Please complete this assessment questionnaire electronically and return it to joe.blogs@joeblogs.co.uk

All information provided is confidential. However, may be sampled during audits on site by Headlam H&S Department.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Headlam Use Only (prior to sending to contractor)** | | | | |
| Evaluation Type | | New Contractor | | Re-evaluation |
| Description of service(s) to be provided | |  | | |
| High Risk | Medium Risk | | Low Risk | |
| High Value | Operational Disruption | |  | |

|  |  |
| --- | --- |
| **Section 1.0 Contractor Location and Contact Information** | |
| Company Name: |  |
| Address: |  |
| Postcode: |  |
| Country: |  |
| Tel: |  |
| Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2.0 Authorities and Responsibilities** | | | |
| **Department** | **Name** | **Position** | **Email Address** |
| Main contact |  |  |  |
| H&S contact |  |  |  |

|  |  |
| --- | --- |
| **Section 3.0 Financial Evaluation** | |
| Company Code |  |
| VAT Number (if EEC Member) |  |
| Bank Sort Code |  |
| Bank Account Number |  |
| Currency |  |

|  |  |
| --- | --- |
| **Section 4.0 Insurances** | |
| Please list all insurances and values held by the company |  |

|  |  |
| --- | --- |
| **Section 4.0 Quality Management System (QMS) Evaluation** | |
| Does the company currently operate in accordance with a certified quality management system? *If yes, please specify standard(s) below and provide a copy of certification or enter description of system.* |  |
| *QMS certified to* | |
| *Description* | |

|  |  |
| --- | --- |
| **Section 6.0 Environmental Management System (EMS) Evaluation** | |
| Does the company currently operate using a certified environmental management system? *If yes, please specify standard(s) below and provide a copy of certification or enter description of system.* |  |
| *EMS certified to* | |
| *Description* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 7.0 Health & Safety Management System (HSMS) Evaluation** | | | |
| Does the company currently operate using a certified health & safety management system? *If yes, please specify standard(s) below and provide a copy of certification or enter description of system.* | |  | |
|  | |  | |
| *HSMS certified to* | | | |
| *Description* | | | |
| Does the company have an established and implemented Health and Safety Management System? *If yes, please attach contents page.* | | |  |
| Does the company have a documented Health and Safety Policy?  *If yes, please attach.* | | |  |
| Does the company record and/or measure incidents, including near misses? *If yes, please specify.* | | |  |
| Does your company operate under a Safe System of Work, with RAMS? *If yes, please specify.* | | |  |
|  | | |  |
| **Section 8.0 Authorised Representative** | | | |
| I certify the information provided is accurate and complete to the best of my knowledge. I understand that the provision of inaccurate or misleading information may lead to the Company being removed from Headlam’s Contractor Vendor List. | | | |
| Completed by: |  | | |
| Position: |  | | |
| Date: | Click here to enter a date. | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Headlam Use Only** | | | | | | |
| Accept | Reject | | Limited Use | | | Audit |
| Reason for rejection | |  | | | | |
| Limitations of approval | |  | | | | |
| Special Precautions Required | |  | | | | |
| Reviewed by | |  | | Position |  | |
| Date | | Click here to enter a date. | | | | |