



**Croft Construction NW Limited**

**Pre-Qualification Questionnaire**

<b><u>Company Details</u></b>	
Company Name	
Trading Address	
Registered Office Address	
Company Registration No.	
VAT No.	Please attach proof.
Trade	
Contact Name	
Telephone No.	
E-mail Address	
No of Employees	
Details of Holding Company (if applicable)	
Name, address and contact details of Referee	
Details of current reference sites which may be visited by Croft Construction	



**Financial**

**Please provide summary of annual turnover for the last 3 years**

Financial Year	Turnover (£M)				
	£				
	£				
	£				
	£				
Are you able to provide a Bank Reference if required? (tick appropriate box)	<table border="1"> <tr> <td><b>YES</b></td> <td><input type="checkbox"/></td> <td><b>NO</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>		

**CIS Information**

<b>Is the company registered under CIS scheme?</b> <b>If Yes, please attach details of Unique Tax Reference (UTR)</b>	<table border="1"> <tr> <td><b>YES</b></td> <td><input type="checkbox"/></td> <td><b>NO</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>		

**Insurance Details**

Please provide details and copies of your certificates of insurance and cover held for the following:

	Policy No.	Each and Every Claim	Annual Cumulative / Aggregate	Expiry Date
Public / Product Liability		£	£	
Professional Indemnity		£	£	
Employers Liability		£	£	
Contract Works Insurance		£	£	



**Safety Management**

**Health and Safety Policy**

Who is the person directly responsible for Health and Safety? Please attach a copy of their CV

Name	
Position	
Experience Qualifications	
Contact Address	
Contact Tel No.	

Does your company have a current Safety Policy Statement, signed and dated? If yes, please attach	YES <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If you have no written Health and Safety Policy, do you agree to comply with Croft Construction LTD.'s Health and Safety Policy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Health and Safety Monitoring and Advice**

Give the name, location and experience / qualifications of the person and / or organisation who provides competent Health and Safety assistance as required by the Management of Health and Safety at Work Regs 1999:

Name	
Position	
Experience and Qualifications	
Contact Address	
Contact Tel No.	

Does your company perform internal safety audits? If yes, please provide examples.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your company perform internal safety audits? If yes, please provide examples.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Safety Management System**

Does your company have an Occupational Health and Safety Management System based on OHSAS 18001:2007 or HSG 65?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, does your company have a program to develop such a system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your company attained OHSAS 18001:2007 accreditation from a recognised and approved certifying body? If yes, please attach copy of accreditation certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Confirm the percentage of your employees that hold a CSCS card	%	
"Does your company have a current NICEIC registration under the Approved Contractor Scheme (BS7671), or other approving bodies (please list)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please state your company's registration number.			
Please attach your company's reportable accident statistics for the last 3 years (as defined by RIDDOR regulations)	YEAR		
	Fatalities		
	Major Injuries		
	Over 3 Day Injury		
	Dangerous Occurrence		
AFR			
Does your company have a documented accident / incident reporting procedure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Has your organisation documented emergency procedures? If Yes, please provide details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Safe Systems of Work**

Does your company carry out risk assessments? If yes, please provide example.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company produce Method Statements? If yes, please provide example.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company produce COSHH assessments? If yes, please provide example.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you work under any permit systems? If yes, please provide recent examples of Permits to Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company brief its employees on the above relevant information? If yes, please provide a briefing record.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have relevant controls for working in potentially explosive atmospheres (DSEAR REGULATIONS ATEX 95 AND 137). If yes, please provide an example.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>



**Training**

Please include details of your policy and program for health and safety training of your Management Staff, Supervisory Staff, and Operatives.	Attached <input type="checkbox"/>		N/A <input type="checkbox"/>
Does your company hold comprehensive training records for its entire staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have a system for assessing workplace competency? If yes please give examples.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have a diversity, equality and inclusion policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Occupational Health and Hygiene**

