

Sub-Contractor
Pre-Qualification
Questionnaire 2022

To become a DIAL Approved Supplier requires the completion and approval of this Pre-Qualification Questionnaire (PQQ)

All questionnaires received shall be treated with the utmost confidence and the information shall only be used for the DIAL supplier evaluation.

Completion of the questionnaire does not guarantee acceptance to become a DIAL Approved Supplier, and neither does it constitute an invitation or agreement to receive quotes or tenders.

Please return your completed questionnaire and scanned documentation and attachments to:

info@dialelectricalservices.co.uk



Section 1 – General

Company Name:

Address:

Remittance Address; (if different)

Telephone number:

VAT No:

Fax: Registered No:

Email:

Contact:

Annual Sales Turnover:

Financial Year to/end

Website:

Date Established:

Main core of Business Activities / Type of work completed:

Questionnaire Completed By.....

Position in Company.....

Telephone Number;-

Email Address;-

Declaration

The information given in this document is an accurate position of the company.

Name:-

Signature:-



Position: -

Section 2 - Financial

2.1 Name and address of company bank along with bank account number and sort code.

2.2 Please give details of your Construction Industry Scheme Certificate and provide a copy Certificate;-

UTR Number;-

Expiry Date;-

DIALs standard Terms and Conditions of Purchase payments terms are 30 days Nett after the end of month, please indicate your acceptance to these terms: Yes / No



Section 3 Insurance

IMPORTANT – If the answer to any of the below questions marked ** is YES please attach a copy of the applicable Exclusion, Limitation, Condition or Extension noted on your insurance schedule.

Type of Policy

Employers Liability;-

Public Liability;-

Product Liability;-

Professional Indemnity; -

Limit of Indemnity on Your Policy for each section listed above; -

Employers Liability;-

Public Liability;-

Product Liability;-

Professional Indemnity; -

Name of Insurer:

Policy Number:

Renewal Date:

Does the policy contain an; -

“Indemnity to Principal” clause Yes / No

Hot Work Exclusion, Condition or Warranty ** N/A Yes / No

Policy Height Limit or Exclusion ** N/A Yes / No

Policy Depth Limit or Exclusion ** N/A Yes / No

Type of Work Exclusion or Limitation ** N/A Yes / No



Section 4 Business Description

Please provide the full business description as stated on each of your policies:



Section 5 – Technical and Organisation

5.1- Indicate the services offered by your company and provide evidence of appropriate technical competence, qualifications, and experience to provide these services. (Use continuation pages as required)

5.2- Does your company use sub-contractors/sub-consultants, or personnel hired from Staff Agencies? If so, please submit details of how you ensure they are competent, insured and appropriately trained and supervised (use continuation pages as required)

5.3- Provide details of the experience, qualifications, and training arrangements for your technical staff and tradesmen. Please enclose a copy of your training matrix: and a sample of training certificates use continuation pages as required)

5.4- Please provide details of membership of professional bodies and associations, etc

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(use continuation pages as required)



Section 6 - Quality Control

Is the Company registered and fully accredited to BS EN ISO9001 - Yes No

If yes, please submit copies of all accreditation certificate.

If No do you have you a Quality Management System? Yes No

If yes, please submit a copy of the policy and the index.

Who has overall responsibility for managing the Quality systems and please provide details of relevant experience & qualifications?

Section 7 – Health & Safety

Is your company externally accredited to OHSAS 18001. Yes No

If yes please submit a copy of the certificate. Details enclosed

Please provide details of the person responsible for Health & Safety in your organisation, including any safety qualifications held.

Please provide a copy of your organisation's health & safety (Summary) policy statement.

Are you an SSiP scheme member (Chas, Constructionline, SAFE)?

If Yes enclose certificate If No please continue answering this section

Provide details of the health and safety training provided to your employees, and a copy of your current training plan.

Please supply 3 examples of risk assessments and method statements for the services you provide

How do you communicate and inform staff/sub contractors about health and safety matters?

Provide details of your accident/incident records & details of any HSE actions for the past 3 years.

Please provide the following information for the last three years:

No. of fatalities - Year 1.....Year 2.....Year 3.....

No. of notifiable major injuries (RIDDOR) Year 1.....Year 2.....Year 3.....



No. of non-notifiable injuries Year 1.....Year 2.....Year 3.....

No. of reportable near misses Year 1.....Year 2.....Year 3.....

No. of HSE Convictions Year 1.....Year 2.....Year 3.....

No. of HSE Improvement Notices Year 1.....Year 2.....Year 3.....

No. of HSE Prohibition Notices Year 1.....Year 2.....Year 3.....

How does your organisation keep up to date with developments in Health and Safety and how is this information communicated to staff?

Provide details of arrangements for obtaining specialist technical or health and safety advice, inc Name and contact details of your safety management consultants.

What methods (if applicable) do you employ to ensure compliance with your duties under Construction (Design and Management) Regulations 2015. Who is trained and responsible for this?

Please note due to the nature of the sites that DIAL work on we require all company's and individuals to have at the least basic Asbestos awareness training.

Certificate numbers will be required prior to any individuals commencing any works on behalf of DIAL

Section 8 – Environment

Is the company registered and fully accredited to ISO 14001:2004

If yes, please enclose a copy of your certificate.

If no, do you have an Environmental Management System Yes No

Who is responsible for Environmental Management (name and position)?

Do you carry out regular environmental reviews? Yes No

Please provide details of the procedures that you have for controlling environmental risks.

Note Depending on the nature of the Services being provided we may request further information.