

<b>Rubax Lifts Limited</b> Wilson House Cinnamon Park Warrington WA2 OXP		<b>EXTERNAL PROVIDER EVALUATION</b> RLPURF_01a Issue: 03 Created by HSEQ Authorised by Purchasing
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### Subcontractor / External Provider Evaluation Form

Rubax Lifts Ltd, would like to invite you to apply to become one of our Approved Supplier / Contractors. Please complete this questionnaire and return it, signed, together with the requested documentation by email (**preferred**): [info@rubax.co.uk](mailto:info@rubax.co.uk) or by **post to**: [Purchasing Admin. Rubax Lifts Limited. Wilson House, Cinnamon Park. Warrington WA2 OXP](#). Should you believe that any of the sections within this questionnaire do not apply to your organisation, please indicate accordingly, with a brief explanation as to why.

Upon receipt of your questionnaire, we will review the responses you have made, should there be any ambiguity, we may ask for further information. Rubax must ensure that our Supplier / Contractors can meet minimum requirements, in support of OUR commitment to provide all customers with Safe and High-Quality Services.

*We thank you for your cooperation.*

**General Details:**

<b>Company Details</b>						
<b>Company Name:</b>				<b>Website:</b>		
<b>Year of establishment</b>				<b>No. of Employees:</b>		
<b>Correspondence Address:</b>				<b>Registered Address (if different)</b>		
<b>Address Line 1</b>						
<b>Address Line 2</b>						
<b>Address Line 3</b>						
<b>Address Line 4</b>						
<b>Postcode</b>						
<b>Telephone</b>						
<b>Legal Status (only tick one) and add details as applicable</b>						
<b>Sole Trader</b>	<input type="checkbox"/>	<b>Add NI Number:</b>			<b>Co Registration No:</b>	
<b>Partnership</b>	<input type="checkbox"/>	<b>Add NI Number:</b>			<b>VAT Registration No:</b>	
<b>Limited Co</b>	<input type="checkbox"/>				<b>Company UTR No:</b>	
<b>Public Limited Co</b>	<input type="checkbox"/>				<b>VAT Exempt?</b>	

<b>Primary Contact</b>								
<b>Name:</b>			<b>Telephone:</b>			<b>Email:</b>		
<b>All Purchase Orders are submitted by email, please provide details of nominated recipient if different from above</b>								
<b>Purchase Order Contact</b>								
<b>Name:</b>			<b>Telephone:</b>			<b>Email:</b>		
<b>PLEASE NOTE: NO INVOICES WILL BE PAID WITHOUT A VALID &amp; AUTHORISED PURCHASE ORDER NUMBER</b>								

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**Product/Service Supplied to Rubax:**

<b>Lift</b> Repair / Modernization / Installation	<input type="checkbox"/>	Painting lift shafts and pits	<input type="checkbox"/>	Fire Stopping	<input type="checkbox"/>
<b>Lift</b> Removal only	<input type="checkbox"/>	Core Drilling	<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>
<b>Lift</b> Service, Call Out or Maintenance	<input type="checkbox"/>	Fabrication – car enclosures & architraves	<input type="checkbox"/>	Waste Removal	<input type="checkbox"/>
<b>Lift</b> Testing and Commissioning	<input type="checkbox"/>	Building and construction	<input type="checkbox"/>	Control Panels	<input type="checkbox"/>
<b>Lift</b> Pit excavations	<input type="checkbox"/>	Joinery – Hoardings, Entrances	<input type="checkbox"/>	Pest/Vermin/Infestation etc	<input type="checkbox"/>
<b>Lift</b> Pit Work - drainage	<input type="checkbox"/>	Decoration - making good on landings	<input type="checkbox"/>	Supply of parts and lift equipment	<input type="checkbox"/>
Site Surveys ( <b>Lift</b> Systems)	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Supply of Tools and Equipment	<input type="checkbox"/>
Motor Removal and Repairs	<input type="checkbox"/>	Electrical or Wiring	<input type="checkbox"/>	Calibration or Testing of Equipment.	<input type="checkbox"/>
Roping and Gearworks	<input type="checkbox"/>	Security and Alarms	<input type="checkbox"/>	Training & Recruitment	<input type="checkbox"/>
Lifting Equipment Installation or Testing	<input type="checkbox"/>	Stairlift Installation/Repair/Service	<input type="checkbox"/>	Other ( <i>please state below</i> )	<input type="checkbox"/>
Doors/Gates/Shutters fitting and repair	<input type="checkbox"/>	Escalator Installation/Repair/Service	<input type="checkbox"/>		

**Please tick a box to confirm**

<b>Supply Only</b>	<input type="checkbox"/>	<b>Site Attendance Required</b> (Supply and Fit)	<input type="checkbox"/>
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**PREVIOUS WORKS:**

Please provide references for similar works undertaken in the last 12 months. (Please note: Contact details provided will <u>only</u> be used for verifying references).			
No:	Client	Nature of Work	Contact Name, Number or Email
1.			
2.			
3.			

