

## Background information for Approved Installers.

Company Name		Name of Group or Holding Company (if any):	
Company Address		Main Company Telephone Number	
Company registration number:		Vat Number:	
Questionnaire completed by	Name:	Job Title:	Telephone Number
who responsible to:			
Fax Number:		E-Mail:	

What geographical area do you serve e.g. National, Regional, Local ? Please give details		Please supply a statement of your last audited accounts		Enclosed/To Follow (Please delete as applicable)	
Your extent of coverage ?					
What is your annual Turnover:	£0.00 – £500,000	£501,000 - £1,500,000	£1,500,000 - £5,000,000	£5,000,000 +	

### ISO 9001:2000 Quality Management System (Please delete as applicable)

Does your organisation have a documented Quality System? If <b>YES</b> state to which standard it relates (if any)	<b>YES/NO</b>
If your company does not have a documented Quality System, are you prepared to work within our Quality System?	<b>YES/NO</b>
Does your Organisation have a Quality Manual? If <b>YES</b> please attach a copy of the index or contents page.	<b>YES/NO</b>
Does your Organisation have specific procedures for Quality Control? If <b>YES</b> please attach a copy of the index:	<b>YES/NO</b>
Does your Organisation have an appointed person as "Quality Manager" (or similar title)? If <b>YES</b> , please state name, functional title and to whom in the organisation he/she reports:	<b>YES/NO</b>

	(Please delete as applicable)
Does your Organisation have a current formal approval or registration in respect of its quality system to a national or industry sector scheme? If <b>YES</b> please attach details with Approval/ Registration No and effective date	<b>YES/NO</b>
Has your Organisation received any Quality System Audits by another organisation within the last 12 months? If <b>YES</b> please attach a photocopy of the audit report summary page:	<b>YES/NO</b>

## Health and Safety Management

<b><i>Item</i></b>	<b><i>Please give details or list documents enclosed.</i></b>
Do you have a written Health and Safety Policy? If so please provide a signed and dated copy and include an organisation chart.	Yes/No (delete as applicable)
Do you have a formal documented health and safety management system?	Yes/No (delete as applicable)
How often and by whom is your health and safety management system reviewed?	
Name and contact phone number for Director responsible for Health and Safety	
Name and contact phone number for person responsible for health and safety (provide details of experience and qualifications)	
Name and contact phone number for Health and Safety advisor(s) (provide details of experience and qualifications)	
Please enclose a copy of your Employers Liability Insurance certificate or declaration from your insurance broker	Included/To Follow (Please delete as applicable)
Please enclose a evidence of your Public Liability Insurance or declaration from your insurance broker.	Included/To Follow (Please delete as applicable)
Please enclose evidence of your Professional Indemnity Insurance Certificate (for designers/specialists)	Included/To Follow/Not Applicable (Please delete as applicable)
Is your company a member of any professional bodies/Trade organisations? Please supply details.	
Will you provide (if requested) training for personnel to operate equipment you supply?	Yes/No (delete as applicable)
Please supply accident statistics for the last five years, including details of any HSE notices or successful prosecutions: Included / To Follow / Not Available (Please delete as applicable)	

Year	Average Workforce	No. of major injuries	No. of Fatalities	No. of other reportable accidents	Incident rate – AIR (Total per 100.000 employees)	Frequency rate – AFR (if known)
RIDDOR compliance – what procedures do you operate for investigation and reporting, including informing the Principle Contractor						
How do you ensure compliance with Construction (Design and Management) Regulation 11 – 2007 (SI 2007/320)? Please supply details.						
Are you prepared to co-operate with the CDM Coordinator and other designers to ensure health and safety matters are suitably addressed and overcome?				Yes/No (delete as applicable)		
Please attach an index and examples of your safety/emergency procedures.						
Please outline your procedures for risk assessment and COSHH assessment and provide examples of typical risk assessments and COSHH assessments for the type of work proposed.						
Please outline your procedures for the production of site specific method statements and provide a typical example for the type of work proposed.						
How do your employees and operatives receive health and safety information? E.g. Method statements, briefings, toolbox talks, training courses etc.						
What welfare facilities will you provide?						
Do you use sub-contractors? If yes please provide details of your sub-contractor selection and monitoring procedures regarding health and safety and competence.				Yes/No (delete as applicable)		

**Additional questions.**

How do you project your company's image?	Website (Please provide address)	Uniform	Brochures/Leaflets/Formal Quotations (Please provide a copy)	All.
Your client base?	Domestic	Local Authorities	Architects/Landscape Architects	All.
Skills?	Foundations and Preparation works e.g. Edging	Laying blocks and slabs	Tarmac machine lay and hand lay	All
How big is your labour team in payroll?	1-5 Men	6-10 Men	10-15 Men	15+
Are your team CSCS Qualified? (Please attach individual names and card numbers)	Yes Number:	No Number:		
Do you have a qualified First Aid person on site at all times?	Yes	No	If no, what system do you put in place for First Aid requirements	
Do you have an environmental policy?	Yes (Please attach a signed dated copy)	No	If no, what system do you have in place for environmental issue requirements?	

**Signed** .....

**Date:**.....

Thank you for completing this questionnaire. Please post it, together with all relevant supporting documentation, to Lauren Gardiner  
 SureSet UK Ltd  
 32 Deverill Road Trading Estate  
 Sutton Veny  
 Warminster  
 BA12 7BZ

**For use by SureSet UK Ltd only.**

<b>Activity</b>	<b>Name</b>	<b>Comments</b>	<b>Sign</b>	<b>Date</b>
Form issued:				
Reviewed:				
Reviewed:				
Reviewed:				
Approved by				

Post approval re-assessment date.....