N-ERGISE Supplier/Sub-Contractor Approved Supplier List



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 Waveney House Morton Peto Road Great Yarmouth, Norfolk, NR31 OLT

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) *

^{*}This information is mandatory.

HSEQ Manager

SECTIONS MARKED GREY ARE FOR N-ERGISE USE ONLY	
Supplier:	Products supplied:
Head office address:	Number of employees:
	Number of employees directly involved in production.
Tel:	
Fax:	Approved by:
E-mail:	Approval Level:

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Sales Representative contact details ((Name, E-Mail address, DDI) Accounts department 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 If yes please forward a copy of your applicable certificates of accreditation along with a copy of your signed quality policy statement and proceed to Section 3 If no please complete the following questions. Pess No Does your company have a formal quality policy? Does your company operate a controlled quality management system?						
(Name, Ē-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- Quality management system If yes please forward a copy of your applicable certificates of accreditation along with a copy of your signed quality policy statement and proceed to Section 3 If no please complete the following questions. Yes No Does your company have a formal quality policy? Does your company operate a controlled quality management system?	Section 1 Company information					
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Does your company have a formal quality policy? Does your company operate a controlled quality management system?	If no please complete the following questions.					
Does your company operate a controlled quality management system?			Yes	No		
	Does your company operate a controlled quality management system?					
Does your company have documented procedures?	Does your company have documented procedures?					
Does your company evaluate its suppliers?	Does your company evaluate its suppliers?					
Does your company promote quality awareness throughout the company						
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Does your company evaluate its suppliers?	Does your company evaluate its suppliers?					
Does your company promote quality awareness throughout the company						
Does your company promote quality awareness throughout the company	Does your company promote quality awareness throughout the company					
Please describe the features of your quality management system and whether you are intending to seek ISO 9000 accreditation and	Please describe the features of your quality management system a	and whether you are intending to seek ISO 9000:	accredita	tion and		
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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.	ĺ				
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 ISO 14001:2015?					
If yes, please forward a copy of your certificate of accreditation along with a copy of your signed environmental					
policy statement.					
If no, please complete the following questions					
					
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?					
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					