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**PART A - HEALTH & SAFETY:**

Please provide copies of all certificates and policies you have in place, along with any verifying evidence.

<b>Are you certified to ISO45001 and/or approved under an SSiP certification?</b> If <b>"YES"</b> , please provide a copy of your certificate with this form.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you have a documented Health &amp; Safety Policy in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you Operate a formal procedure for dealing with Health &amp; Safety Accidents / Incidents and reporting of nonconformities and corrective actions?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Do you have in place emergency plans and procedures and level of preparedness in the event of an emergency?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>Do you have a competent Health &amp; Safety Advisor?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Details of Competent Advisor:</b>		Internal	<input type="checkbox"/>	External	<input type="checkbox"/>
<b>Name:</b>					
<b>Position:</b>					
<b>Experience:</b>					
<b>Training:</b>					
<b>Qualifications:</b>					

**ACCIDENT STATISTICS:**

Please provide your 3-year Accident Statistics: <i>Attach Details of any RIDDOR's</i>																			
Fatalities				Major Accidents or incidents				Total RIDDOR reportable incidents				Minor incidents/near misses				Lost days			
Year		Total		Year		Total		Year		Total		Year		Total		Year		Total	
Year		Total		Year		Total		Year		Total		Year		Total		Year		Total	
Year		Total		Year		Total		Year		Total		Year		Total		Year		Total	

**PROHIBITION OR IMPROVEMENT**

<b>Have you had any prohibition or improvement notices in the last 3 years?</b> If <b>"YES"</b> please indicate the year and total below.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Year		Total		Please Attach Details of any Improvement/Prohibition Notices issued by the HSE or Local Authorities.			
Year		Total					
Year		Total					

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**PART B - ENVIRONMENTAL:**

Please provide copies of all certificates and policies you have in place, along with any verifying evidence.

<b>Are you certified to ISO 14001 or an equivalent standard?</b> If "YES", please provide a copy of your certificate with this form.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you have a documented Environmental Policy in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you Operate a formal procedure for dealing with Environmental Accidents / Incidents?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Do you identify significant environmental aspects and impacts for your work activities?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**INCIDENTS OR ENFORCEMENT ACTION**

<b>Have you had any Incidents or Enforcement Action in the last 3 years?</b> If "YES" please indicate the year and total below:				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Year		Total		<b>Please Attach Details of any Improvement/Prohibition Notices issued by the EA or Local Authorities.</b>			
Year		Total					
Year		Total					

**WASTE MANAGEMENT:**

<b>Are you registered with the Environment Agency as a Waste Carrier?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please confirm that Waste Transfer Notes and/or Hazardous Waste Consignment Notes will be created and provided for all waste removed from the site, when and if applicable.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**PART C - QUALITY:**

Please provide copies of all certificates and policies you have in place, along with any verifying evidence.

<b>Are you certified to ISO 9001 or an equivalent standard?</b> If "YES", please provide a copy of your certificate with this form.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you have a documented Quality Policy in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If you are not certified do you Operate a formal non-conformance procedure with records?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**COMPETENCY & TRAINING:**

<b>Does your company have a training policy?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Does your company carry out training/ competence reviews?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Does your company provide induction training?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Does your company provide Health &amp; Safety training?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Does your company carry out Toolbox Talks</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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**Employee Competencies/Qualification:**

Does your company hold <u>relevant</u> qualifications / training / experience for your employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "YES" Please state and provide copies of relevant qualifications/training/experience for your employees that may carry out the work types you have indicated on page 1: (eg NVQ, J5/J25, EOR202, CSCS)  
**(If Not Applicable – please explain) –**

Please confirm relevant annual/periodic training and other worker requirements will be carried out to the best of the company's abilities.	<input type="checkbox"/>
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**Goods & Service Inspection**

Does your Company have in place Inspection criteria for your goods/ services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are materials supplied/used in accordance with technical specifications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "YES" Please state and provide copies/examples of the inspection criteria or technical specification for the goods or service being supplied to Rubax.  
**(If Not Applicable – please explain) –**

