

## eBrit Services Ltd Sub Contractors Pre Qualification Questionnaire

**Company Title and Address:**

**Contact & Position in Company:**

**Email Address & Contact Number**

**List the services that you provide and wish to be considered for:**

<b>To be completed by a senior manager or director of eBrit Services</b>	<b>Approved</b>
<b>Name &amp; Position</b>	<b>Yes</b>
<b>Signed</b>	<b>Yes</b>
<b>Date</b>	<b>No</b>

## eBrit Services Ltd Sub Contractors Pre Qualification Questionnaire

### **SAFETY ASSESSMENT QUESTIONNAIRE**

The purpose of this document is to assist and evaluate the capability of each sub-contractor to effectively control risks to the health and safety. The completed PQQ will be reviewed by a senior manager/director of eBrit Services.

#### **HEALTH & SAFETY**

1. Please enclose a copy of your Company health and safety policy statement (not the policy)

Please tick if the document is enclosed

 Yes

 No

Is your H&S policy certified (ISO 18001)

 Yes

 No


2. Are you accredited to either CHAS or an alternative SSIP scheme

Please tick if the certificate is enclosed

 Yes

 No

#### **INSURANCES**

3. Please provide the name of your insurer and policy number for your Employers Liability Insurance & Public Liability Insurance. (Minimum £10m Employers Liability & £5m for Public Liability).

Name of Insurer
Employers Liability
Public Liability

Please tick if the certificate of insurance is enclosed

 Yes

 No

## **eBrit Services Ltd**

### **Sub Contractors Pre Qualification Questionnaire**

#### **SAFETY SURVEILLANCE AND ADVICE**

4. Please give the name, title and qualification of your Safety Officer, Advisor or Consultant, (please note the minimum qualification required is NEBOSH General Certificate) :

Name
Position (please state if you use an external consultant)
Qualifications

#### **HEALTH AND SAFETY TRAINING**

5. Please list typical training courses that your employees attend and provide copies of example certificates. This must include any specialist training for scaffold inspection, confined space working and asbestos surveying.

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Please tick if the copies of are enclosed

Yes

No

## **eBrit Services Ltd Sub Contractors Pre Qualification Questionnaire**

### **ACCIDENT INVESTIGATION AND RECORDS**

6. Please attach a copy of your procedure for investigating and reporting accidents, dangerous occurrences or occupational illnesses that may occur on an eBrit site.

Please tick if enclosed

Yes

No

### **ENVIRONMENTAL POLICY**

7. Please enclose a copy of your company environmental policy statement (not the policy)

Please tick if the document is enclosed

Yes

No

Is your environmental policy certified (ISO 14001)

Yes

No

### **MEMBERSHIP OF PROFESSIONAL BODIES OR SAFETY GROUPS**

8. Please list and provide copies of membership certificates to any professional bodies that your company belongs to.  
(Example UKAS - ARCA - ACAD - NFDC - IATP - ROSPA - BSC – IOSH - etc)

Please tick if enclosed

Yes

No

## **eBrit Services Ltd**

### **Sub Contractors Pre Qualification Questionnaire**

#### **ENFORCEMENT NOTICES OR PROSECUTIONS**

9. Please give details of any improvement / prohibition notices issued, or prosecutions that are pending. **Please note this section will be checked with the HSE by a senior Manager/Director.**

#### **PLANT AND EQUIPMENT MAINTENANCE AND INSPECTION**

10. Please provide details of the procedures to ensure that all site plant and equipment and checked to ensure they are safe to use.

## **eBrit Services Ltd**

### **Sub Contractors Pre Qualification Questionnaire**

#### **SAFE SYSTEMS OF WORK**

**11.** Please describe how you assess all site risks and provide H&S information for the purpose of producing a plan of work and risk assessment.

Please provide an example of a site specific plan of work risk and COSHH assessments.

Please tick if enclosed

 Yes No

**12.** Please give details of your formal system for monitoring and site auditing including the frequency of each site audit

## **eBrit Services Ltd Sub Contractors Pre Qualification Questionnaire**

### **SUB-CONTRACTORS**

**13.** Do you use the services of sub-contractors

 Yes No

If yes please describe how you evaluate the competencies of each sub-contractor

### **QUALITY**

**14.** Please provide details of your quality procedures.

Is your quality system certified (ISO 9001) and by who

 Yes No

## **eBrit Services Ltd**

### **Sub Contractors Pre Qualification Questionnaire**

15.

#### **REFERENCES**

Please provide 3 references from companies you have previously worked with.

**Company -**

**Contact Name & Position -**

**Email & Contact Number -**

**Project Title -**

**Description of the work -**

**Duration of the work -**

**Estimated Cost -**

**Company -**

**Contact Name & Position -**

**Email & Contact Number -**

**Project Title -**

**Description of the work -**

**Duration of the work -**

**Estimated Cost -**





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**Company -**

**Contact Name & Position -**

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**Estimated Cost -**

## **eBrit Services Ltd**

### **Sub Contractors Pre Qualification Questionnaire**

#### **FURTHER INFORMATION**

**16.** Please include any other relevant information that would enhance your competences and capabilities such as safety awards.

**Please sign to confirm that the information that you have provided is correct and concise**

Name of Signatory (block capitals):

Position in Company (block capitals):

Signature

Date

#### **COMPLETED FORMS TO BE SENT BACK TO :**

eBrit Services  
Enterprise House  
Kings Road  
Canvey Island  
Essex  
SS80PQ

**Email – [suppliers@ebritservices.co.uk](mailto:suppliers@ebritservices.co.uk)**