

SUPPLIER / SUB-CONTRACTOR
APPROVED VENDOR LIST (AVL) QUESTIONNAIRE



For N-ERGISE to maintain its Approved Vendor List (AVL), as required by our Integrated Management System and for the provision of Company information required by our Finance Department; we kindly request that you complete this assessment form in full and provide supporting documentation to enable us to continue to use your services.

Please return the document to:

E-mail: enquiries@n-ergise.one

This document is structured into 6 sections, please complete all sections indicated below:

		Tick Complete
SECTION 1	Company and Account Information	<input type="checkbox"/>
SECTION 2	Financial Stability	<input type="checkbox"/>
SECTION 3	Quality Management System	<input type="checkbox"/>
SECTION 4	Health and Safety Management System	<input type="checkbox"/>
SECTION 5	Environmental Management System	<input type="checkbox"/>
SECTION 6	Suppliers Declaration	<input type="checkbox"/>

In addition, please send copies of the following mandatory documentation:

	Tick Attached
ISO 9001 / 14001 / 45001 certificates (<i>as applicable</i>)	<input type="checkbox"/>
Accreditation certification of services supplied (<i>if applicable</i>)	<input type="checkbox"/>
Membership body certificates (<i>if applicable</i>)	<input type="checkbox"/>
Insurance documentation	<input type="checkbox"/>
GDPR Policy	<input type="checkbox"/>
Modern Slavery Act 2015 Policy – we operate a zero-tolerance approach	<input type="checkbox"/>

Thank you for your

participation, N-ERGISE

N-ERGISE USE ONLY				
Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Approval Level				

Doc. Title	APPROVED VENDOR LIST (AVL) QUESTIONNAIRE	Author	MJ
Doc. Number	IMS 068	Owner	HSEQ
Version	REV 5	Revision Date	21/12/2023
Approved by	MN		

SECTION 1

COMPANY INFORMATION

Supplier Name:	
Head Office Address:	
Telephone:	
Email:	
Website:	
Company Registration No.	
Company VAT No.	
Number of Years Trading:	
Liability Insurance No.:	
Products Supplied:	
Number of Employees:	
Production Employees:	
Manufacturing Address: <i>(If different to Head Office)</i>	
Sales Representative: <i>Contact Details – Name / Email / Direct Dial</i>	
HSEQ Representative: <i>Contact Details – Name / Email / Direct Dial</i>	
Accounts Representative: <i>Contact Details – Name / Email / Direct Dial</i>	

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ACCOUNT INFORMATION

Bank Name:	
Bank Address:	
Account Number:	
Sort Code:	
EORI number:	

SECTION 2

FINANCIAL STABILITY

Please provide a copy of your company's summary of accounts for the last three financial years.	Year End:		Tick Attached <input type="checkbox"/>
	Year End:		Tick Attached <input type="checkbox"/>
	Year End:		Tick Attached <input type="checkbox"/>

	YES	NO
Please confirm that the company has met all legal requirements for the preparation, auditing and filing of its latest annual report and financial statements	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that at the date of answering this questionnaire the company is not subject to debt recovery proceedings by its creditors and that it is not subject to any formal insolvency procedures	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 3

QUALITY MANAGEMENT SYSTEM

	YES	NO
Is your company accredited to ISO 9001:2015 or other recognised Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, please attach a copy of your applicable certificate of accreditation along with a copy of your signed Quality Policy Statement and proceed to Section 3.</p> <p>If NO, please complete the following questions:</p>		
	YES	NO
Does your company have a signed formal Quality Policy? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company operate a controlled Quality Management System and have a documented manual? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company evaluate its suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company promote quality awareness throughout the company?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a formal complaints process?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please describe the features of your Quality Management System and whether you are intending to seek ISO 9001:2015 accreditation, including timescale.</p> <div style="border: 1px solid black; height: 200px; margin-top: 10px;"></div>		

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SECTION 4

HEALTH AND SAFETY MANAGEMENT SYSTEM

	YES	NO
Is your company accredited to ISO 45001:2018 or other recognised Health and Safety Management System?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, please attach a copy of your applicable certificate of accreditation along with a copy of your signed Health and Safety Policy Statement and proceed to Section 4.</p> <p>If NO, please complete the following questions:</p>		
	YES	NO
Does your company have a signed formal Health and Safety Policy? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company operate a controlled Health and Safety Management System and have a documented manual? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have documented Health and Safety procedures? Including accident and incident reporting and investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Has your company got documented Risk Assessments for all tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company provide Health and Safety training for its employees?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a copy of your Health and Safety statistics for the past 3 years. <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is your company a member of a recognised safety organisation or scheme? (Achilles / IRATA / SSIP etc.) If yes, provide information below and attach certificates.	<input type="checkbox"/>	<input type="checkbox"/>
Has your company had any reportable accidents or incidents in the last 3 years? If yes, provide information below.	<input type="checkbox"/>	<input type="checkbox"/>
Has your company had any prosecutions or prohibition / improvement notices in the last 3 years? If yes, provide information below.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please describe the features of your Health and Safety Management System and whether you are intending to seek ISO 45001:2018 accreditation, including timescale.</p> <p>Also include any further information from the questions above:</p> <div style="border: 1px solid black; height: 200px; margin-top: 10px;"></div>		

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SECTION 5

ENVIRONMENTAL MANAGEMENT SYSTEM

	YES	NO
Is your company accredited to ISO 14001:2015 or other recognised Environmental Management System?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, please attach a copy of your applicable certificate of accreditation along with a copy of your signed Environmental Policy Statement and proceed to Section 5.</p> <p>If NO, please complete the following questions:</p>		
	YES	NO
Does your company have a signed formal Environmental Policy? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company operate a controlled Environmental Management System and have a documented manual? <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have documented environmental procedures? Including the management of waste?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider the environment within your risk assessments and reduce environmental risks to as low as reasonably practicable?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company evaluate its suppliers environmental credentials and sustainability?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company promote environmental awareness throughout the company?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company measure its carbon footprint and have carbon reduction plans?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a copy of your environmental statistics for the past 3 years. <i>Please Attach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has your company had any environmental prosecutions or prohibition / improvement notices in the last 3 years? If yes, provide information below.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please describe the features of your Environmental Management System and whether you are intending to seek ISO 14001:2015 accreditation, including timescale.</p> <p>Also include any further information from the questions above:</p> <div style="border: 1px solid black; height: 250px; margin-top: 10px;"></div>		

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SECTION 6

SUPPLIER DECLARATION

I confirm that the information supplied in this questionnaire is correct to the best of my knowledge and that N-ERGISE shall be given right of audit to confirm such information should it be required.

Print Name:	
Sign:	
Title:	
Date:	

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