Large Suppliers Appraisal Questionnaire

Introduction

This questionnaire is for companies with **5 or more employees**. It covers Sub-Contractors, Suppliers, and Consultants, it is required by legislation that we assess the Health, Safety, Equality/Discrimination, Inclusion Quality, Environmental, Information Security and Financial competence as well as their ability to deliver that service.

All questions **must** be attempted within the questionnaire. Failure to comply with these instructions could potentially affect being accepted on our ‘Approved List’.

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# General Company Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | |
| Address: |  | | | | | | |
| Post Code |  | | | | | | |
| Telephone No.: |  | | | Fax No.: |  | | |
| Website Address: |  | | | | | | |
| Contact Email: |  | | | | | | |
| Type of Company | Partnership | PLC | Sole Trader | | | Trading Division | Limited |
| Approximate № of employees within your Company (not including subcontractors) | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of service offered: | | | | | |
| Number of years’ experience offering the above service? |  | | | | |
| Do you use Sub-Contractors?  **If ‘No’ go to Section 2** | | Yes | | No | |
| If Yes, State Principal Areas that these Sub-Contractors work: | | | | | |
| Do you conduct a competency assessment on your Sub-Contractors?  Please provide a copy of your Subcontractor Assessment. | | | Yes | | No |
| Please outline the process used to check their Health and Safety competences. | | | | | |

# Network Rail Required Information

|  |  |  |
| --- | --- | --- |
| Does your Company undertake work in the Railway Sector?  **If ‘No’ go to Section 3** | Yes | No |
| Does your company have in place a Network Rail Principal Contractors License?  **If ‘Yes’, please attach a copy of the certificate** | Yes | No |
| Does your company have RISQS approved status?  **If ‘Yes’, please attach a copy of the certificates and the product groups that you work in.** | Yes | No |
| What is the expiry date of the RISQS Certificate? |  | |
| Do you and your employees comply with the maximum working hours in accordance with the Railway Group and Network Rail Standards?  **If ‘Yes’, please provide details of how this is managed.** | Yes | No |
| Does your company maintain a list of current Regulations, Railway Group and NWR Standards applicable to the services offered? | Yes | No |
| Have you or your employees been disqualified from working on NRMI in the past?  **If ‘Yes’, please provide details below** | Yes | No |
|  | | |
| Describe your Company’s procedures for ensuring that relevant standards are obtained, controlled reviewed, issued and briefed to relevant staff. **(If not applicable please enter N/A)** | | |
| Please provide a short summary, if possible, of Physical/Safety Critical Works undertaken on Network Rail managed infrastructure in the past 5 years. **(If not applicable please enter N/A)** | | |

# Management of Health and Safety & Training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have an Appointed Person responsible for Safety? | | | | Yes | No |
| **If ‘Yes’ state person’s name and contact details:** | Name | |  | | |
| Position | |  | | |
| Contact Details | |  | | |
| Please provide a copy of your organisation’s Health and Safety policy, policy statement including company organisation chart clearly defining safety responsibilities and, if applicable, supplementary documents. | | | | | |
| Please provide copies of your Risk Register, Risk Assessments and Method Statements. | | | | | |
| Please provide evidence of your procedures for consulting with staff on Health and Safety matters, e.g., Safety briefings, Toolbox Talks, Safety Bulletins etc? | | | | | |
| Please provide a copy of your Competency Management System for all your work activities (e.g. Training Matrix, Training records etc) | | | | | |
| Please provide a copy of your Company Induction. | | | | | |
| Do you undertake internal Safety Audits/Checks/Reviews on a regular basis?  **Please provide evidence.** | | | | Yes | No |
| Do you have arrangements for First Aid? | | | | Yes | No |
| Do you have emergency arrangements for Fire? | | | | Yes | No |
| Do you have arrangements in place within your company for: | | Manual Handling | | Yes | No |
|  | | PPE | | Yes | No |
|  | | COSHH | | Yes | No |
|  | | Noise | | Yes | No |
|  | | Work at Height | | Yes | No |
|  | | HAVS | | Yes | No |
|  | | Environmental Management | | Yes | No |
|  | | Welfare | | Yes | No |
| Do you have a pre-employment medical questionnaire?  **If ‘Yes’, please provide a copy.** | | | | Yes | No |
| Has your company been, or is your company currently, the subject of any improvement / prohibition notices / prosecutions, or other such actions in relation to Health and Safety?  **If ‘Yes’, please provide details of the action taken** | | | | Yes | No |

