

# SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

Please complete and return by email to [procurement@ggrgroup.com](mailto:procurement@ggrgroup.com)

1. GENERAL DETAILS			
<b>Name:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Contact person:</b>			
<b>E-mail:</b>			
<b>Phone number:</b>			
<b>Transport Services to be provided:</b>			
2. GEOGRAPHICAL COVERAGE			
Tick as appropriate:			
UK Wide	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
North West	<input type="checkbox"/>	North East	<input type="checkbox"/>
Midlands	<input type="checkbox"/>	South East	<input type="checkbox"/>
South West	<input type="checkbox"/>		
3. MANAGEMENT SYSTEMS DETAILS			
<b>3.1</b>	Do you have a Business Management System (BMS) accredited to ISO 9001:2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, please provide a copy of your certificate:
<b>3.2</b>	Is your 9001 registration body UKAS accredited or national equivalent if outside UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If the answer to 3.1 or 3.2 is no, please attached details of you BMS
<b>3.3</b>	Do you have an Environmental Management System (EMS) accredited to ISO 14001:2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, please provide a copy of your certification.
<b>3.4</b>	Is your 14001 registration body UKAS accredited or national equivalent if outside UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If the answer to 3.3 or 3.4 is no, please attach details of your EMS.
<b>3.5</b>	Do you have a Health & Safety Management System accredited to OHSAS 18001 or 45001?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, please provide a copy of your certification.
<b>3.6</b>	Is your 18001 or 45001 registration body UKAS accredited or national equivalent if outside UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If the answer to 3.5 or 3.6 is no, please attach details of your H&S System. Including a copy of your current H&S Policy Statement.

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3.7	Has your organisation taken steps to ensure that modern slavery and human trafficking is not taking place in your supply chain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, then please supply a copy of your annual statement or policy on modern slavery.
3.8	What is the value of your employee indemnity insurance?	In millions		Please provide a copy of your current insurance certificate.
3.9	Are you RISQS Approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide copies of current certification.

#### 4. MEMBERSHIP OF TRADE OR PROFESSIONAL BODIES/ASSOCIATIONS

4.1	Are you Crossrail compliant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list and provide copies of approvals.
4.2	If you are supplying lifting equipment or lifting accessories are you members of the Lifting Equipment Engineers Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide a copy of membership certificate.
4.3	Which of these professional bodies/ associations are you a member of?  ESDAL <input type="checkbox"/> RHA <input type="checkbox"/> FTA <input type="checkbox"/> CLOCS <input type="checkbox"/> FORS <input type="checkbox"/>			If yes, please supply registration numbers.          FORS Level
4.4	Are you members of any other professional bodies / associations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list and provide copies of certificates.

#### 5. ENFORCEMENT/HEALTH AND SAFETY/ENVIRONMENTAL PERFORMANCE RECORD

5.1	Have you had any convictions from the Health and Safety Executive in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
5.2	Have you had any prohibition notices served on your company by the HSE in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
5.3	Do you have any Health and Safety actions / notices pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
5.4	Have you had any reportable Health and Safety accidents or incidents in the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.

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<b>5.5</b>	Have you had any convictions from the Environment Agency / SEPA in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
<b>5.6</b>	Have you had any prohibition notices served on your company by the Environment Agency or SEPA in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
<b>5.7</b>	Do you have any Environmental Agency or SEPA legal actions or notices pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
<b>5.8</b>	Whose terms and conditions do you use?  Own <input type="checkbox"/> Other <input type="checkbox"/>  <i>For other please specify:</i>			Please provide a copy of terms and conditions.
<b>5.9</b>	Are your insurance policies up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide copies of policy documents.
<b>5.10</b>	Do you have Limit of Liability extended cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
<b>5.11</b>	Do you have Plant & Equipment movement experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
<b>5.12</b>	Type of Vehicles owned:  Curtain Siders <input type="checkbox"/> Transit Vans <input type="checkbox"/> HIAB <input type="checkbox"/> Low Loaders <input type="checkbox"/> Tail Lifts <input type="checkbox"/>			
<b>5.13</b>	Do you have Secure parking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details:
<b>5.14</b>	Can you confirm the Operator's licence number and OCR (Operator Compliant Risk Score)?	Operator's Licence number OCR score Level		
<b>5.15</b>	Who is your Vehicle Maintenance supplier?	Please provide copy of maintenance agreement.		
<b>5.16</b>	Who is your Tachograph Analysis provider?	Please provide details.		

**6. FOR CUSTOMER PURPOSES ONLY**

**PLEASE USE THIS SHEET TO PROVIDE DETAILS WHERE REQUIRED**

Empty space for providing details for section 6.

**7. EVIDENCE CHECKLIST**

	Supplied	N/A	List alternative information
Quality Assurance Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Health & Safety Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
RISQS Registration/Audit Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Body Certificates	<input type="checkbox"/>	<input type="checkbox"/>	

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## 8. SUPPLIER DECLARATION

I declare that to the best of my knowledge the answers submitted to these questions are correct. I understand that the information will be used in the selection process to assess my organisation's suitability to be invited to participate further in this procurement for transport.

Name:

Position:

Signed:

Date:

## 9. FOR OFFICE PURPOSES ONLY

**Status:**

Approve:

Approved conditionally:

Conditions:

Not approved:

Reason

Signed:

Date:

**Data Protection:** All information provided will be treated in strictest confidence and under no circumstance will be shared with any other third part other than members of **GGR Group Limited**.



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