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| **Approval of Supplier Questionnaire** |

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| **1.0** | **Notes to proposed supplier** | | | |
| **1.1** | Statutory legislation places responsibilities on employers, self employed persons and employees to undertake their work activities in such a manner as to minimise the risk of injury to themselves or any person who may be affected by such work activities. | | | |
| **1.2** | Completing this questionnaire does not relieve the supplier of his duties and responsibilities under the UK health and safety legislation. | | | |
| **2.0** | **Details of supplier** | | | |
|  | Name of Company: www.poasethenpout.co.uk | Contact Name: Sandra Henderson | | |
|  | Address: 8 Edward Road Coulsdon Surrey CR% 2Np | | | |
|  | Telephone No: 07760 556366 | Email Address:admin@posethenpout.co.uk | | |
| Questionnaire completed by: | | | |
| Name:Sandra Henderson | | | Position: |
| Signature:Sandra Henderson | | | Date: 1/5/2017 |
| **3.0** | **Public liability cover** | | | |
| **3.1** | Please provide a valid copy of your current Public Liability insurance cover. If a representative is attending with you or on your behalf please also provide a valid copy of their Public Liability insurance cover. | | | |
| **4.0** | **Health and safety training** | | |
|  | Please provide details of any health and safety training provided to employees who carry out work on your behalf. | | |
|  | Trained by Manufacturer | | |
| **5.0** | **Use of equipment** | | |
| **5.1** | How do you ensure that equipment for use at the workplace is kept in a safe condition?  PAT Tested when applicable | | |
| **5.2** | Please provide a copy of your PAT certificate. | | |
| **6.0** | **Other relevant information** | | |
|  | Is there any other information we should have to assist us in the assessment of your capabilities to work effectively on health and safety? | | |
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**Suppliers safety information**

This information applies to all suppliers and others under their control engaged in carrying out work on our premises.

It is our intention to secure a high standard of safety in all our areas of control, the following conditions form an integral part of the agreement.

1. Suppliers must comply with health and safety legislation and Company health and safety rules whilst on site.

2. On arrival at our premises all Suppliers must complete the details required in the visitors' book and report to the person responsible for the Supplier.

3. On the first visit, and when changes in health and safety controls are necessary to maintain a safe environment, information must be exchanged with our responsible person. This will cover for example hazards, restricted access areas, fire precautions, emergency action, first aid facilities, accident reporting, welfare facilities, smoking restrictions, segregation of work activities, any other issues affecting health and safety.

4. Suppliers must adhere to the control measures and, where appropriate, method statements previously submitted to us.

5. All accidents must be notified to our responsible person and be recorded in the Accident Book. The requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be met by the supplier where appropriate.

6. The work area should be left tidy and secure.

7. All Suppliers must familiarise themselves with our fire and emergency procedures.

8. Fire escape routes and exits must not be obstructed; fire doors must be kept shut.

9. Fire extinguishers must not be obstructed or removed from position.

10. If in the opinion of our responsible person, suppliers are working in such a manner as to put themselves, employees, visitors, any other person, or property and equipment at risk, the suppliers will be requested to stop work immediately and make the area safe before leaving the premises.

11. Suppliers must provide their own access equipment, electrical equipment and hand tools.

12. Suppliers must ensure this information is communicated to all their employees working at our premises.

13. Suppliers are liable to pay for any loss or damage caused by themselves, their product or service. If the damage caused prevents facilities within the house being used whilst the damage is made good, you will be charged for any costs incurred and any revenue lost during this period.

This document does not relieve suppliers of the statutory and common law duties.

I have read the above conditions and accept them.

Signed....................................................................Position.........................………………………

On behalf of...................................................................................……………………….

**Please Return to: Wilton Park, Wiston House, Steyning, West Sussex BN44 3DZ**

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| **For Wilton Park Use Only** |  |
| Date Received: | Checked by: |
| Renewal Date: | Approved by: |