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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Company Information** | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | |
| **Contact Name:** |  | | | | | **Email:** | | |  | | |
| **Phone:** |  | | | | | **Fax:** | | |  | | |
| **Legal Entity:** | Limited Company / Partnership / Sole Trader | | | | | | | | | | |
| **Company Registration No.:** |  | | | | | **VAT Number:** | | |  | | |
| **Registered Address**  **(If different from above):** |  | | | | | | | | | | |
| **Turnover**  **(Last Financial Year):** |  | | | | | **Turnover**  **(Previous Year):** | | | |  | |
| **CIS Details:** |  | | | | | | | | | | |
| **Tax Reference/UTR:** |  | | | | | | | | | | |
| **Bank Name:** |  | | | | | | | | | | |
| **Bank Address:** |  | | | | | | | | | | |
| **Sort Code:** |  | | | | **Account Number:** | | | | |  | |
| **Insurance Details:**  Please provide details (and enclose copies) of all your insurance schedules, e.g. types held and expiry dates:   |  |  | | --- | --- | | Professional Indemnity | £ | | Product Liability | £ | | Employer’s Liability | £ | | Public Liability | £ | | All Risks | £ | | | | | | | | | | | | |
| **Section 2: Scope of Services** | | | | | | | | | | | |
| Please provide details of the services that you provide (including length of experience): | | | | | | | | | | | |
| What is the geographical area of your service? (Please tick and provide details if partial cover) | | | | | | | | | | | |
| Scotland | | | England | | | | | Wales | | | |
| Whole | |  | Whole | | | |  | Whole | | |  |
| Partial (Please list) | |  | Partial (Please list) | | | |  | Partial (Please list) | | |  |
|  | | |  | | | | |  | | | |
| Please provide details of the last two contractors & contact details for whom you have carried out this type of work: | | | | | | | | | | | |
| Contractor 1: | | | | Contractor 2: | | | | | | | |
| Do you intend to use sub-contractors on Grain’s sites? If so please provide information on the intended suppliers and your controls over them, including relevant policies and procedures. (all 2nd tier contractors must be notified to Grain if you were to use at a later date). | | | | | | | | | | | |

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| **Section 3: Training & Competence** | | |
| Do you maintain Training Records?  (If yes, please provide evidence.  e .g Training Matrix) | YES | NO |
| Does your staff hold current network authorisations?  (If yes, please provide evidence) | YES | NO |
| Do you provide instruction and training to all new staff?  (If yes, please provide evidence of induction) | YES | NO |
| Do you maintain competency records?  (If yes, please provide evidence) | YES | NO |
| Do you ensure that all staff and sub-contractors are competent in the use of all plant/equipment they may use? (If yes, please provide evidence  e.g. daily plant inspections) | YES | NO |
| Are all plant/machine operators certified in accordance with appropriate industry training board? (If yes, please provide evidence  e.g. CPCS, NPORS etc.) | YES | NO |
| Please state number/Percentage of operatives holding CSCS/CPCS cards. Please note these will be checked at site induction and operatives should have their certification/cards available on Grain sites. | Percentage :  How many staff: |  |
| Who provides your company with Health and safety advice?  Name: Position:  Qualifications/Experience:  Contact details: |  |  |

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| **Section 4: Health and Safety Management** | | | |
| **Health and Safety Policy** | **Please provide a signed copy of your Health and Safety Policy Statement** | | |
| OHSAS18001 Certification (Circle)?  (Attach certificate) | | YES | NO |
| Please provide sample Method Statement(s) for similar works undertaken. | | | |
| Please provide sample Risk Assessment(s) for similar works undertaken. | | | |
| Please provide any other operational documentation you would be working too on Grain’s sites. e.g. Lift plan, | | | |
| Do you have a safety Manual or similar document  If yes, please provide a copy? YES NO | | | | YES | NO |
| Do you carry out COSHH assessments for hazardous substances? YES NO  Do you carry out noise assessments for plant and equipment? YES NO  Have you assessed the PPE requirements for your employees? YES NO  (Please provide evidence for all above) | | | |  |  |

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| **Section 5: Environmental Management** | | | | | |
| **Environmental Policy** | **Please provide a signed copy of your Environmental Policy Statement** | | | | |
| ISO14001 Certification (Circle)?  (Attach Certificate) | | YES | | NO | |
| Are you licensed to carry waste?  (Provide copy of certificate) | | | YES | | NO |
| Are you licensed to carry hazardous/special waste?  (Provide copy of certificate) | | | YES | | NO |
| Do you have an environmental emergency plan/environmental procedures for accidental spillage?  (Please provide a copy) | | | YES | | NO |

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| **Section 6: Quality Management** | | | | | | | | |
| **Quality Policy** | **Please provide a signed copy of your Quality Policy Statement** | | | | | | | |
| ISO9001 Certification (Circle)?  (Attach Certificate) | | | | YES | | | NO | |
| **Section 7: Statistics** | | | | | | | | |
| For any entries made below, please provide details of actions taken to resolve. | | | | | | | | |
|  | | | **Last Year** | | | **Last Year -1** | | **Last Year -2** |
| RIDDOR Reportable Accidents | | |  | | |  | |  |
| Number of Lost Days Through Accidents | | |  | | |  | |  |
| Near misses | | |  | | |  | |  |
| Average No of Employees | | |  | | |  | |  |
| Accident Frequency Rate | | |  | | |  | |  |
| **Section 8: Sub-contractor Declaration** | | | | | | | | |
| By signing below I confirm and understand the following:   * I wish my company to be considered for inclusion on the Approved Sub-contractors database. * All information supplied is accurate and correct. * Grain reserves the right to verify the supplied information with other companies and government bodies. * Inclusion on the database is not a guarantee that Grain will engage a company’s services. * The Grain Sub-contractor database is subject to continuous review and as such Grain may request accident statistics and seek confirmation that insurances, certifications and accreditations have been renewed. * Sub-contract works cannot commence on Grain sites without Risk Assessments and Method Statements being approved by Grain. * Grain reserves the right to check the training records of any Sub-contract staff prior to work commencing. * If my company is subject to any Health, Safety or Environmental Prosecutions, Improvement, Prohibition or Enforcement Action Grain shall be notified immediately. * Inclusion on the database is at the discretion of the Grain’s management team. | | | | | | | | |
| **Name** | | **Position (Director)** | | | **Signature** | | | **Date** |
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Please send completed questionnaires to: [**purchasing@grainconnect.com**](mailto:purchasing@grainconnect.com)