

The name the industry builds on

Hercules Scaffolding Limited

Tel: 0845 003 90 89 Email sales@herculescaffolding.co.uk, www.herculescaffolding.co.uk

PQQ Supplier Pre-Qualification Questionnaire

Purpose	To record and collect information specific to individual subcontractors and suppliers for inclusion on Hercules Scaffolding Limited Supplier Database.
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Contact Name at Hercules:	Charlie Huggins	Position	Contracts Manager
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Section1	Company Details			
1.1.	Company name		No. Employees	
1.2.	Registered Office address:	Postcode:		
1.3.	Local Office address (If Applicable)	Postcode:		
1.4.	Contact Name		Position	
	Telephone number		Email	
1.5.	Company Registration Number		Public/Private	
1.6.	Parent/Group company name (if applicable)			
1.7.	Type of works carried out (description of ALL works carried out)			
1.8.	Min. Contract value		Max. contract value	

Section2	Tax Details (if applicable)	
2.1.	Unique Tax Reference	
2.2.	VAT Number	

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Section3		Bank Details		
3.1.	Bank name			
	Address			
	Account Number		Sort Code	

Section4		Insurance Details		
4.1.	Insurance Company Name Policy no:			
4.2.	Is the insurance certificate provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.3.	What policies do you hold?	Public		Employers
		Professional		Contractors' All Risk
4.4.	Are any subcontractors covered on this policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.5	Please confirm Insurance Expiry Date (dd/mm/yy)			
4.5a	Employees Liability:	£		
4.5b	Public Liability:	£		
4.5c	Product Liability:	£		
4.5d	Contractors' All Risk:	£		
4.5e	Professional Indemnity:	£		
4.5f	Contractors Plant Insurance:	£		
4.5g	Exclusions			

Section5		Health and Safety (If your company holds ISO18001 or any SSIP accreditations please simply provide your certificate in replace of this section.)		
5.1	Does your company have a health and safety policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If No, Why	Less than 5 employees:	<input type="checkbox"/>	Other(detail)

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5.2	Who within your organisation accepts overall responsibility for health and safety? (Director/Senior Manager)				
5.3	Do you employ a competent source of safety advice? *please attach CV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name:	
5.4	Please provide the following information:	2014	2015	2016	2017
	Average No. persons employed				
	RIDDOR reportable accident and incidents				
	Non reportable accidents				
	Prohibition/ Improvement notices served				
5.5	Give details if your company or any directors have been convicted of an offence in respect to the health and safety at work act?				
5.6	Do you agree that your company will comply with the following:				
	Cooperate fully with Hercules in respect of all Health, Safety and environmental matters and abide fully to the terms and conditions of the contract.				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Only employ suitably trained and competent person (and produce evidence of training records when asked)				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ensure that your insurance is up to date, and includes the provision and liability for any work you subcontract. (insurances to be included within submission)				Yes <input type="checkbox"/> No <input type="checkbox"/>

Section6	Employment and Training				
6.1.	Does your company have an Equality and Diversity policy?				Yes <input type="checkbox"/> No <input type="checkbox"/>

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6.2.	Does your Company carry out Equality and Diversity Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.3.	Does your company employ any subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.4.	Please give detail on how you have assessed these subcontractors/operatives:	

Section7	Quality (If your company is certified by ISO 9001 please simply replace your certificate in replace of this section).		
7.1	Does your company have a Quality policy statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2	Please state and attach copies of membership or accreditations applicable to the works you carry out.		
7.3	Do you have an Ethical Sourcing Policy? If yes can the policy and scope be attached?		

Section8	Environment (If your company is certified by ISO14001 please attach your certificate in place of completing this section).		
8.1	Does your company have an environmental policy statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.2.	Does your company hold a waste carriers license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry: <input type="text"/>
	Will your company carry any waste generated on our sites?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.3.	Does your company generate any effluent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	I If so, what kind?	<input type="text"/>	Is it hazardous? NA
8.4.	Has your company ever been found guilty of breaching environmental legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Please give details: NA		
8.5.	Does your company set environmental targets and objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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8.6.	Outline the environmental roles and responsibilities within your organisation:
8.7.	Outline any environmental impacts of your organisations activities and how you minimise/manage them:

Section9	Competency Details Please provide the following certificates / accreditations where applicable	
	Certificate	Expiry Date: (dd/mm/yy)
9.a	CISRS Certificates, Part 1, Part2, Gold Advanced	
9.b	Scaffolders Supervisor Ticket/ SMSTS	
9.c	Relevant CSCS / CPCS Cards	
9.d	IPAF (Powered Access Licence) / PASMA	
9.e	PTS Certificates (Network Rail Personal Trackside)	
9.f	Confined Space Entry	
9.g	IOSH, Managing Safely	
9.h	Scaffold Inspection Certificates	
9.i	CHAS, Safe Contractor, Construction line Accreditation or evidence of working towards these	
9.j	Asbestos Awareness Certificates	
4.k	IRATA Verification	
4.l	Chartered Institute of Plumbing and Heating Engineering	
4.m	Heating & Ventilating Contractors Association (HVCA)	

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Section10	Reference Details	
Please state the names, full addresses and telephone numbers of two persons from whom a reference may be obtained. The referees should represent companies from which you have carried out works on projects within the last 12 months.		
10.1.	Client/Company name	
	Contact name	
	Contact number/email	
	Project name	
	Value of works	
10.2.	Client/Company name	
	Contact name	
	Contact number/email	
	Project name	
	Value of works	

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Section11		Sign Off
I/We hereby apply for inclusion in Hercules Scaffolding Limited approved list of approved subcontractors and accept the following Hercules Scaffolding Limited Standard rules for subcontractors on health and safety, quality and the environment:		
<ul style="list-style-type: none">• Subcontractor Standard Rules• Quality Policy Statement• Environment Policy Statement• Health and Safety Policy Statement• Equality and Diversity Policy• Code of Conduct• Customer Care Policy• RAMS to be submitted and reviewed by H&S Manager.		
11.1.	Signed	
	Print Name	
	Position Held	
	For and on behalf of	
	Date	

Comments: