**SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE**

Dear Sir/ Madam,

Please find enclosed The Pirbright Institute Supplier Pre-Qualification Questionnaire.

As a potential supplier, we would be grateful if you could complete the attached questionnaire.

Our organisation aims to deliver a high quality of service, in a way that protects the personal information of stakeholders, personnel and partners whilst endeavouring to ensure that we can provide ongoing confidentiality, integrity and availability of our information systems, protecting the health and future wellbeing of all our stakeholders.

As a potential supplier we have identified that we may pass personal information to you and/ or have a dependency on the products or services that you supply to us. It is also important that we take precautions to ensure that where we share data, we ensure that it is managed appropriately, kept secure, and not shared with other 3rd parties without our knowledge.

You may complete this questionnaire electronically. Please complete and answer all questions as comprehensively as possible. If space is insufficient, please continue on a separate sheet of paper and append to the questionnaire. Where policies, certificates, etc. are requested, a link to your website may be provided.

Please include any requested documentation when returning the completed form.

Thank you for your time and for returning the completed form and requested documents to:

[lester.demmer@pirbirght.ac.uk](mailto:lester.demmer@pirbirght.ac.uk).

| **Part 1 Details** | | New  Existing supplier | | |
| --- | --- | --- | --- | --- |
| **Company Details** | | | | |
| Company Name: | |  | | |
| Company Address: | |  | | |
|  | | | | |
|  | | | | |
| Company Registration No: |  | | | |
| Registered Office Address: | |  | VAT No: |  |
| Telephone No: | |  | Fax No: |  |
| Email address: | |  | | |
| Number of Employees: | |  | | |
| Type of Organization:  e.g. PLC, Limited Company, LLP, Other, Partnership, Sole Trader (Please Specify) | |  | | |
| Services/ product/ equipment provided to The Pirbright Institute | |  | | |

| **Part 2 Person Responsible for Completion** | |
| --- | --- |
| **Print Name:** |  |
| **Work Title:** |  |
| **Email:** |  |
| **Telephone:** |  |

| **Part 3 Finance Information - Please provide:** | | **Comments** |
| --- | --- | --- |
| Current year interim statement of account including full year turnover forecast. | Yes  No |  |
| Statement of last year’s audited accounts. | Yes  No |  |
| Please confirm that there has been no material change in the financial position since last year’s audited accounts: | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| **Part 4 Insurance Certificates and Statements** | **Limit of Indemnity** | **Attached:** |
| Does the company have an Employers Liability insurance cover?  If yes, could we have a copy of certificate? |  | Yes  No |
| Do you have a Public/ Third Party Liability?  If yes, could we have a copy of insurance certificate? |  | Yes  No |
| Do you have Professional Indemnity?  If yes, could we have a copy of certificate? |  | Yes  No |
| Do you have Cyber Liability?  If yes, could we have a copy of certificate? |  | Yes  No |
| **Core Questions** | | **Comments** |
| Has your company or any of its Directors and Executive Officers been the subject of criminal or civil court action (including for bankruptcy or insolvency) in respect of the business activities currently engaged in, for which the outcome was a judgement against you or them?  If yes, give details. | Yes  No |  |
| If your company or any of its Directors and/ or Executive Officers are the subject of ongoing or pending criminal or civil court action (including for bankruptcy or insolvency) in respect of the business activities currently engaged in, have all claims been properly notified in accordance with the Employers Liability, Public Liability, Professional Indemnity, and/or Product Liability insurance policy requirements and been accepted by insurers? Give details. | Yes  No |  |
| Has your company or any of its Directors and Executive Officers been subject to enforcement/ remedial notices/ orders (such as those issued by HSE or the Environment Agency) in the last three years?  If yes, give details. | Yes  No |  |
| **Bankers** |  | |
| Name: |  | |
| Address: |  | |
| Telephone No: |  | |
| Fax No: |  | |
| Do you authorise us to approach your bankers for financial reference? | Yes  No |  |

