

SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

Please complete and return by email to procurement@ggrgroup.com

1. GENERAL DETAILS

Name:	
Address:	
Post Code:	
Contact person:	
E-mail:	
Phone number:	
Service to be provided:	

2. GEOGRAPHICAL COVERAGE

Tick as appropriate:

UK Wide Scotland North West North East Midlands
 South East South West

3. MANAGEMENT SYSTEMS DETAILS

3.1	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:
3.2	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 attach details of your BMS
3.3	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.
3.4	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

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GGR Group Limited
Company Registration Number 04501075
VAT registration Number 989 8111 60



3.5	Do you have a Health & Safety Management System certificated to ISO 45001?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy of your certification.
3.6	Is your ISO 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 Health and Safety Policy Statement.
3.7	Has your organisation taken steps to ensure that bribery and corruption, modern slavery, child/forced labour and human trafficking are not taking place in your supply chain?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, then please provide a copy of your annual statement or your policy statement covering these issues.
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 approved or licensed by Sentinel? (Railway working only)	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	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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5.5	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.
5.6	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.
5.7	Do you have any Environmental Agency or SEPA legal actions or notices pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
5.9	Do you have a process in place to manage the control of bribery and corruption in the workplace? If so, please attach evidence (e.g. policy document)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details and attach policy statement.

6. SUSTAINABILITY AND CARBON REDUCTION

6.1	Where material such as timber, packaging etc. is used by your organisation, can you confirm that such material is sourced from sustainable resources?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide any relevant documentation, e.g. FSC certification
6.2	Does your organisation have any carbon management systems in place and have you measured your organisation's carbon footprint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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6. FOR CUSTOMER PURPOSES ONLY
PLEASE USE THIS SHEET TO PROVIDE DETAILS WHERE REQUIRED

7. FOR OFFICE PURPOSES ONLY

	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.

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 the strictest confidence and under no circumstance will it be shared with third parties other than members of GGR Group Limited. Personal data will be processed and controlled in line with our Data Protection and Privacy Policy which can be viewed on our website www.ggrgroup.com/privacy

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