Please include details of your company's Occupational Health arrangements, identifying Occupational Health risks applicable to your operations	Attached <input type="checkbox"/>		N/A <input type="checkbox"/>
Does your organisation provide health surveillance for employees where risks have been identified, in accordance with MHSWA Regs and COSHH Regs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Drugs and Alcohol**

Does your company have a drugs and alcohol policy? If yes, please attach a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have testing arrangements? If yes, please attach details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If your company has no formal Drugs and Alcohol policy, do you agree to comply with Croft Construction LTD.'s Drugs and Alcohol Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Drugs and Alcohol**

Does your company have a system in place to meet the requirements of the Provision and Use of Work Equipment Regulations 1998?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is all work equipment appropriately maintained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
LOLER			



### CDM Regulations

Have you previously worked within the requirements of the Construction (Design and Management) Regulations 2007?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company fully understand the requirements of Construction (Design and Management) Regulations 2007?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

### Notices / Prosecutions

Have you received any improvement / prohibition / abatement notices, prosecutions or any impending court cases from statutory enforcement bodies such as the HSE, Environment Agency, SEPA, EHS, Police, EHO etc in the last 5 years? If yes, please attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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### Environmental Management

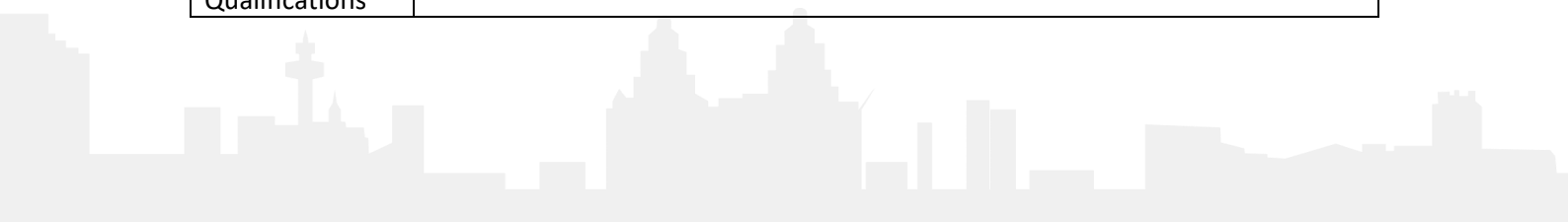
Environmental Management Systems		
Who is the person directly responsible for Environment? Please attach a copy of their CV.		
Name		
Position		
Experience Qualifications		
Contact Address		
Contact Tel No.		
Does your company have a current Environmental Policy Statement, signed, and dated? If yes, please attach.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If your Company has no formal Environmental Management System, do you agree to comply with Croft Construction Ltd.'s Environmental Management System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Environmental Operational Control

Do you intend to carry waste? If yes, please provide a copy of your Waste Carriers License	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please provide details of how you analyse your environmental risks. Please provide evidence.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please provide any other relevant information, which may assist us in the assessment of your ability to manage work whilst taking measures to protect the environment.		

### Quality Management

Who is the person directly responsible for Quality? Please attach a copy of their CV.	
Name	
Position	
Experience and Qualifications	



Contact address			
Contact Tel No			
Does your company have a current Quality Policy Statement, signed and date? If yes, please attach.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your company have a current Quality Management System based on BS EN ISO 9001:2008	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If no, does your company have a program to develop such a system	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Has your company attained BS EN ISO 9001 accreditation from a recognised and approved certifying body? If Yes, please attach a copy of the accreditation certificate and documentation detailing scope	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If your company has no formal Quality Management System, do you agree to comply with Croft Construction LTD.'s Quality Management System	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

**Completed by**

<b>I certify that the details given in this questionnaire are correct and accurate</b>	
Name	
Position	
Signature	
Date	

**Reviewed by Croft Construction**

Accepted <input type="checkbox"/>	Accepted with Comments <input type="checkbox"/>	Rejected <input type="checkbox"/>
Name		
Signature		
Date		
Comments		

