



SUB-CONTRACTOR NAME	
TRADE	

STATUS	APPROVED	RETURNED, AWAITING FURTHER INFORMATION	NOT APPROVED
REVIEWED BY			
DATE			

PRE-QUALIFICATION QUESTIONNAIRE

Bridford Interiors Ltd
Bridford Building, Wellington Crescent
Fradley Park, Lichfield
Staffordshire, WS13 8RZ
T: 01543 443200
W: www.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. (Bridgford). Bridgford will use the date provided to assess the applicant's suitability to provide goods and services (as the case may be), to Bridgford.

By completing this PQQ the applicant confirms that it is compliant with The General Data Protection Regulation (GDPR) and has the necessary licences and consents to disclose the Personal Data (as defined in GDPR) in this PQQ. To the extent that the applicant does not have the appropriate licences and consents it hereby agrees to indemnify Bridgford in respect of any liability (including for the avoidance of doubt any loss, penalty or fine) arising out of or in connection with the applicant's failure to comply with GDPR.

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: Chantelle Rogerson, on 01543 443200 or by email at PQQ@bridgford.co.uk

Completed questionnaires and supporting documents must be returned **within 10 days** of receipt of questionnaire. Please email to PQQ@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- INSURANCE INFORMATION

Please give details of Insurances held:

	Company	Level £	Expiry Date	Enclosed Yes / No
Professional Indemnity				
Employers Liability				
Public Liability				
Contract Works				
Other (please list any relevant)				

SECTION 4- ACCIDENT ANALYSIS / ENFORCEMENT NOTICES

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.

4.0 Provide details of accident statistics over the past 3 years:

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

4.1 Provide details of how you report and investigate accidents, incidents and near misses?

4.2 Provide details of how you identify causes of accidents and incidents and then follow up or preventative measures taken.

4.3 To assist with preventing future incidents provide details of your own statistics and a commitment to identifying future issues.



SECTION 5- ORGANISATION

5.1 Number of employees	Office	
	Site	
5.2 Do you have a Company Organisation Chart?	If YES, attach a copy	
5.3 Do you have Equal Opportunities / Ethical Policies?	If YES, attach a copy	
5.4 Do you have a Modern Slavery Policy / Statement?	If YES, attach a copy	
5.5 Is your Company subject to any current or outstanding claims or litigation?	If YES, attach a copy	
5.6 How does your company manage the Right to Work of employees	Provide details	
5.7 Range of Package Values	Minimum £	Maximum £

5.8 Please provide client contact / reference details of your last five contracts on similar projects.

	Client	Contact Name & Details	Project	Year	Value
1					
2					
3					
4					
5					



SECTION 6- GENERAL HEALTH & SAFETY POLICY

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.

6.1 Name of person responsible for Health & Safety in your business	
6.2 Name and qualifications of the person(s) acting as your Competent Health & Safety Advisor	Please enclose CV's
6.3 Is your company OHSAS18001/ ISO 45001?	Yes / No If YES, Please attach
6.4 List which sources you use to Acquire Health & Safety information.	Yes / No If YES, Please attach
6.5 Does your organisation have a Health & Safety Policy Statement, including organisations and arrangement sections.	Yes / No If YES, Please attach
6.6 Describe how the policy is brought to the attention of all employees and the processes in place to ensure their awareness and understanding	Provide details
6.7 Do you hold any SSIP's (Safe Contractor, Construction line etc)	Yes / No If YES, Please attach
6.8 How can you demonstrate competence of designers (internal and external) who may prepare designs or carry out checks on your behalf? (Including temporary works)	Please provide details

6.9 How do you manage the Mental Health of its employees?

Please provide details

6.10 Hand Arm Vibration Syndrome – list below the type of equipment your operatives use on site and attach details of the technical specifications. Provide an example HAVS assessment.

