Building physics (dynamic thermal modelling and computational fluid dynamics)
  - Acoustics
  - Lift and internal transportation engineering
  - Lighting design
  - Security
  - Communication and information technology system (inc audio-visual)
  - Controls and building information systems
  - Medical and specialist gases (inc. compressed air)
  - Energy consultancy
  - Environmental consultancy
  - Building and site surveys
  - Specialist services – combined heat and power, tunnel ventilation, expert witness
  - Building regulations accredited persons
- Details are to be appended of your :-
5. Quality Assurance procedure for design
6. Project experience (market areas – commercial office, hospitals and health buildings, computer rooms and switching centres, industrial and manufacturing, pharmaceutical, laboratories, clean rooms, leisure and sports, retail, distribution and warehousing, military etc.)
7. Membership of professional bodies and trade associations
8. Selected Customer list
9. Selected project list
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- 10. Selected project list
- 11. Project / Customer references
- 12. Design and calculation software used
- 13. Drawing and building modelling software used
- 14. Design Risk Assessment process
- 15. Geographical coverage

**SECTION 4      COMMERCIAL**

NAME OF COMPANY \_\_\_\_\_

Each box must be completed. Boxes not applicable to your business are to be crossed through.

<b>INSURANCES (INDEMNITY ANY ONE INCIDENT)</b>				
INDEMNITY COVER	£ VALUE	NAME OF INSURER	POLICY No.	EXPIRY DATE
PUBLIC/PRODUCT LIABILITY				
EMPLOYERS LIABILITY				
ALL RISKS				
PROFESSIONAL INDEMNITY				

<b>COMMERCIAL</b>	
COMPANY REG No. (If applicable)	
VAT REGISTRATION No. (See note 1)	
NAME OF BANK (See note 2)	
BANK ACCOUNT No. (See note 2)	
BANK SORT No. (See note 2)	

**Notes**

- 1) An exemption letter is required from the vendors accountant for any organisation that falls below the VAT threshold.
- 2) Bank details must be submitted on the vendors company headed paper.
- 3) Additional information and evidence of insurance may be requested in the event that an order is to be placed with your company.

**SECTION 4 CERTIFICATION**

I CERTIFY THAT THE DETAILS PROVIDED IN SECTIONS 1 TO 4 OF THIS QUESTIONNAIRE ARE CORRECT.

SIGNED FOR THE COMPANY \_\_\_\_\_ PRINT NAME \_\_\_\_\_

POSITION IN COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

**Check list for the vendors use of associated documents that are essential for the assessment and must be provided for a successful submission :-**

**Commercial (General for all Submissions)**

(✓) If appended  
or mark  
as N/A

- |    |                                  |   |       |
|----|----------------------------------|---|-------|
| a. | Public / Product Insurances      | (Required for all submissions).   | _____ |
| b. | Employers Insurance              | (Only required for organisations with more than one person employed and if a presence on site is involved).             | _____ |
| c. | Professional Indemnity Insurance | (Only essential for organisations providing us with a design / consultancy service).                                    | _____ |
| d. | VAT Registration                 | ( An exemption letter is required from the vendors accountant for any organisation that falls below the VAT threshold). | _____ |
| e. | CIS Certification                | (Essential for appropriate organisations where construction / installation activity on site is involved.)               | _____ |
| f. | Bank Details                     | (Name of bank required together with details of the Sort Code and Account Number).                                      | _____ |

**Technical Engineering (Only applicable for designers, consultants, technical writers etc).**

- |    |                              |   |       |
|----|------------------------------|---|-------|
| g. | Credentials, Memberships etc | (Documentation as required and indicated on sheets 7 and 8) | _____ |
|----|------------------------------|---|-------|

**Health, Safety and Environmental (Documents required where site activity is involved).**

- |    |                        |   |       |
|----|------------------------|---|-------|
| h. | SHE Policy             | (A signed / dated Policy Statement is required for organisations with 5 or more employees). | _____ |
| i. | Risk Assessments       | (Sample of typical Risk Assessments).   | _____ |
| j. | Method Statements      | (Sample of a typical Method Statement).   | _____ |
| k. | COSHH Assessments      | (Sample of a typical assessment should COSHH products be involved).                         | _____ |
| l. | ABFS Contractors Rules | (Signed acknowledgement acceptance).  | _____ |
| m. | Training Records       | (Evidence of employee safety training).   | _____ |
| n. | SHE Questionnaire      | (Fully completed SPIE Matthew Hall  | _____ |

- questionnaire) \_\_\_\_\_
- o. CORGI Certification (Essential for all gas related works). \_\_\_\_\_
- p. Accident Incident Report (Copy of document used by the business) \_\_\_\_\_

**It is the Purchasing Departments responsibility to ensure**

**All required documentation (see details above) must be supplied prior to an INDEX ACCREDITATION NUMBER being supplied to you**

**NOTE – ALL ATTACHMENTS MUST BE PDF AND LESS THAN 2 MB IN TOTAL**