This questionnaire must be completed for **all** contractors wishing to be considered for work with British Gas. The completion and submission of this questionnaire does not mean that the Contractor has passed the selection criteria used by British Gas and/or that British Gas will employ the services of the Contractor.

If the Contractor is deemed acceptable and assigned work from British Gas, a review of this document will take place with the Contractor at a maximum every **Two** years.

Whilst under contract to British Gas it is the Contractor’s duty to notify British Gas of any enforcement notices served on them or the Company by authoritative bodies, or of any changes that relate to the content of this document.

The Contractor is requested to answer the following questions. Answers will NOT in any way relieve the contractor of his statutory and contractual health, safety and environmental responsibilities.

Any information provided in response to this questionnaire will remain strictly confidential and will not be disclosed to any third party other than as may be required by law.

Your British Gas contact will confirm your category. Category requirements;

All ***category 2 lower risk*** contractors are required to hold certification / accreditation to one of the following pre qualification schemes.

* Safecontractor
* Pics manual audit
* Altius - Gateway
* Altius - CDM comply
* CHAS
* EXOR - HS qualified
* SM and MS ContractorPlus
* Achilles building confidence (Level 3,4,5)

All ***Category 2 Higher Risk*** contractors must have accreditation through the safecontractor scheme and you must be listed for the work activity you provide to British Gas including the ‘ability to sub contract’ if you are permitted to use sub contractors.

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| --- |
| **PART A - General and financial** |

Please complete the following details:

|  |  |
| --- | --- |
| Company Name |  |
| Date of incorporation |  |
| Company reg no. |  |
| Registered/trading address |  |
| Post code |  |
| Telephone No. |  |
| E-mail |  |
| Company VAT no. |  |
| Company bank name/address |  |
|  |
| Company bank account No. |  | Sort code |  |

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| **PART B - Insurance** |

This information will be requested annually at the expiery date of the policy submitted. This will need to be kept up to date in order to continue working with British Gas. Please ensure you provide a copy of your Insurance Schedule.

|  |  |  |
| --- | --- | --- |
| Employers liability(If applicable) | Limit of cover: |  |
| Name of Insurance provider. |  |
| Expiry date. |  |
| Excess layer: |  |
| Public liability | Limit of cover: |  |
| Name of insurance provider. |  |
| Expiry date. |  |
| Excess layer. |  |
| Products liability  | Limit of cover: |  |
| Name of Insurance provider. |  |
| Expiry date. |  |
| Excess layer. |  |
| Professional indemnity  | Limit of cover: |  |
| Name of insurance provider. |  |
| Expiry date |  |
| Excess layer. |  |
| Motor insurance | Limit of cover: |  |
| Name of Insurance provider. |  |
| Expiry date. |  |
| Excess layer. |  |

Where the contractor will be using their own vehicles in relation to any works carried out under this contract, the contractor must carry as a minimum Third Party Motor insurance.

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| Employees details |
| Name | Directly employed | Sub- contractors |
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| **PART C - Labour details and qualifications** |

It is a requirement to list all employees / sub-contractors that will engage on any work you undertake for British Gas. (please continue on separate sheet if required)

|  |
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| It is a requirement that all contractors working for British Gas have a valid disclosure and barring service certificate (DBS) or disclosure scotland depending on the services they provide. Copies of the certificate must be submitted for each employee. Note: Information provided should not be more than 3 months old at time of submission. |
| DBS/disclosure Scotland certificate enclosed for each above named employee | Yes [ ]  | No [ ]  |

**Additional requests for updated appropriate certificates may be made at the discretion of British Gas management at any time.**

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| Health surveillance |
| Do you provide health surveillance for your workforce | Yes [ ]  | No [ ]  | N/A [ ]  |
| Please provide an example of your controls (if applicable) |

|  |
| --- |
| Qualifications and certification |
| Please list current qualifications and certifications, including specific categories for the type of work you will be undertaking for British Gas, e.g. ACS qualifications, City & Guilds Level 3 electrical installation etc.Please provide copies of relevant certificates or accreditations listed below:(please continue on separate sheet if required). |
| **Qualification / certification** | Certificate enclosed |
|  | Yes | [ ]  | No | [ ]  |
|  | Yes | [ ]  | No | [ ]  |
|  | Yes | [ ]  | No | [ ]  |
|  | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Core competency requirements for each contractor. Please provide evidence of competency covering the following areas for each employee working on behalf of British Gas:* Manual Handling.
* Asbestos Awareness.
* Work at height including the selection and use of access equipment.

*(For companies with more than 10 employees, a completed training matrix can be submitted with a selection of certificates covering each of the competencies listed above.* | Copies supplied | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All ***category 2 lower risk*** contractors (your British Gas contact will confirm your category) are required to hold certification / accreditation to one of the following pre qualification schemes. * Safecontractor
* Pics Manual Audit
* Altius - Gateway
* Altius - CDM Comply
* CHAS
* EXOR - H&S Qualified
* SM&MS ContractorPlus
* Achilles Building Confidence (Level 3,4,5)

Please provide a copy of your certification/accreditation in support of your application.All ***Category 2 Higher Risk*** contractors must have accreditation through the Safecontractor scheme and you must be listed for the work activity you provide to British Gas including the ‘ability to sub contract’ if you are permitted to use sub contractors. | Copies supplied | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| It is a requirement that all contractors that carry waste whilst working on behalf of British Gas have a current waste carriers registration. Therefore please provide a copy of your current waste carrier registration certificate. | Copy supplied | Yes | [ ]  | No | [ ]  |

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| **PART D – Work activities** |

## Please select the work activities that you wish to be considered for:

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Select | Category | Select |
| Gas fired systems I/C/M |  | Other: (please specify): |  |
| Oil fired systems I/C/M  |  |  |
| Asbestos removal |  |
| Asbestos sampling |  |
| White goods engineer |  |
| Electrical Installation (LV) |  |
| Scaffolding |  |
| Gas / electric Meter Installation/exchange |  |
|  |  |

I/C/M = Installation, commissioning & maintenance (planned and/or reactive)

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| **PART E – HSE prosecutions and notices** |

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| Prosecutions and notices |
| Please provide details of any ***enforcement action*** taken against you or your company for health & safety offences, within the past 5 years.(**Note:** The HSE prosec**u**tion and notices database will be checked as part of this process).(Please continue on separate sheet if required). |
| **Notice number** | Notice type |
|  |  |
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##### Signing the questionnaire

In signing this questionnaire, you are confirming that you have the authority to and the information provided herein accurately represents the position of yourself and/or the company you are applying on behalf of.

**Signed** ………………………… **Name (print**) ………………………………………

**Date** …………………………

**Position in the Company** ……………………………………………………………

For internal use only

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Acceptable** | **Not acceptable** | **N/A** |
| Employers liability |  |  |  |
| Public liability |  |  |  |
| Product liability |  |  |  |
| Prof. Indemnity |  |  |  |
| Motor vehicle insurance |  |  |  |
| DBS or disclosure scotland |  |  |  |
| Health surveillance |  |  |  |
| Qualifications (relevant to their activities) |  |  |  |
| Core competencies |  |  |  |
| Category 2 contractor requirements(SSiP’s recognised scheme) |  |  |  |
| Waste carriers registration |  |  |  |
| HSE prosecutions / notices |  |  |  |

|  |  |  |
| --- | --- | --- |
| Information verified by | Position | Date approved: |
|  |  |  |