

# PRE-QUALIFICATION QUESTIONNAIRE

Bridford Interiors Ltd

Bridford Building

Wellington Crescent

Fradley Park

Lichfield

Staffordshire

WS13 8RZ

T: 01543 443200

W: [www.bridford.co.uk](http://www.bridford.co.uk)

Return Completed Questionnaire to [bethany.evans@bridford.co.uk](mailto:bethany.evans@bridford.co.uk)

## **Guidance and Notes**

This document is the Pre-Qualification Questionnaire (PQQ) issued to contractors, sub-contractors and suppliers who express an interest in providing services for Bridgford Interiors Ltd. (BIL). The information is required to assess your organisation's suitability to become an appropriate provider.

The word Organisation refers to a sole trader, partnership, incorporated company or other business entity, or similar entity operating outside the UK, as appropriate.

Any information or documents submitted in response to this questionnaire must relate to the applicant only. The applicant is the organisation that will enter into a formal agreement with Bridgford Interiors Ltd.

Please answer all questions as accurately and concisely as possible in the same order as the questions are presented. Where a question is not relevant to your organisation, please indicate with N/A.

If additional space is needed for any answer, continue on a separate sheet of paper. Any additional pages and supporting documentation must clearly state the details and question number to which it relates.

If you have any queries, please contact: Bethany Evans, on 01543 443200 or by email at [bethany.evans@bridgford.co.uk](mailto:bethany.evans@bridgford.co.uk)

Completed questionnaires and supporting documents must be returned **within 10 days** of receipt of questionnaire. Please email to [bethany.evans@bridgford.co.uk](mailto:bethany.evans@bridgford.co.uk) or post to Bridgford Interiors Ltd., Wellington Crescent, Fradley Park, Lichfield, WS13 8RZ.

**Note:** Text highlighted in blue refers to a legal requirement.

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SECTION 1- CONTACT DETAILS

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Email: \_\_\_\_\_

SECTION 2- COMPANY INFORMATION

2.1 Registered Name of Company: \_\_\_\_\_

2.2 Company Registration Number: \_\_\_\_\_

2.3 Years Company has been in operation: \_\_\_\_\_

2.4 List any subsidiary or parent \_\_\_\_\_  
\_\_\_\_\_

Company associations: \_\_\_\_\_

2.5 Please provide a brief summary of your Company's main disciplines, core skills, and areas of expertise. Continue on a separate sheet of paper if necessary:

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



**SECTION 3- FINANCIAL INFORMATION**

3.1 Person responsible for financial matters:

3.2 VAT registration number:

3.3 Has or is your Company subject to a bankruptcy or insolvency proceeding?

3.4 You may be asked to provide copies of your finance details for the last three years, to include:  
 Audited Accounts  
 Annual Reports  
 Turnover

You are not required to send account information at this stage of the PQQ

3.5 Parent company guarantees can be provided? (if applicable)

**SECTION 4- INSURANCE INFORMATION**

		<b>Enclose copies of certificates</b>
Please give details of Insurances held:		
Professional Indemnity	YES/NO	<input type="checkbox"/> Enclosed
Employers Liability	YES/NO	<input type="checkbox"/> Enclosed
Public Liability	YES/NO	<input type="checkbox"/> Enclosed
Contract Works	YES/NO	<input type="checkbox"/> Enclosed
Other (please list any relevant)		<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Enclosed

SECTION 5- ACCIDENT ANALYSIS/ ENFORCEMENT NOTICES & SAFETY SYSTEMS

You **MUST** keep a record of any reportable injury, over seven-day injury, disease, or dangerous occurrence. Refer to RIDDOR 2013 Regs for guidance on HSE reportable injuries.

Provide details of accident statistics over the past 3 years:

	<u>Last Year</u>	<u>Previous Year 1</u>	<u>Previous Year 2</u>
No. of employees			
No. of HSE reportable injuries			
No. of non-reportable accidents			
No. of fatalities			
No. of prosecutions (give details)			
No. of prohibition notices (give details)			
No. of improvement notices (give details)			

Details:

**SECTION 6- ORGANISATION**

6.1 Number of employees:

6.2 Do you have a Company Organisation Chart?  If yes, attach a copy

6.3 Do you have an Equal Opportunities Policy?  If yes, attach a copy

6.4 Is your Company subject to any current or outstanding claims or litigation?  If yes, attach a copy

6.5 Has your Company ever had its employment terminated under the terms of a contract?  If yes, attach a copy

6.6 Range of Package Values	Minimum £	Maximum £
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6.7 Please provide brief details of your last five contracts on similar projects.

	Client and Contact Name	Project	Length of Contract	Value of Contract
1.				
2.				
3.				
4.				
5.				

