

Subcontractor

SHE Pre-Qualification Questionnaire

1. Contact Details: Ray Murray			
Company Name	Apex Lifts & Escalator Engineers Limited		
Trading Address	ARTs House, Banks Lane, Bexleyheath, DA6 7BH		
Telephone		Mobile	
Email Address	raym@apexlifts.com		
Proposed By	Name: Ray Murray	Signature:	 <small>The linked image cannot be displayed. The file may have been moved, renamed, or deleted. Verify that the link points to the correct file and location.</small>
2. Director Information			
Directors Name: Warren Jenchner		Position: Managing Director	
Gary Poynter		Construction Director	
Mick Holderness		Production Director	
Kevin Warnock		Financial Director	
Years trading	45 Years		
Principle Service Type	Lift engineering, manufacturing, installation, maintenance and repair		
Types of work provided by Subcontractor	Lift engineering, manufacturing, installation, maintenance and repair		
Typical value of works	Between 5k & 20 mil	Annual Turnover	14.6mill
3. Number of Full Time Employees per Categories			
Directors	4	Managers	10
Administration/accounts	15	Supervisors	4
Operatives	75	Apprentices/trainees	15
Rydon Ltd has a contractual obligation to adhere to our client's security requirements. If applicable please provide evidence that you undertake necessary security checks on all your staff and operatives including agency workers. Can you confirm you carry out DBS checks on your staff?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Geographic areas covered	London and home counties		
Provide Two References			
	Financial	Trade	
Name			

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Address		
Telephone Number		

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4. Terms of Business (Maintenance Contracts Only)			
Contract Type			
SOR Version			
SOR Adjustment %	Non Void	Void	
Day Works (either as Hour or Day)	Per Hour	Per Day	
Uplifts	Materials	Plant	
Defects Liability Period			
Retention	%	Release Date	
Work Sublet	%	Note: No works are to be subcontracted / Sublet unless written approval is received from Rydon.	
Self-Billing	Yes <input type="checkbox"/> No <input type="checkbox"/>		In order to assist prompt payment RML strongly encourages all subcontractors to join self-billing
Start Date		Review Date	
Quotation No / Ref /Date		Contract Ref	
RML Application procedure to be followed	Fixed Price Tender <input type="checkbox"/>	Monthly Application By	
	SOR <input type="checkbox"/>	Monthly Application By	
5. Quality			
Documented Quality System Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Is it Third party accredited Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Name of certifying organisation	Lifcert	Certificate attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scope of registration			
6. Corporate Social Responsibility (CSR)			
Does your organisation support/commit to CSR, "Doing Well by Doing Good"			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes, Please summarise your support and commitment CSR Policy attached			
Does your organisation have an Equal Opportunities Policy and engage in diverse ethnicity			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes, Please summarise your support and commitment Policy attached			

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If no to these questions, compliance will be required with Rydon's policies a copy of which will be sent on request			
7. Safety & Health			
No of RIDDOR Over 7 Day Injuries to employees during last 12 months		Details attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No of RIDDOR Major Injuries to employees during last 12 months		Details attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No of RIDDOR Dangerous Occurrences experienced during the last 12 months		Details attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has your company been served any Prohibition Notices / Improvement Notices or been prosecuted as a result of health & safety breaches during the last 12 months? (this information will be verified)		Details attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are you approved to one of these SSIP Schemes? OHSAS 18001 CHAS EXOR	Certificate attached		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If 'Yes' move to section 8 Environmental
Please provide 2x examples of general Risk Assessments and Method Statements carried out for similar jobs within the last 6 months out under the Management of Health and Safety at Work Regulations 1999. These must include health, safety and environmental risks.			
Please provide 2x examples of COSHH Assessments and Safety Data Sheets under the Control of Substances Hazardous to Health Regulations 2002			
What procedures do you have in force for monitoring compliance with Health, Safety and Environmental legislation? ISO18001 attached			
Can you confirm your Directors, Managers and Workforce have undergone sufficient Health & Safety Training within the last 3 years?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Details of SHE Professional (internal or external)			
Name:		Qualifications:	
Telephone		Email	
8. Environmental			
Do you have third party accreditation to ISO 14001? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certificate attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will you be managing waste on Rydon sites?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Do you produce hazardous waste? Please confirm that you will remove this waste in line with Waste Regulations and that you will return waste duty of care records to Rydon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who will be removing the waste	Subcontractor <input type="checkbox"/> Third Party <input type="checkbox"/> Licence Number	Where will the waste be transported to? Subcontractor Yard <input type="checkbox"/> Waste transfer station <input type="checkbox"/> Copy of licence attached Yes <input type="checkbox"/> No <input type="checkbox"/>	


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	Expiry Date Copy attached Yes <input type="checkbox"/> No <input type="checkbox"/> Not known yet <input type="checkbox"/>	Not known yet <input type="checkbox"/>
Please can you confirm that you will ensure all waste transfer notes or hazardous waste consignment notes will be completed correctly and that licences will be received before the waste leaves a Rydon site Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Please confirm that all staff working on Rydon operations will be suitably trained to manage waste Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Please confirm that the Waste Data Entry Sheet, waste transfer notes and hazardous waste consignment notes will be returned to Rydon on a monthly basis in order to satisfy our Duty of Care of the waste in mention no later than the 5th of each month Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

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9. Financial Details				
Insurance	Limit	Policy Number	Expiry Date	Doc attached
Public Liability	£20,000,000	AQ684264/3	31/8/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Employers Liability	£20,000,000	KP684262/6	31/8/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contractors All Risk				Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Indemnity	£5,000,000	PI DC AGG 0910	31/8/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CIS Applies * Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UTR Number 3228011676301				
VAT Number	206 6515 79	Docs Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Company registration number	1129631	Docs attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If Self-employed	NI Number	Self-employed per HMRC ESI Tool Yes <input type="checkbox"/> No <input type="checkbox"/>		
* If CIS does not apply summarise why making reference to HMRC CIS 340 Regulations (Please note CIS help number 0845 3667899)				
Bank Name Nat West Account Name Apex Lifts & escalator engineers limited				
Sort Code 56-00-31 Account Number 00711748				
10. Questionnaire Completed By				
Print Name	Nik Liddiard			
Signature				
Contact telephone number	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		Date	26/1/15
List of attached documents – Until all evidence is supplied approval cannot be processed (where applicable)				
Insurance docs Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Company Info Docs Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		VAT Registration Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
SHE Certification Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		RAMS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Waste Licences Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved By Branch/Commercial Manager	Print: John Roberts	Signed: J. Roberts	Date 26/1/15	
Approved by H&S	Print: Jim Johnson	Signed: J. Johnson	Date 26/1/15	
Approved by Finance	Print: Kevin Warnock	Signed: K. Warnock	Date 26/1/15	

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