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.

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| **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 [ ]  |  |

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

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

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

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

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| **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* |

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| **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* |

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| **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. |

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| **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. |