SWAT access

Supplier Quality Questionnaire

Full Company Name:		
Address:		
Company Registration No.	**Company VAT Registration No.**	**Web page**

Operational Contact Information		
Name:	Telephone:	Email:
Administration Contact Information		
Name:	Telephone:	Email:
Accounts Contact Information		
Name:	Telephone:	Email:

Services Offered: (Please tick relevant box)			
Cross Hire:		Tyre Maintenance:	
Sub Contract Haulier:		Service and or Repairs:	
Hydraulic Hose Repair:		Machine Sales:	
Completion of Thorough Examinations:		Operating:	
Supplier: (Please specify items to be supplied)			
Other: (Please specify)			

Does your company have the following?				
• Employers Liability Insurance:	YES		NO	
• Public Liability Insurance:	YES		NO	
• Product Liability Insurance:	YES		NO	
• Vehicle Insurance: (including LGV if applicable)	YES		NO	
• Plant Insurance:	YES		NO	
• Professional Indemnity Insurance:	YES		NO	
PLEASE SUPPLY COPY CERTIFICATES FOR ALL APPLICABLE INSURANCE POLICIES				

Does your company have the following Policies?				
• Health & Safety Policy	YES		NO	
• Environmental Policy	YES		NO	
• Quality Assurance Policy	YES		NO	
• Anti-Bribery Policy	YES		NO	
• Ethical Trading Policy	YES		NO	
• Human trafficking/Child Labour Policy/ Anti-Slavery	YES		NO	
• Corporate & Social Responsibility Policy	YES		NO	
• Staff Development Policy	YES		NO	
• Supplier/ Subcontractor Policy	YES		NO	
PLEASE SUPPLY COPIES OF ALL APPLICABLE POLICIES.				

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Please complete the following table for the last 3 years:			
Year	**Two Years Previous**	**Previous Year**	**Current Year**
Fatalities			
Major Injuries			
Other lost time incidents (Over 7 days)			
Environmental Incidents			
No of HSE Improvement notices			
No of HSE Prohibition Notices			
No of convictions for offences under H & S legislation.			
Prosecutions			
Pending HSE Prosecutions			

Declaration:

- **I confirm that all operators of MEWP's hold the correct category for the machine to be operated on a current in date PAL Card.**
- **I confirm that all delivery drivers, in addition to the previous point hold certification in a structured load/unload course.**
- **I confirm that delivery drivers involved in the handover of MEWP's, in addition to the two previous points hold the correct category for the machine to be operated on a current in date PAL Card at Demonstrator level.**
- **All personnel provided will be competent to complete the task they have been allocated.**
- **Evidence of competence will be supplied by return should it be requested.**

I declare the information provided within this questionnaire to be accurate and true:

Name: Date:

Signature:

For and on Behalf of:

Please return this completed questionnaire with documentation required to admin@swataccess.com

Provision of services and or supplies will not be possible until this form has been completed in full and returned along with all requested documentation.

FOR OFFICIAL USE ONLY:

Approved Supplier: YES/NO	Services Supplied:
Authorised by:	Signed:

Comments: