The purpose of this questionnaire is to assist **Piller Group GmbH, Piller Germany GmbH & Co.**

**KG, and international Companies of the Group, especially India** in evaluating its sub-contractors for the above-named project or service.

You may be asked to clarify any of the answers you provide. Please answer every question. If the question does not apply to you please type **N/A**. If you don’t know the answer, please type **N/K**.

# QUESTIONNAIRE RESPONSES

All responses will be treated in confidence. Completed questionnaires should be submitted by email to the address provided. Only information provided as a direct response to the questionnaire will be evaluated. Information and detail which forms part of general company literature or promotional brochures etc. will not form part of the evaluation process. Marketing material should not be included.

Areas or data with the mark \*) are required as a minimum for evaluation.

# **Contact details** \*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal Operating Office:** | |  |  |  |  |  |
| Company Name |  | | | | | |
| Address |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Town |  | | | | | |
| Country |  | | | | | |
| Post Code |  | | | | | |
| Telephone number |  | | | | | |
| Fax number |  | | | | | |
| E-mail Address |  | | | | | |
| Website |  | | | | | |
| VAT number |  | | | | | |
| Existing bank cooperations/accounts |  | | | | | |

**Principal Company Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Position | e-mail | Telephone Number | Mobile Phone Number | |
|  | M.D. or C.E.O |  |  |  | |
|  | Sales |  |  |  | |
| Total No. of all Employees |  | Total No. of Field Staff |  | Total no. of Admin staff |  |

# **Commercial aspects and references**

##### **Financial figures / other**

|  |  |  |
| --- | --- | --- |
|  | Last year  year | Previous year  year: |
| Turnover |  |  |
| Ebit |  |  |
| Equity |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reference no. | Dun & Bradstreet |  | Creditreform |  |
| Rating / Index | Dun & Bradstreet |  | Creditreform |  |

**Insurance Arrangements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Insurer | Policy No | Limit of Indemnity | Expiry date |
| Employers Liability |  |  |  |  |
| Third Party Liability \*) |  |  |  |  |
| Product Liability |  |  |  |  |
| Professional Indemnity |  |  |  |  |
| Contractors All Risk |  |  |  |  |
| Please provide copies of current certificates \*) | |  | |  |

**Experience/References**

|  |  |  |
| --- | --- | --- |
| Reference/Project | Scale of operation | Value |
|  |  |  |
|  |  |  |
|  |  |  |

# **Quality Management** \*)

|  |
| --- |
| **Commentaries** |
| Is your organisation registered to ISO 9001? | Yes  No | | | |  |
| If yes, please provide a copy of your accreditation | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Who is directly responsible for QM in your organisation? | | | |
| Name |  | Phone  Mail |  |
| Qualifications | | | |
|  | | | |
| **Do you have a Quality Management Policy dated & signed**? (if YES, please supply a copy of your QM Policy Statement signed and dated and the content/index page). | | | Yes, Attached  No |
|
| How is your QM Policy implemented?  (please include an organisation chart and description of duties and responsibilities). | | | |
|  | | | |

# **Health & Safety** \*)

|  |
| --- |
| **Commentaries** |
| Is your organisation registered to occupational health and safety? (e.g. ISO 45001, SCC, etc.) | Yes  No | | | |  |
| If yes, please provide a copy of your accreditation | |  |  |  |  |
| Is your risk assessment realized and up-to-date? | Yes   No | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Who is directly responsible for Health and Safety in your organisation? | | | | | | | | |
| Name | |  | | Phone  Mail | | |  | |
| Qualifications | | | | | | | | |
|  | | | | | | | | |
| **Do you have a Health and Safety Policy dated & signed?** (if YES, please supply a copy of your H&S Policy Statement signed and dated and the content/index page). | | | | | | | Yes, Attached  No | |
|
| How is your H&S Policy implemented? (please include an organisation chart and description of duties and responsibilities). | | | | | | | | |
|  | | | | | | | | |
| Over the past 5 years, has your company been subject to any form of enforcement action by the Health & Safety Authorities? I.e. Prosecution, prohibition, improvement notices etc). If so, please provide details: | | | | | | | | |
|
|  | | | | | | | | |
| Provide details of any accidents / incidents during the past 5 years including all reportable accidents / incidents to the Health and Safety Executive. | | | | | | | | |
|
| -Accident Statistics -   |  |  |  | | --- | --- | --- | | Statistics | Last year  year: | Previous year  year: | | Fatalities |  |  | | Over 3 Day |  |  | | Near miss |  |  | | | | | | | | | |
| Provide details on your accident incident reporting procedure | | | | Details attached Yes  No | | | | |
| What measures do you take to assess the competency of sub-contractors employed? | | | | | | | | |
|  | | | | | | | | |
| Please provide a list of relevant training carried out for your site operatives. | | | | | | | | |
|  | | | | | | | | |
| Examples for training | | | | | | | | |
| H&S Awareness |  | | First Safety Training | |  | Working at Heights | |  |
| First Aid |  | | Manual Handling  COSHH / SCC | |  | Abrasive Wheels  Risk Management | |  |
| Please provide a copy of your training matrix and training policy | | | | | | | | |
| Policy Attached | | | | | | | | |
| Training Matrix attached | | | | | | | | |

# **Environmental Management** \*)

|  |
| --- |
| **Commentaries** |
| Emission permits available?  (EMAS, ISO 14001 etc.) | Yes  No | | | |  |
| If yes, please provide a copy of your accreditation | |  |  |  |  |
| Do you have current safety data sheets for dangerous substances? | Yes   No | | | |  |
| Waste management  (Certification waste management company, Container marking) | Yes   No | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name the Director who is ultimately responsible for Waste Management in your organisation. | | | |
| Name |  | Contact Number |  |
| Qualifications | | | |
|  | | | |
| Name the Director who is ultimately responsible for Waste Management in your organisation. | | | |
| Name |  | Phone  Mail |  |
| **Do you have a Enviromental Management Policy dated & signed?** (if YES, please supply a copy of your EM Policy Statement signed and dated and the content/index page). | | | Yes, Attached  No |
|
| How is your EM Policy implemented? (please include an organisation chart and description of duties and responsibilities). | | | |
|  | | | |

# **Complettion of Questionnaire** \*)

|  |  |  |  |
| --- | --- | --- | --- |
| Completed By (Print) |  | Date |  |
| Position |  | | |
| Signed |  | | |
| Please Return To | **Sender of Sub-Contactor Questionnaire by e-mail** | | |

**To be filled by Piller**

|  |  |
| --- | --- |
| Permission justified ( Yes / No ) | Yes   No |
| Signed |  |