|  |  |
| --- | --- |
| **Part 5 References**  Please provide the following information on 3 of your customers, who may be approached by The Pirbright Institute. Where possible these references should be for customers who have purchased similar services/ product / equipment. | |
| **Reference 1** |  |
| Name: |  |
| Address: |  |
| Telephone No: |  |
| Fax No: |  |
| Contact Name: |  |
| **Reference 2** |  |
| Name: |  |
| Address: |  |
| Telephone No: |  |
| Fax No: |  |
| Contact Name: |  |
| **Reference 3** |  |
| Name: |  |
| Address: |  |
| Telephone No: |  |
| Fax No: |  |
| Contact Name: |  |

| **Part 6 Management Systems** | | **Comments** |
| --- | --- | --- |
| Are you a member of an accredited/ certified body?  Please provide details. | Yes  No  N/A |  |
| Do you have an accredited or certified quality management system?  If yes, attach a copy of current certificate or provide a reference to your accreditation/ ceritifcation.\*  If no, please explain the basis of your management system. | Yes  No  N/A |  |
| Do you have an environmental management system certified to ISO 14001 or EMAS?  If yes, attach a copy of current certificate or provide a reference to your accreditation/ ceritifcation.\*  If no, please explain the basis of your environmental management system | Yes  No  N/A |  |
| Do you have a procedure for training/ refresher training of relevant staff? | Yes  No  N/A |  |
| Do you confirm the identity of your staff on recruitment, by checking original identification documents, cross-checking information on application forms, and taking up references in writing?  Please provide detail. | Yes  No  N/A |  |
| Do your Engineers/ Techs have qualifications/ certification to perform the tasks as required?  If yes, attach a copy of current certificate(s).\* | Yes  No  N/A |  |
| Do you verify the competence of subcontractors/ third party? | Yes  No  N/A |  |
| Do you have an emergency plan to cover accident and emergency procedures? | Yes  No  N/A |  |
| Do you use calibrated equipment?  If yes, attach a copy of current calibration certificate(s) for equipment you would use on our site\* | Yes  No  N/A |  |
| Do you have a policy on modern day slavery (applies to companies with >£36m turnover)? | Yes  No  N/A |  |

| **Part 7 Health & Safety Management** | | **Comments** |
| --- | --- | --- |
| Is there a Health & Safety Policy?  If yes, could you provide a copy? | Yes  No  N/A |  |
| Has the company been convicted of any offences under health & safety law in the past 5 years?  If yes, please provide case number and offence date. Include any predecessor companies. | Yes  No  N/A |  |
| Is the company certified to ISO 45001?  If yes, provide a copy of certificate. | Yes  No  N/A |  |
| Does the company have any other accreditations relevant to health & safety, from a Trade Body for example?  If so, please provide a copy of certificate. | Yes  No  N/A |  |
| Do you prepare risk assessments and method statements (or similar) for your work? | Yes  No  N/A |  |

| **Part 8 Person Responsible for Data Privacy** | |
| --- | --- |
| Print Name: |  |
| Work Title: |  |
| Email: |  |
| Telephone: |  |

| **Part 9 Your Privacy & Information Security Policies** | |
| --- | --- |
| Provide a copy of your GDPR or Privacy Policy. |  |
| Provide a copy of your IT Security Policy |  |

| **Part 10 Security** | | **Comments** |
| --- | --- | --- |
| Does your company hold any recognized Security Certifications?  e.g.: ISO 27001, ISO 27701, Cyber Essentials, Cyber Essentials Plus, IASME etc. | Yes  No  N/A |  |
| If yes, which certifications?  Please send us a copy of your certificate and scope.  If you have ISO 27001 or IASME in place, then please progress to question 11. | Yes  No  N/A |  |
| If no, describe what security measures - i.e., organisational, and technical, are in place in the organisation. |  | |

