**SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE**

Dear Add Name,

Please find enclosed The Pirbright Institute Supplier Pre-Qualification Questionnaire. As a current/potential supplier, we would be grateful if you could complete the attached questionnaire.

This form can be completed electronically with each text field expanding as needed. If it is easier to refer to a specific procedure please indicate the procedure number, applicable section of the procedure and submit an uncontrolled copy of the procedure along with the questionnaire.

Please include any requested documentation when returning the completed form.

Thank you for your time and for returning the completed form and requested documents within 20 working days of receipt to:

[procurement@pirbright.ac.uk](file:///C:\Users\corral\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\XYIO7ZMV\procurement@pirbright.ac.uk)

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

| **Part 2 Finance Information - Please provide:** | | **Comments** |
| --- | --- | --- |
| Current year interim statement of account including full year turnover forecast. | Yes  No |  |
| Statement of last years’ audited accounts. | Yes  No |  |
| Please confirm that there has been no material change in the financial position since last years audited accounts? | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| **Part 3 Insurance Certificates and Statements - Please provide:** | **Limit of Indemnity** | **Attached:** |
| Employers liability |  | Yes  No |
| Public liability |  | Yes  No |
| Professional indemnity |  | Yes  No |
| Product liability |  | 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 authorize the company to approach your bankers for financial reference? | Yes  No |  |

|  |  |
| --- | --- |
| **Part 4 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 5 Management Systems** | | **Comments** |
| --- | --- | --- |
| 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 Health & Safety management system certified to OHSAS 18001 or other regulation/ standard? If Yes, attach a certified copy. If No, please explain the basis of your Health & Safety management system. | Yes  No  N/A |  |
| Do you carry out written risk assessments for all work? | 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 you verify the competence of subcontractors? | 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 |  |
| Does your company have certification to perform the tasks as required?  If Yes, attach a copy of current certificate(s).\* | 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 |  |

**\***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 |  |