## N-ERGISE Supplier/Sub-Contractor Approved Supplier List



### Dear Sirs.

In order for N-ERGISE to maintain its approved vendors list, as required by our quality management system and for the provision of company information required by our finance department; we request that you complete the assessment form in order for us to continue to use your services.

Please return the document to:

Purchasing Department
N-ERGISE
5<sup>th</sup> Floor, Havenbridge House
North Quay
Great Yarmouth, Norfolk, NR30 1HZ
Tel: 0800 011 6966

E-mail: enquiries@n-ergise.one

The document is structured into 4 sections please complete the sections indicated below.

| Section 1 | Company information *   |
|-----------|---|
| Section 2 | Quality system information for suppliers whose products directly affect quality.                  |
| Section 3 | Health and safety information where activities affect N-ERGISE personnel and those of its clients |
| Section 4 | Environmental information (N-ERGISE has a green procurement culture) *                            |

<sup>\*</sup>This information is mandatory.

**HSEQ** Manager

# Supplier: Products supplied: Head office address: Number of employees: Number of employees directly involved in production. Tel: Fax: E-mail: Approval Level: Approval Level:

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| Section 1 Company information   |  |           |          |  |  |
|---|--|-----------|----------|--|--|
| Sales Representative contact details  |  |           |          |  |  |
| (Name, E-Mail address, DDI)   |  |           |          |  |  |
|   |  |           |          |  |  |
| HSEQ Representative contact details (Name, E-Mail address, DDI)   |  |           |          |  |  |
| Accounts department contact details   |  |           |          |  |  |
| (Name, E-Mail address, DDI)   |  |           |          |  |  |
|   |  |           |          |  |  |
| Bank account details  |  |           |          |  |  |
| Fax no:   |  |           |          |  |  |
| Website address:  |  |           |          |  |  |
| Company registration no:  |  |           |          |  |  |
|   |  |           |          |  |  |
| Company liability insurance details   |  |           |          |  |  |
| (Please forward a copy of your certificates)  |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
| Manufacturing address (if separate from head office)  |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
| Section 2- Quality management system  |  |           |          |  |  |
| Section 2 Quanty management system  |  | Yes       | No       |  |  |
| Is your company accredited to ISO 0001, ARI O1 or other recognized  | Laurality management systems?                    | 163       | INO      |  |  |
| Is your company accredited to ISO 9001, API Q1 or other recognised  |  | !!        |          |  |  |
| If yes please forward a copy of your applicable certificates of accred  | itation along with a copy of your signed quality | policy    |          |  |  |
| statement and proceed to Section 3 If no please complete the following questions.   |  |           |          |  |  |
| if no please complete the following questions.  |  |           | Na       |  |  |
|   |  |           | No       |  |  |
| Does your company have a formal quality policy?   |  |           |          |  |  |
| Does your company operate a controlled quality management system?   |  |           |          |  |  |
| Does your company have documented procedures?   |  |           |          |  |  |
| Does your company evaluate its suppliers?   |  |           |          |  |  |
| Does your company promote quality awareness throughout the company  |  |           |          |  |  |
| Please describe the features of your quality management system an   | d whether you are intending to seek ISO 9000 a   | accredita | tion and |  |  |
| the timescale.  |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
|   |  |           |          |  |  |
| Section 3: Health and safety information  |  | Yes       | No       |  |  |
|   |  |           |          |  |  |
| Is your company accredited to OHSAS 18001?  |  |           |          |  |  |
| If yes please forward a copy of your certificate of accreditation along with a copy of your signed health and safety policy statement |  |           |          |  |  |
| and proceed to Section 4.   |  |           |          |  |  |
| If no please complete the following questions.  |  |           |          |  |  |
| Does your company have a health and safety policy?  |  |           |          |  |  |
| Has your company documented risk assessments for tasks with significant risks?  |  |           |          |  |  |
| Does your company provide health and safety training for your employees?  |  |           |          |  |  |
| LIDES YOUR COMBANY DROVING HEARIN AND SALERY TRAINING INFORMS AMA   | HUVEES!  | l         | Ī        |  |  |

## N-ERGISE Supplier/Sub-Contractor Approved Supplier List



| Does your company have procedures / systems for accident and incident investigation?  |             |     |  |  |  |
|---|-------------|-----|--|--|--|
| Please provide your safety incident performance results for the past three years as follows.  |             |     |  |  |  |
| Prosecutions or prohibition /improvement notices served in the last three years?  |             |     |  |  |  |
| Have you had any reportable incidents in the last 3 years?  |             |     |  |  |  |
| What is your accident incident rate, (AIR) normalised to 200,000 hours for reportable incidents?  |             |     |  |  |  |
| What is your AIR normalised to 200,000 hours for all incidents?   |             |     |  |  |  |
| Is your company a member of a recognised safety organisation i.e. BSC/ ROSPA? If yes please attach a copy of the relevant membership certificate.   |             |     |  |  |  |
| Has your company received any safety awards or safety recognition in the past three years? If yes please attach a copy of the relevant award certificate?   |             |     |  |  |  |
| Please include any further information regarding health and safety within the company.  |             |     |  |  |  |
|   |             |     |  |  |  |
| Section 4: Environmental information  | YES         | NO  |  |  |  |
|   |             |     |  |  |  |
| Is your company accredited to EN ISO 14001?   |             |     |  |  |  |
| If yes, please forward a copy of your certificate of accreditation along with a copy of your signed environmental   | i           |     |  |  |  |
| policy statement.   | i           | , , |  |  |  |
| If no, please complete the following questions  | <del></del> |     |  |  |  |
|   | <del></del> |     |  |  |  |
| Does your company have a green culture?   |             |     |  |  |  |
| Does your company hold procedures for the management of waste and recycling?  |             |     |  |  |  |
| Does your company hold procedures for the management of Spillages?  | <del></del> |     |  |  |  |
| Does your company assess the green credentials of your suppliers?   |             |     |  |  |  |
| Please include any other information regarding environmental awareness and training within the company.   |             |     |  |  |  |
|   |             |     |  |  |  |
|   |             |     |  |  |  |
| Suppliers Declaration:  |             |     |  |  |  |
| We confirm that the information supplied in this questionnaire is correct to the best of our knowledge and that N-ERGISE shall be given right of audit to confirm such information should it be required. |             |     |  |  |  |
| Signature Title Date  |             |     |  |  |  |