

SUPPLIER ASSESSMENT QUESTIONNAIRE



1. General Information

SUPPLIER PROFILE	COMPANY NAME		
	ADDRESS		
	TELEPHONE	FAX	E-MAIL
	DESCRIPTION OF PRODUCTS AND / OR SERVICES SUPPLIED TO MD BUILDING SERVICES LTD (LIST ALL)		
	MATERIALS / CONSUMABLES	<input type="checkbox"/>	TRANSPORT <input type="checkbox"/>
	UTILITIES / SERVICES	<input type="checkbox"/>	ON SITE CONTRACTOR <input type="checkbox"/>
	WASTE TRANSFER / DISPOSAL	<input type="checkbox"/>	TRAINING / COMPLIANCE <input type="checkbox"/>
OTHER (STATE) <input type="checkbox"/>			
DESCRIPTION OF ORGANISATION INCLUDING OTHER SITES, HEAD OFFICE, PARENT COMPANY ETC (ADDITIONAL INFORMATION CAN BE ATTACHED TO THE FORM)			
PERSON RESPONSIBLE FOR QUALITY ISSUES (NAME & TITLE)			
TELEPHONE	FAX	E-MAIL	
PERSON RESPONSIBLE FOR HEALTH & SAFETY ISSUES (NAME & TITLE)			
TELEPHONE	FAX	E-MAIL	
PERSON RESPONSIBLE FOR ENVIRONMENTAL ISSUES (NAME & TITEL)			
TELEPHONE	FAX	E-MAIL	

INSURANCE	EMPLOYERS LIABILITY <input type="checkbox"/>		PLEASE ENCLOSE COPIES OF THE FOLLOWING INSURANCE CERTIFICATES
	PUBLIC LIABILITY <input type="checkbox"/>		
OTHER <input type="checkbox"/>			
			COMMENTS



Showpiece
DESIGN

2. Quality

POLICY AND MANAGEMENT	YES	NO	COMMENTS
	<p>DOES YOUR COMPANY HAVE A QUALITY MANAGEMENT SYSTEM CERTIFIED TO ISO 9001? IF YES, PLEASE GIVE YOUR CERTIFICATE NUMBER, DATE OF ISSUE AND NAME OF ACCREDITED ISSUING BODY OR ATTACH CERTIFICATE.</p> <p>DO NOT ANSWER ANY FURTHER QUESTIONS IN THIS SECTION</p>		
<p>IS YOUR COMPANY ACTIVELY SEEKING TO ACHIEVE CERTIFICATION IN THE NEXT TWO YEARS?</p>			
<p>DOES YOUR COMPANY HAVE A QUALITY POLICY? IF YES, PLEASE ATTACH</p>			
<p>DOES YOUR COMPANY HAVE STATED TARGETS FOR IMPROVEMENT? IF YES, PLEASE ATTACH</p>			
<p>DOES YOUR COMPANY PRODUCE A QUALITY REPORT</p>			

TRAINING AND AWARENESS	YES	NO	COMMENTS
	<p>HAVE PERSONS RESPONSIBLE FOR QUALITY MATTERS BEEN TRAINED TO AN APPROPRIATE LEVEL?</p>		
<p>ARE YOUR OPERATORS TRAINED APPROPRIATE TO THEIR JOB REQUIREMENTS?</p>			
<p>DOES YOUR COMPANY MAKE ITS WORKFORCE AWARE OF QUALITY ISSUES?</p>			
<p>ARE CONTRACTORS TO YOU, OR WORKING ON YOUR BEHALF BRIEFED ON QUALITY MATTERS?</p>			

3. Environment

POLICY AND MANAGEMENT	YES	NO	COMMENTS
	<p>DOES YOUR COMPANY HAVE AN ENVIRONMENTAL MANAGEMENT SYSTEM CERTIFIED TO ISO 14001? IF YES, PLEASE GIVE YOUR CERTIFICATE NUMBER, DATE OF ISSUE AND NAME OF ACCREDITED ISSUING BODY OR ATTACH CERTIFICATE.</p> <p>DO NOT ANSWER ANY FURTHER QUESTIONS IN THIS SECTION</p>		
<p>IS YOUR COMPANY ACTIVELY SEEKING TO ACHIEVE CERTIFICATION IN THE NEXT TWO YEARS?</p>			
<p>DOES YOUR COMPANY HAVE AN ENVIRONMENTAL POLICY? IF YES, PLEASE ATTACH</p>			
<p>DOES YOUR COMPANY HAVE STATED TARGETS FOR IMPROVEMENT? IF YES, PLEASE ATTACH</p>			
<p>DOES YOUR COMPANY PRODUCE AN ENVIRONMENTAL REPORT?</p>			
<p>HAS YOUR COMPANY BEEN FREE FROM PROSECUTION OR AN ENFORCEMENT ACTION BY REGULATORS FOR THE PAST THREE YEARS? IF NO, PLEASE ATTACH FULL DETAILS</p>			



Showpiece
DESIGN

TRAINING AND AWARENESS	YES	NO	COMMENTS

COMPLIANCE AND RISK	YES	NO	COMMENTS

AUTHORISATION	YES	NO	COMMENTS

WHERE APPLICABLE, PLEASE ENCLOSE COPIES OF THE FOLLOWING LICENCES REQUIRED TO OPERATE

SITE LICENCE

CARRIERS LICENCE

IPC AUTHORISATION

CONSENT TO DISCHARGE

CONSERVATION AND RECYCLING	YES	NO	COMMENTS



Showpiece
DESIGN

5. Miscellaneous

	YES	NO	COMMENTS
PUBLIC DOES YOUR COMPANY HAVE A PROCEDURE TO DEAL WITH COMMUNICATIONS / COMPLAINTS FROM INTERESTED PARTIES?			
HAVE YOU BEEN COMPLAINT FREE FROM PUBLIC AND AUTHORITY FOR THE PAST YEAR?			

	YES	NO	COMMENTS
AUDITING DOES YOUR COMPANY AUDIT ITS SUPPLY CHAIN?			
DOES YOUR COMPANY AUDIT ITS OPERATIONS?			
DOES YOUR COMPANY AUDIT ITS WASTE CARRIERS AND WASTE DISPOSAL SITES?			
DOES YOUR COMPANY AUDIT ITS TRANSPORT OPERATIONS OR CONTRACTORS?			
MD BUILDING SERVICES LTD CONDUCTS AUDITS ON ITS SUPPLIERS AND CONTRACTORS. IS YOUR COMPANY WILLING TO ACCEPT AN AUDIT BY MD BUILDING SERVICES LTD'S PERSONNEL?			

	YES	NO	COMMENTS
WASTE DOES YOUR COMPANY TAKE WASTE FROM MD BUILDING SERVICES LTD IF NOT, DO NOT ANSWER FURTHER QUESTIONS.			
DOES YOUR COMPANY TAKE WASTE DIRECTLY TO THE ULTIMATE DISPOSAL SITE? IF NO, PLEASE GIVE NAME, LOCATION AND LICENCE DETAILS OF THE WASTE TRANSFER FACILITY.			
WHAT TREATMENT PROCESSES ARE UNDERTAKEN ON THE WASTE?			
WHAT ARE THE NAME, LOCATION AND LICENCE DETAILS OF THE ULTIMATE DISPOSAL SITE?			
DOES YOUR COMPANY CONSIDER THE TREATMENT TO BE THE BEST PRACTICABLE ENVIRONMENTAL OPTION FOR THIS WASTE?			
PRINT NAME AND SIGN:	DATE:		