

Supplier/Subcontractor Competence Questionnaire

Please fill in the questionnaire form below and provide supporting documentation if answered yes for the listed question. If answered no for the listed question, please state the reasons why in the space provided and provide alternative evidence if applicable to support your reasons. The information you provide will be held in an approved Sub-Contractor data base which we will ask for information updates as and when required. Failure to return this form may result in removal of your Company from our approved supplier list.

Application to: (Tick as appropriate)	Supply of Goods <input type="checkbox"/>	Supply Goods & Services <input type="checkbox"/>	Subcontractor Services <input type="checkbox"/>
Description of Goods or Services Supplied (Detailed as maybe Required)			

SECTION 1 - ALL SUPPLIERS TO COMPLETE

FULL COMPANY/BUSINESS NAME	
COMPANY REGISTRATION NUMBER (Where applicable)	
VAT REGISTRATION NUMBER (Where Applicable)	
UNIQUE TAX REFERENCE No. (UTR)	
ADDRESS	
ADDRESS FOR REMITTANCE IF DIFFERENT TO ABOVE	
TELEPHONE NO.	
MAIN ACCOUNT CONTACT	
E-MAIL ADDRESS	
BRIEF DESCRIPTION OF PRODUCT/SERVICE	
BANK ACCOUNT - NUMBER	
BANK ACCOUNT - SORT CODE	
TRADE REFERENCES. Please provide Two with Contact Details & Tel No.	

I hereby authorise Darlow Lloyd & Sons Ltd to obtain references from the above as and when appropriate. I agree to abide by the Terms & Conditions as set out by Darlow Lloyd & Sons Ltd which will include that all invoices due to suppliers will be paid on DLS Standard Terms of **60 Days**, unless otherwise agreed and authorised previously.

Print Name:	Signature:	Date:
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SECTION 2 – GOODS & SERVICES SUPPLIERS TO COMPLETE - SUPPORTING DOCUMENTATION REQUIRED				
1. Number of Employees	No:			
Insurances:	YES	NO	Expiry Date	Limit / N/A
2. Do you have current Public Liability Insurance?				
3. Do you have current Employers Insurance.				
4. Do you have current Professional Indemnity Insurance?				
5. Do you have current Plant Insurance?				
ISO Certifications:				
6. Do you have current ISO 9001 certifications.				
7. Do you have current ISO 14001 certifications				
8. Do you have current ISO 18001/45001 certifications.				
9. Do you have other current ISO certifications – Other please list. Describe:				
Company Policies:				
10. Please provide a copy of your Quality Policy.				
11. Please provide a copy of your Environmental Policy.				
12. Please provide a copy of your Health and Safety Policy. (Note: - Not required if company has 5 employees or less)				
13. Do you have a sustainability Policy?				
14. Do you have an Equal Opportunity Policy.				
Supporting Information:				
15. Please provide an example copy of your Job Method Statements.				
16. Please provide a copy of your supporting Risk Assessments.				
17. Please provide a copy of your supporting COSHH assessment.				
18. Do you undertake Health & Safety and Environmental inspections on site? If yes, by whom? Describe:				
Accident and Incidents Information:				
	Yes	No	N/A	
19. Do you keep records of accidents? (If yes, attach frequency rate for the last 3 years).				
20. Has your company ever had any fatalities?				
21. Have you ever been prosecuted for a breach of H & S Regulations?				
22. Do you have any enforcement/improvement or prohibition notices by the HSE or Local Authority Enforcement Officer against you/ pending?				
23. Have you been prosecuted for a breach of Environmental Regulations?				
24. Do you have any enforcement/improvement or prohibition notices by the Environmental agencies or Local Authority Enforcement Officer against you / pending?				
Training Certification:				
25. Do you have current H & S advisors? Please provide a copy of details and qualifications. (Copies of Training certificates must be included)				
26. Please confirm personnel have the relevant training/experience to supply services. (Copies of Training certificates must be included)				
Please provide copies of all Documents where you have indicated YES.				

27. If supplying operators and plant equipment please list and supply latest certificates for the items concerned:

Description of Machine, Vehicles & Plant No's, or Reg	Hours / Milage	Date Last Serviced	Date of last MOT Inspections (Truck Plating)	Date of last Lifting Operation Lifting & Equipment Cert (LOLER)

28. Who is the manager, supervisor contact at DLS:-

29. Does your Plant Operator complete a Pre-Inspection sheet for your Equipment? (Please provide a copy of a relevant pre- start inspection sheet)	Yes	NO
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If you answered **Yes** to any of the above questions, then please attach supporting information or documentation

Kindly Note: - If scanning support documentation, please save files in a PDF format and send back via office@dlsons.co.uk

SECTION 3 - ALL SUPPLIERS TO COMPLETE

I/We confirm that we have supplied all relevant documentation as detailed above and any additional information relevant to our services.

Print Name:		Signature:	
Position:		Date:	

30. Section 4

DLS Office Use Only

ASSESSMENT / COMPETENCY BASED ON SUPPORTING EVIDENCE	PASS	FAIL
CRITICAL SUPPLIER STATUS** Must be completed	YES	NO

A critical supplier plays a key role in our supply chain, their products or services are essential for DLS Operations – unique or specialised products that have a significant impact on costs or revenue, or failure to deliver could have a significant impact on our ability to meet commitments. These suppliers are monitored and managed to ensure continuity (DLS-MP-06-F2).

Supply of Goods	MUST SATISFY ALL GREEN SECTIONS (Section 1)
Supply of Goods & Services	MUST SATISFY ALL GREEN & ORANGE SECTIONS
Subcontractor Services	MUST SATISFY ALL SECTIONS
Reason (if Failed)	

Signed on behalf of DLS:

Print Name:		Signature:	
Position:		Date:	

NOTE – IF COMPLETED ELECTRONIC COPY FILED ON SERVER FOLDER WITHOUT SIGNATURE – THIS CONSITUTES APPROVAL.