**Tools & Equipment:**

Tools & Equipment being supplied/used are in accordance with a technical specification?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Tools & Equipment being supplied/used in accordance with legal requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your Company periodically Test & Certify tools and equipment periodically?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "YES" Please state and provide copies of current test certificates for tools/equipment you intend to use in providing services for Rubax. *e.g. Portable Appliance Test (PAT) – Calibration - Thorough Examination of Lifting Gear, Calibration*  
**(If Not Applicable – please explain) –**

**Risk Assessments & Method Statements**

Does your company carry out task related Risk Assessments & Method Statements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are task related RAMS periodically reviewed & revaluated when there have been significant changes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "YES" Please state and provide sample copies of your Risk Assessment(s) and Method Statement(s):  
**(If Not Applicable – please explain) –**

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**CORPORATE & SOCIAL RESPONSIBILITIES:**

<b>Do you have an Ethical Trading Policy?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If "NO" Do you agree to comply with the Rubax, Ethical Trading Policy and endeavour as far as reasonably practicable to ensure your Supply chain also complies with this Policy?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

<b>Do you have an Anti-Corruption Policy/Bribery Act 2010?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If "NO" Do you agree to comply with the Rubax, Anti-Corruption /Bribery Policy and endeavour as far as reasonably practicable to ensure your Supply chain also complies with this Policy?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

<b>Do you have an Anti-Slavery policy?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If "NO" Do you agree to comply with the Rubax, Anti-Slavery policy and endeavour as far as reasonably practicable to ensure your Supply chain also complies with this Policy?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

**Rubax Policies available at your request.**

**COMPANY BANK DETAILS**

<b>Account Name</b>		<b>Sort Code (6 digits)</b>	
<b>Bank Name</b>		<b>Account No (8 digits)</b>	
<b>Branch Location</b>			
<b>Payment Ref (If applicable)</b>			

**INSURANCE REQUIREMENTS:**

Please provide copies of relevant insurance documents.	<b>Yes</b>	<b>N/A</b>
<b>Employers Liability Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Liability Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Product Liability Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Indemnity Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPANY DECLARATION:**

I hereby certify the responses given in this questionnaire are accurate and complete to the best of my knowledge.	
<b>Signed:</b>	<b>Print Name:</b>
<b>Date:</b>	<b>Position:</b>

**Rubax Lifts Limited**

Wilson House  
 Cinnamon Park  
 Warrington WA2 0XP

**EXTERNAL PROVIDER EVALUATION**

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**Rubax Use Only:**

Evaluation Assessment				
Criteria	ACCEPTABLE			Comments
	YES	NO	N/A	
Insurances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accident Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competency & Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Any further information required from subcontractor?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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Comments:

<b>Reviewed By:</b>	<b>Date:</b>	<b>Position:</b>
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<b>Approved By:</b>	<b>Date:</b>	<b>Position:</b>
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**EVIDENCE GUIDANCE:**