Please provide details

6.11 Noise - list below the type of equipment your operatives use on site and attach details of the technical specifications. Provide an example Noise assessment. Provide details of the techniques you use to monitor noise

Please provide details



SECTION 7- TRAINING / COMPETENCY

<p>7.1 Have any Directors attended formal Health & Safety courses? i.e. IOSH Directing Safely</p>	<p style="text-align: right;">If YES, provide details</p>
<p>7.2 Have all Site Managers/ Site Foreman attended formal Health & Safety courses? Asbestos Awareness, First Aid, Manual Handling, SMSTS / SSSTS, CSCS</p>	<p style="text-align: right;">If YES, provide details</p>
<p>7.3 Have all Operatives received appropriate training and in general Health & Safety aspects of your type of work ie. Asbestos Awareness, Manual Handling and CSCS Card</p>	<p style="text-align: right;">If YES, provide details</p>
<p>7.4 Do you hold any relevant trade accreditation i.e. ECS, NIC/ EIC, Gas Safe, FGas, Waste Carrier Licence etc.</p>	<p style="text-align: right;">If YES, provide details</p>
<p>7.5 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?</p>	
<p>7.6 Do you have a Training Matrix/ Plan?</p>	<p style="text-align: right;">If YES, provide details</p>
<p>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.</p>	
<p>7.7 Please describe of how you ensure Sub-Contractors / Operatives are competent.</p> <p style="text-align: right;">Provide details</p>	



SECTION 7- TRAINING / COMPETENCY (cont.)

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

Provide details

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

Provide details

7.10 Provide examples of Risk Assessments Relevant to the nature of your works.

Copies enclosed

7.11 Provide examples of Method Statements relevant to the nature of your work.

Copies enclosed

7.12 Explain how RAMS are communicated to your workforce.

Provide details

SECTION 7- TRAINING / COMPETENCY (cont.)

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

7.13 Describe your testing and Inspection regime for Portable Electrical Equipment (PAT Testing).

Provide details

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

Provide details.



SECTION 8 - ENVIRONMENTAL MANAGEMENT, POLICY & CAPABILITY

<p>8.1 Is your company ISO 14001:2015 accredited?</p>	<p>If YES, provide details</p>
<p>8.2 Do you have an Environmental Policy?</p>	<p>If YES, provide details</p>
<p>8.3 If no, how do you monitor and implement environmental Arrangements?</p>	
<p>8.4 Has your company received any enforcement action from the Environmental Authorities within the last three years?</p>	<p>If YES, provide details</p>
<p>8.5 Do you have any specialist Licenses or permits (e.g. Environmental Waste Transfer License, Asbestos Removal License)</p>	<p>If YES, provide details</p>



<p>8.6 – Are you aware of the Compliance Obligations / Legislation you face as a business? Please list or provide a copy.</p>	<p>If YES, provide details</p>
<p>8.7 – Have you reviewed and compiled a list of your Significant Aspects ?</p>	<p>If YES, provide details</p>
<p>8.8 – As part of your business strategy have you identified any Environmental Objectives? How are these progressing?</p>	<p>If YES, provide details</p>
<p>8.9 – Environmental Awareness training is part of our ongoing business strategy. Can you please provide examples of your own training or commit to providing for your staff?</p>	<p>If YES, provide details</p>



SECTION 9- ADDITIONAL INFORMATION

<p>9.1 Is your company registered with the Information Commissioner?</p>	<p>If YES, provide details</p>
<p>9.2 Do you have Data Protection Policy which is GDPR compliant?</p>	<p>If YES, provide ATTACH, IF No provide further details</p>
<p>9.3 Have you completed a GDPR audit in the last 12 months?</p>	<p>If YES, provide ATTACH, IF No provide further details</p>
<p>9.4 Has there been any investigation by the ICO in the last 3 years?</p>	<p>If YES, provide details</p>
<p>9.5 Has the ICO imposed any fine or penalties or other sanctions in the last 3 years?</p>	<p>If YES, provide details</p>

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



SECTION 10- APPLICANTS 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	POSITION
SIGNED	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)
 - Copies of work risk and method statements
 - Environment Policy (where applicable)
 - Specialist licenses or permits



FOR OFFICE USE ONLY

COMMENTS

HEALTH & SAFETY REPRESENTATIVE	POSITION
SIGNED	DATE
COUNTERSIGNED	

Approved		Not Approved	
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