# Equality And Discrimination

|  |  |  |
| --- | --- | --- |
| Do you have an Equality and Discrimination Policy under the Equality Act 2010?  **If yes, please supply a copy** | Yes | No |
| In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)?  **If ‘Yes’, please provide details of the action taken** | Yes | No |
| In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination?  **If ‘Yes’, please provide details of the action taken** | Yes | No |
| Do you have a Modern Slavery Policy?  **If ‘Yes’, please provide** | Yes | No |

# Competency Management

## Alcohol and Drugs Policy

|  |  |  |
| --- | --- | --- |
| Do you have an Alcohol and Drugs Policy?  **If ‘Yes’, please supply a copy** | Yes | No |
| Do you undertake pre-employment, unannounced and for cause Alcohol and Drugs screening? | Yes | No |

## Plant and Equipment

|  |  |  |
| --- | --- | --- |
| Do you manage and record your Plant and Equipment Maintenance, Inspection, and Calibration Records. | Yes | No |
| Please provide copies of your staff competences in relation to the relevant Plant & Equipment? | | |
| Do you have procedures for the procurement or hire of sub-contractor plant & equipment?  **If ‘Yes’, please supply a copy** | Yes | No |

## Data Protection

|  |  |  |
| --- | --- | --- |
| Do you have a GDPR Data Protection Policy?  **If ‘Yes’, please supply a copy** | Yes | No |
| Do you have an IT Policy, covering information security?  **If ‘Yes’, please supply a copy** | Yes | No |

# Accident and Emergency Arrangements

|  |
| --- |
| Please provide a copy of your procedure for reporting Accidents / Incidents and Dangerous Occurrences in accordance with RIDDOR (2013). |
| Please provide your accident / incident data for the last 3 years. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Fatal Accident | RIDDOR | | |
| Major Injury | 7+ Days | Dangerous Occurrences |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |
| Please provide a copy of your procedure for reporting minor Accidents / Incidents / Near Misses / Close Calls | | | | |

# Quality Assurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have an Appointed Person responsible for quality? | | | Yes | No |
| **If ‘Yes’ state person’s name and contact details:** | Name |  | | |
| Position |  | | |
| Contact Details |  | | |
| Do you have a Quality Policy inclusive of Statement?  **If ‘Yes’, please provide** | | | Yes | No |
| Do you have a Quality Assurance Manual and Procedures?  **If ‘Yes’, please provide** | | | Yes | No |
| Is your Quality system certified by an UKAS Accredited Body? | | | Yes | No |

# Environmental Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have an Appointed Person responsible for environmental issues? | | | Yes | No |
| **If ‘Yes’ state person’s name and contact details:** | Name |  | | |
| Position |  | | |
| Contact Details |  | | |
| Please provide a copy of your company Environmental Policy? | | | | |
| Do you have arrangements for minimising waste, recycling and segregating waste in accordance with your duty of care? | | | Yes | No |
| Is your company committed to continual improvement in environmental performance? | | | Yes | No |
| Do you have procedures for dealing with environmental incidents, such as spillages? | | | Yes | No |
| Has your company been or is your company currently the subject of any notice, enforcement order, prosecution or other such action in relation to Environmental protection? | | | Yes | No |

# CVs for Key staff

| A minimum of one CV is required. | Yes | No |
| --- | --- | --- |
| Director or Principal Person Responsible for services being provided |  |  |
| Project or Operations Manager responsible for services to be undertaken |  |  |
| Person Responsible for HSQE |  |  |

# Financial

|  |  |  |
| --- | --- | --- |
| Please provide a copy of your most recent set of published Accounts | | |
| Has your company had any Winding Up Orders issued against it in the last 5 years? | Yes | No |
| Have Administrators been appointed to run the affairs of your organisation in the last 5 years? | Yes | No |
| Does your company have a documented Anti-Bribery Policy?  **If ‘Yes’, please supply a copy** | Yes | No |

## Insurance Policies

|  |  |  |
| --- | --- | --- |
| Please provide a copy of your Employers Liability Insurance | | |
| Please provide a copy of your Public Liability Insurance? | | |
| Do you have Products Insurance?  **If ‘Yes’, please attach a copy of the policy** | Yes | No |
| Please provide a copy of your Professional Indemnity Insurance? | | |
| Do your insurance policies cover work on Railway related activities?  **If ‘Yes’, please attach a copy of the policy** | Yes | No |
| Any other Insurance Policies that would be relevant for the service you provide? | | |