PART A - HEALTH & SAFETY		
Questions	Examples of the type of information, which will be considered in the assessment.	Example Supplier's supporting Information
<b>Do you have a documented Health &amp; Safety Policy?</b>	Please provide evidence of a periodically reviewed H&S policy, endorsed by the Chief Executive Officer. The policy should be relevant to the anticipated nature and scale of activity to be undertaken and set out responsibilities for H&S management at all levels in the organization  <b>LEGAL REQUIREMENT: (Health and Safety at Work etc. Act 1974 section 2(3))</b> <i>Organizations with fewer than 5 employees, are not legally required to have a documented policy statement. If a supplier is in this category it does not have to write down its policy, organisation or arrangements. However, it does need to be able to demonstrate that its policy and arrangements are adequate in relation to the type of activity likely to undertake.</i>	Health and Safety Policy. (Signed & dated).
<b>Do you Operate a formal procedure for dealing with H&amp;S Accidents/Incidents?</b>	A system must be in place to maintain records of accidents and incidents. Demonstrate that your organization has in place a system for reviewing significant incidents, and recording action taken as a result including action taken in response to any enforcement.	Accident and Incident Reporting / Investigating Accident procedure.
<b>"Reportable" Accidents / Incidents in the last 3 years</b>	Please provide access to records of all RIDDOR reportable accidents for at least the last three years. <b>LEGAL REQUIREMENT: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (Recording and record-keeping Reg:12)</b>	Accident statistics and details.
<b>Have you had any prohibition or improvement notices in the last 3 years?</b>	Details of any prohibition or improvement notices issued by the Health & Safety Executive (HSE) within the last 3 years.	Details of any improvement or prohibition notice.
<b>Do you have a competent Health &amp; Safety Advisor?</b>	Please provide evidence of how your organization obtains access to competent H&S advice.  NOTE Access to competent in-house advice, in whole or part, is preferred. <b>LEGAL REQUIREMENT: The Management of Health and Safety at Work, Regulations 1999. Health and safety assistance Reg: 7(1):</b> Employers must have access to competent help in applying the provisions of health and safety law.	Internal Advisor - CV (or qualification level. IE: Tech.IOSH. NEBOSH, of Competent Person External – Company Name / Website Address
PART B - ENVIRONMENTAL		
<b>Do you Have a documented Environmental Policy?</b>	Please provide evidence that you or your organization has an environmental management policy authorized by the Chief executive or equivalent and regularly reviewed. The policy should be relevant to the nature and scale of the activity and set out the responsibilities for environmental management throughout the organization	Environmental Policy. (Signed & dated).
<b>Do you Operate a formal procedure for dealing with Environmental Accidents / Incidents?</b>	A system must be in place to maintain records of Environmental accidents and incidents. Demonstrate that your organization has in place a system for reviewing significant environmental incidents, and recording action taken as a result including action taken in response to any enforcement.	Accident & Incident Reporting & Investigating Accident procedure
<b>Have you had any Incidents or Enforcement Action in the last 3 years?</b>	Please provide access to records of all significant environmental accidents / incidents for at least the last three years.	Details of any environmental prosecutions.
<b>Do you identify significant environmental aspects &amp; impacts for you work activities</b>	Whilst it is not a legal requirement to have an Aspects and Impacts register, it will help you to identify legislation applicable to your operations and determine what control measures need to be put into place.	Aspects Register. Environmental Risk Assessment.



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PART C - QUALITY		
Questions	Examples of the type of information, which will be considered in the assessment.	Example Supplier's supporting Information
<b>Do you Have a documented Quality Policy?</b>	Please provide evidence that your organization has and implements a quality management policy that is authorised by the Chief Executive or equivalent and periodically reviewed at a senior management level.  The policy should be relevant to the nature and scale of the work to be undertaken and set out responsibilities for quality management throughout the organization	Quality Policy (Signed & dated).
<b>Do you Operate a formal non-conformance procedure with records?</b>	Do you have arrangements for ensuring that your quality management, including the quality of output and general performance, is effective in reducing/preventing sub-standard delivery?	Test procedures. Non-conformance handling procedures.
COMPETENCY & TRAINING		
<b>Does your company have a training policy?</b>	Provide evidence that your organization has in place and implements, training arrangements to ensure that its staff/ workforce has sufficient skills and understanding to discharge their various duties. This should include refresher training (e.g. a CPD programme) that will keep the workforce updated on good H&S practice applicable throughout the company.	Training policy. Training review. Induction training. Toolbox talks Environmental training. Pat & Calibration Certificates Risk Assessments & Method Statements Employee Qualifications
<b>Does your company carry out training / competence reviews?</b>		
<b>Does your company provide Health &amp; Safety training?</b>		
<b>Does your company provide Environmental awareness training?</b>		
<b>Does your company hold relevant qualifications / training / experience for your employees?</b>		
<b>Does your Company periodically Test &amp; Certify tools and equipment?</b>		
<b>Does your company carry out task related Risk Assessments &amp; Method Statements?</b>		
CORPORATE & SOCIAL RESPONSIBILITIES		
<b>Do you have an ethical trading policy?</b>	The company should demonstrate that, where applicable, it operates an ethical supply chain.	Ethical Trading Policy.
<b>Do you have an anti-corruption / Bribery policy?</b>	The company shall demonstrate how it ensures that its employees and supply chain is aware and abides by expectations relating to bribery and corruption.	Anti-corruption Policy. Bribery Policy
<b>Do you have an Anti-Slavery policy?</b>	The company shall demonstrate that when working in regions / industries with a risk of child or forced labour they have assessed and reviewed the potential risk and where necessary applied additional controls / measures to prevent child or forced labour within the supply chain.	Anti-slavery Policy / Child Labour Policy
<b>Is there a process or system to ensure that personnel recruited are entitled to work in the UK?</b>	The company shall demonstrate an understanding of the relevant laws regarding the employment of workers who are not from the country of operation and that all legal requirements are followed when employing workers who have the legal ability to work within the country of operation.	Recruitment Policy, Employee Handbook, Recruitment Procedures Employee records