| **Part 11 Information Security Management** | | **Comments** |
| --- | --- | --- |
| Are procedures in place governing the use of your IT systems?  Do these cover home and mobile working? | Yes  No  N/A |  |
| Are access controls in place to ensure information is only available to system users who require access? | Yes  No  N/A |  |
| Do you remove leavers from your systems?  Do you review accesses if staff change roles within the organisation? | Yes  No  N/A |  |
| Are acceptable use policies in place which outline the rules for acceptable use of information and assets? | Yes  No  N/A |  |
| Are policies and controls in place to ensure the following?   * Boundary protection is in place on all systems with a connection to an un-trusted network. * Critical patches are applied to operating systems and applications within 14 days. * Systems are protected from malicious code. * Software and hardware are locked down to restrict unnecessary services. * Password policies to ensure the use of ‘strong’ polices across the organisation * No shared user ids * Restriction of privileged / admin access | Yes  No  N/A |  |
| Are security boundaries defined and enforced to group users, services and information that require different levels of protection? I.e., to ensure that individuals only have access to the systems and data required to perform the role. | Yes  No  N/A |  |
| Are back-up copies of information and software taken regularly? | Yes  No  N/A |  |
| Has the security of your IT Systems been evaluated through penetration testing? | Yes  No  N/A |  |

| **Part 12 Third Party Providers** | |
| --- | --- |
| Do you make use of any third party suppliers to assist you in the processing of our data? | Yes  No  N/A |
| If yes, is a contract in place with each of the suppliers that conforms with Article 28-32 of the GDPR? | Yes  No  N/A |
| If yes, please list the sub-processors: |  |
| Please describe how you select and monitor third parties if a standard such as ISO 9001, ISO 27001 or IASME is not in place. |  |

| **Part 13 Transfer of Data** | | **Comments** |
| --- | --- | --- |
| Will any of the data that is provided by us be held in cloud storage outside of the UK and EEA? | Yes  No  N/A |  |
| If so, is this to a EU recognised trusted country i.e. where there is an adequate level of data protection (list is [here](https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/adequacy-protection-personal-data-non-eu-countries_en))? | Yes  No  N/A |  |
| If so, is this to a non EEA organisation where Standard Contract Clauses or other data transfer mechanisms are in place? | Yes  No  N/A |  |
| If SCC’s are in place, please describe how you assess that appropriate security measures are in place. |  | |

| **Part 14 Governance** | | **Comments** |
| --- | --- | --- |
| Do you ensure that data is only accessed by individuals with a legitimate need for doing so? | Yes  No  N/A |  |
| If yes, please describe how this is done. |  | |
| Do you have a breach management process in place that would allow us to be informed of a potential loss, damage, unauthorised access, or damage to our data within 72 hours? | Yes  No  N/A |  |

| **Part 15 Business Continuity** | | **Comments** |
| --- | --- | --- |
| Has your organisation achieved ISO 22301:2019?  If yes, please provide us with a copy of your certificate. | Yes  No  N/A |  |
| If yes, does it include services/products delivered to the Pirbright? | Yes  No  N/A |  |
| If no, do you have a business continuity policy? | Yes  No  N/A |  |
| How often do you test your business continuity plans? | Yes  No  N/A |  |
| What is the notification period of delays incurred/discontinuing of services/products for your customers? |  |  |

| **Part 16 Audit** | | **Comments** |
| --- | --- | --- |
| If required, are you willing to allow an information security and data privacy audit if applicable? | Yes  No  N/A |  |
| If required, are you willing to allow a Competent Authority and Regulatory Authority to conduct an unannounced audit on your premises in relation to the material/service provided? | Yes  No  N/A |  |

| **Part 17 Additional Comments:** |  |
| --- | --- |

**\***Note: you may be asked to complete an additional questionnaire if you are identified as a critical supplier to The Pirbright Institute.

|  |  |  |  |
| --- | --- | --- | --- |
| Form completed by (print name) |  | Position |  |
| Signature |  | Date |  |
| Telephone number |  | E-mail Address |  |