# Company Accreditation

|  |  |  |
| --- | --- | --- |
| Do you maintain a safety system in accordance with ISO45001 2018 certified by an UKAS accredited body? **Please provide a copy of the certificate** | Yes | No |
| What is the expiry date of the ISO45001 2018 Certificate? |  | |
| Do you operate a quality system certificated to BS EN ISO 9001:2015 by an UKAS accredited body? **Please provide a copy of the certificate** |  | |
| What is the expiry date of the ISO 9001 Certificate? |  | |
| Does your company have a registered/certified Environmental Management System (EMS) in accordance with EN ISO 14001:2015, BS8655 or EMAS?  **Please provide a copy of the certificate** |  | |
| What is the expiry date of the ISO 14001 Certificate? |  | |
| Any other relevant company or industry Accreditations, for example, further ISO certifications, please list below. | | |

# Required Documentation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section | Page № | Description | YES | N/A |
| 1 | 2 | Copy of Subcontract Assessment |  |  |
| 2 | 3 | Copy of PCL |  |  |
| 2 | 3 | Copy of RISQS Cert & Product Codes |  |  |
| 3 | 3 | Health and Safety Policy, including statement and ORG Chart |  |  |
| 3 | 3 | Evidence of consultation with staff on Health and Safety Matters |  |  |
| 3 | 3 | Competency Management System |  |  |
| 3 | 3 | Company Induction |  |  |
| 3 | 3 | Evidence of Internal Audits & Inspections |  |  |
| 3 | 4 | Pre-Employment Medical Questionnaire |  |  |
| 3 | 4 | Details of any actions taken against the company |  |  |
| 4 | 4 | Equality and Diversity Policy |  |  |
| 4 | 4 | Modern Slavery Policy |  |  |
| 5 | 5 | Alcohol and Drugs Policy |  |  |
| 5 | 5 | Plant and Staff Competency |  |  |
| 5 | 5 | Procedures for procurement of plant hire |  |  |
| 5 | 5 | GDPR Policy |  |  |
| 5 | 5 | IT Policy |  |  |
| 6 | 5 | Accident Reporting Procedures – Major & Minor |  |  |
| 7 | 6 | Quality Policy |  |  |
| 7 | 6 | Quality Assurance Management |  |  |
| 8 | 6 | Environmental Policy |  |  |
| 9 | 6 | CVS |  |  |
| 10 | 6 | Anti-Bribery Policy |  |  |
| 10 | 7 | Latest Set of Published Accounts |  |  |
| 10 | 7 | Insurances |  |  |
| 11 | 7 | Company Accreditations |  |  |

**Please note that the information is guided by the requirements of several pieces of legislation, standards and accreditations that Colt Construction is compliant with e.g. Management of Health and Safety at Work Regulations, Environmental Protection Agency, RISQS, CDM Regulations, ISO 9001 & 14001, 45001:2018 Network Rail, CHAS, Safe Contractor etc. We would not ask for information unless it was necessary.**

# Signed on behalf of the company:

The Information I have provided is truthful and accurate, I understand that any falsification of data could lead to refusal/rejection from the Approved List.

*A typed name will be acceptable as a signature if this document is completed electronically.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed: |  | | | Date: |  | | | | |
| Print Name: | |  | | Position: | |  | | | |
| For Company: | | |  | | | | | | |
| Colt have strict policies and documented procedures governing our system and process management, do you agree that if you are sponsored by Colt Construction Ltd, you will work as a minimum to our standards, which we will provide. | | | | | | | Y | N | N/A |
| Signed on behalf of Company | | | | | | | | | |

*NOTE: Failure to sign the submission will result in rejection from the Approved List.*

Please forward the completed questionnaire and attachments to:

Email: **hseq@colt-construction.co.uk**

FOR INTERNAL USE BY COLT ONLY

# Appraisal Check List (To be completed internally by Colt)

HSQE Support

|  |  |  |  |
| --- | --- | --- | --- |
| Has an Initial Assessment been performed on the questionnaire and evidence submitted? | | Yes | No |
| Performed by (Signed): | Print: | Date |  |

|  |
| --- |
| Comments: |

HSQE Manager

|  |  |  |  |
| --- | --- | --- | --- |
| Has the Supplier demonstrated a satisfactory level of compliance overall? | | Yes | No |
| Is the Supplier recommended for submission on the Approved List? | | Yes | No |
| Performed by (Signed): | Print: | Date |  |

|  |
| --- |
| Comments: |

Director Authorisation to place Supplier on the Approved List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: | | | Print: | | |
| Approval Date |  | Risk Grade |  | Next Review |  |
| Next Review Type | FULL |  | UPDATE |  |  |