SECTION 7- GENERAL HEALTH & SAFETY AND POLICY

7.1 Name of person responsible for Health & Safety:

7.2 Name and qualifications of the person(s) acting as your Competent Health & Safety Advisor:

Please enclose CV(s)

7.3 Is your company OHSAS 18001/ ISO 45001?

YES/NO                      If yes, please attach

**The Health and Safety at Work Act 1974 states that all businesses must have a H&S Policy. The Policy must be in writing for companies that employ five or more employees.**

7.4 Please provide a copy of your Health & Safety Policy Statement, including organisations and arrangement sections.

YES/NO                      If yes, please attach

7.5 Describe how the policy is brought to the attention of all employees and the processes in place to ensure their awareness and understanding

  

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7.6 Do you hold any SSIP's (Safe Contractor, Construction line etc)

YES/NO                      If yes, please attach

7.7 How can you demonstrate competence of designers (internal and external) who may prepare designs or carry out checks on your behalf? (Including temporary works)

State Details/ Provide Evidence:





SECTION 8- TRAINING

8.1 Have any Directors attended formal Health & Safety courses?  
i.e. IOSH Directing Safely

YES/NO  
If yes, provide details and certification

8.2 Have all Site Managers/ Site Foreman attended formal Health & Safety courses?  
Asbestos Awareness  
First Aid  
Manual Handling  
SMSTS/ SSSTS  
CSCS

YES/ NO  
If yes, provide details and sample certification

8.3 Have all Operatives received appropriate training and in general Health & Safety aspects of your type of work. i.e. Asbestos Awareness, Manual Handling and CSCS Card

YES/ NO  
If yes, provide details and sample certification

8.4 Do you hold any relevant trade accreditation i.e. ECS, NIC/ EIC, Gas Safe etc.

YES/ NO  
If yes, provide details and sample certification

8.5 If you issue tight fitting respiratory equipment RPE to your staff (e.g. dust masks) do you ensure that they are face fit tested and can make this information available on request?



SECTION 8- TRAINING/COMPETENCY

8.6 Do you have a Training Matrix?

YES/ NO  
If yes, please attach

Sub- Contractors

You have a legal duty under the CDM Regs to ensure all sub-contractor are competent to carry out their works safely and without risk to themselves and others.

8.7 Please describe of how you ensure Contractors are competent.

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Consultation

8.8 Explain what arrangements you have for consulting with employees on matters relating to Health & Safety

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8.9 Describe what measures you have in place for employees to bring to your attention matters relating to Health & Safety?

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Risk Assessment & Method Statement

8.10 Provide examples of assessments Relevant to the nature of your works.

Enclosed



SECTION 8- TRAINING/COMPETENCY

8.11 Provide examples of method statements relevant to the nature of your work.

Enclosed

8.12 Explain how they are communicated to your workforce.

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Equipment

The Electricity at Work Regs state that all electrical equipment must undergo periodic testing and inspection.

8.13 Describe your testing and Inspection regime for Portable Electrical Equipment.

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8.14 Where applicable, state what Measures are in place for ensuring that equipment borrowed or hired is accompanied by approved training, inspection and maintenance records.

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8.15 List which sources you use to acquire Health & Safety information.

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SECTION 9- ENVIRONMENTAL MANAGEMENT, POLICY AND CAPABILITY

9.1 Is your company ISO 14001 accredited?

YES/ NO  
If yes, please attach details

9.2 Do you have an Environmental Policy?

YES/ NO  
If yes, please attach details

9.3 If no, how do you monitor and implement environmental Arrangements?

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

9.4 Has your company received any enforcement action from the Environmental Authorities within the last three years?

YES/ NO  
If yes, please attach details

9.5 Do you have any specialist Licenses or permits (e.g. Environmental Waste Transfer License, Asbestos Removal License)

YES/ NO  
If yes, please attach details





SECTION 10- REFERENCES

10.1 If requested, will you provide a bankers reference? YES/ NO

10.2 List two current client references, including contact name, address, contact number and project details.

1.

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2.

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SECTION 11- ADDITIONAL INFORMATION

Provide any additional information that may be relevant in our consideration of your submission.

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SECTION 12- APPLICANT'S UNDERTAKING

I certify that the information supplied is true and accurate to the best of my knowledge.

To be signed by an authorised representative in his/ her own name.

NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

Before returning this form, where applicable, please ensure that you have adhered to the following:

- Answered all questions
- Signed the above undertaking
- Enclosed the relevant documents and headed them with the relevant section/ question number
- Insurance Certificates
- Safety Assessment Scheme Certificates (CHAS, SAFEcontractor, Construction line etc.)
- Company H&S policy and arrangements
- Company H&S organisation chart
- H&S Manager/ Consultants C.V/ Certification
- H&S Membership Certificates (IOSH, IIRSM, CIEH)
- Details of HSE notices
- Copies of training certificates for both Managers and Operatives
- Training Matrix (where applicable)
- Worked copies of Sub- Contractor appraisals
- Copies of work risk and method statements
- Environment Policy (where applicable)
- Specialist licenses or permits

FOR OFFICE USE ONLY

COMMENTS

[Empty rectangular box for comments with horizontal lines]

Health and Safety Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Not Approved

Commercial Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Not Approved