



Return to: ATG Access Ltd, Health & Safety Dept. CoBaCo House,  
Haydock Industrial Estate, North Florida Road, Haydock, WA11 9TP  
Tel: 08456 75 75 74 – Fax: 08456 75 99 55

Part 1 – Company Details:

Company Name:  Date:

Company Address:  Tel No:

Fax No:

e mail:

Company Type: Private Ltd  Partnership  Sole Trader  Other

Scope of Work:

Bankers Address:

Tax Office:

Tax Certificate No:  (enclose a copy of valid certificate)

Annual Turnover for last two years: £  £

Please enclose a copy of valid VAT certificate Enclosed: Yes  No

Approx. value of largest current contract: £

Value of largest job willing to undertake £

Is your company a member of Electrical Contractors Association (ECA):  
Yes:  No:

Any other association? (Please state)

Insurance: Please supply confirmation of the following:  
Employers Liability  Professional Indemnity  Third Party



**Part 2 Registration**

2.1 Do you have registration to the latest approved quality standards, e.g. ISO 9001:2000 ? **Yes:**  **No:**   
 If **Yes**, please **enclose copy of the certificate**

2.2 If not, do you have plans to achieve ISO9001:2000 ? **Yes:**  **No:**

If not then what steps do you take to manage and control quality inc. quality of workmanship?

2.3 Name of your certification body

2.4 Name and title of your Quality Representative

2.5 Total number of employees:

2.6 Do you have any other approvals? (State):  
 Including equivalent standards  
 If **Yes**, please **enclose copy of the certificate(s)**

**Part 3 Quality Management System**

(tick as appropriate)

**Yes** **No** **N/A**

3.1 Is there a documented quality system, such as quality manual, procedures & processes?

3.2 Have you established written work instructions /method statements?

**Part 4 Resources & Facilities**

4.1 Do your documented records demonstrate that personnel are competent on the basis of education, training, skills & experience?

4.2 Are the buildings, work environment, equipment, etc under suitable control to ensure the service/ product achieves requirements?

**Part 5 Service / Product Quality**

5.1 Do you check and confirm that ATG Access requirements can be met, prior to agreement to supply?

5.2 Are there documented planning arrangements to ensure service / product achieves atg access requirements and can you demonstrate that procedures are followed ?

5.3 Are purchasing requirements fully specified at the time of order?



<b>5.4</b>	Are certificates available on request for special materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.5</b>	Is there a system for verifying purchased product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.6</b>	Are the quality arrangements of your suppliers assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.7</b>	Are there documented inspections covering your work tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.8</b>	Is inspection and test equipment subjected to recognised calibration standards e.g. CAT and Genny?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.9</b>	Are products and material stored & handled to prevent damage or deterioration? By who, how often and to what standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.10</b>	Is evidence available to provide traceability of product / materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.11</b>	Are adequate arrangements made to ensure no damage occurs during transit and delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 6 Performance and Improvement**

<b>6.1</b>	Can you demonstrate continuous improvement in your working practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.2</b>	Do you monitor and measure customer satisfaction? If yes then how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.3</b>	Have you received any Customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, then how many, provide details and action taken to resolve				
<b>6.4</b>	Have you received customer care training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part 7 Training and Experience**

7.1 Please provide a brief C.V., giving details of qualifications and experience

7.2 What training have the operatives had on the type of equipment to be used? (enclose copies of all relevant certification)

**Part 8 Safety**

If your company employs more than five people, current legislation requires a copy of your company safety policy to be provided, which must accompany this questionnaire. Failure to comply will render the company liable for removal from ATG Access Ltd approved sub-contractors and suppliers list.

Please confirm what Method Statements and issue status you work to for work carried out for ATG Access Limited.

Please confirm what risk assessments are used for work carried out for ATG Access Limited.

**ATG Access approval**

As part of our quality system, we will be assessing sub-contractor performance through on-site audits covering quality and health and safety, monitoring feedback from our customers and providing awareness training as appropriate.

Your responses on this questionnaire are an important part of the evaluation process and look forward to working with you at maintaining and improving our standards in quality, health and safety and customer satisfaction.

Evaluation Questionnaire completed By: \_\_\_\_\_ Signature \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_