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| --- | --- | --- |
| **SCM-01** | SUPPLIER APPRAISAL QUESTIONNAIRE**For Suppliers providing works and services on site** |  |
| **STS Version2****(03NOV2023)** | cid:image004.jpg@01D2CFC7.C9AEBFC0 |
|  |
| **CONTRACTOR:**  |
| This questionnaire, duly completed, must be returned to: | **Supplier Contract Management** |
| At this address:or e-mail: | Severn Trent ServicesPO Box 6468CoventryCV3 9NTService.manager@STServices.co.uk |
| **Note to Potential Contractors:** |
| The Award of contracts by Severn Trent Services is determined on the basis of safety, health and environmental competence and culture, technical ability, performance, commercial attitude and price.In order that we may appraise your company will you please supply the following information: |
| **1.0** | **Company Details:** |
| 1.1 | Company Name: |  | Co. Reg. No: |  |
| 1.2 | Address |  |
| 1.3 | Contact: |  | Job Title: |  |
| 1.4 | Tel: |  | Fax: |  |
| 1.5 | Email: |  |
| 1.6 | Website: |  |
| 1.7 |

|  |
| --- |
| Please tick services provided: - |
| Chemicals |  |  | Network R&M |  |  |
| Civils |  |  | Plant & Vehicles |  |  |
| Consultant  |  |  | Sampling & Analysis |  |  |
| M&E S/C |  |  | Sewer Support |  |  |
| M&E Supplier  |  |  | Tankering |  |  |
| M&E – Pumps |  |  | Water Hygiene  |  |  |
| Materials & Consumables |  |  | Other |  |  |
| Please provide details of other services :- |

 |
|  |
| 1.8 | Type of Company (please tick as appropriate) |
|  |  |  |
| 1.8 | Years in Business: |  |
| 1.9 | Name of Parent Company: (if applicable) |
|  |  | Your Company | Parent Company |
|  | Number of Employees: |  |  |
|  | Years in Business: |  |  |
|  | Number of Locations/Branches: |  |  |
| **2.0** | **Financial and Insurance Details:** |
| 2.1 | Please specify your organisation’s results for your last two financial years and forecast for your current financial year: |
|  |  | Year -2 | Year -1 | Current Year |
|  | Please state years |  |  |  |
|  | Turnover |  |  |  |
|  | Pre-Tax Profit |  |  |  |
|  | Any external Rating (if known) |  |  |  |
|  | Parent Co. Turnover (if applicable) |  |  |  |
|  | Parent Co. Pre-Tax Profit (if applicable) |  |  |  |
| 2.2 | Please specify your CIS Details, if applicable: |
|  | Name of Concern:(as detailed on card/Certificate) |  |
|  | “Trading as” Name:(if applicable) |  |
|  | Type:  |      |
|  | Name of Authorised User (if applicable): |  |
|  | Certificate or Registration Card No.: |  |
|  | National Insurance No. or Company Registration No.: |  |
|  | Valid from Date (if applicable): |  |
|  | Expiry Date (if applicable): |  |
| 2.3 | VAT No.: |  |
| 2.4 | Please specify the insurance cover you currently have in place for any of the insurance types listed below and add in any others you hold that you feel are relevant: |
|  | Please provide a copy of your summary of insurance documents from your broker(s) for those you list. |
|  | Type of Insurance | Amount of Cover | Expiry Date | Insurer |
|  | Employers Liability |  |  |  |
|  | Public Liability |  |  |  |
|  | Product Liability |  |  |  |
|  | Contractors All Risks |  |  |  |
|  | Professional Indemnity |  |  |  |
|  | Motor |  |  |  |
|  | Other |  |  |  |
| **3.0** | **Health & Safety:** |  |
| 3.1 | Please attach a copy of your current H&S Policy and an organisation chart. |  |
| 3.2 | Please identify the person in your company responsible for co-ordinating health and safety matters, and reporting on these to the board of directors. Attach evidence of his/her achievements. |  |
|  | Name: |  | Title: |  | Qualification: |  |  |
| 3.3 | Does your organisation have a Health & Safety Management System certified by a third party to an agreed standard, e.g. IS045001?  | YES [ ] NO [ ]  |
|  | (If yes, please provide a copy of certificate) |  |
| 3.4 | Please identify your professional safety adviser or consultant. Attach evidence of his/her achievements. |  |
|  | Name: |  | Title: |  | Qualification: |  |  |
|  | Address: |  |  |
|  | Tel. No.: |  | E-mail: |  |  |
| 3.5 | What safety training is given to your managers and supervisors? Attach evidence of their achievements and training matrix. |  |
|  |  |  |
| 3.6 | What safety training do you give your operatives? Attach evidence of their achievements and training matrix. |  |
|  |  |  |
| 3.7 | How do you monitor your own Health & Safety Performance? |  |
|  |  |  |
| 3.8 | Provide the following information for the **last 6 years**: |  |  |  |  |  |  |
|  | No. of reportable accidents |  |  |  |  |  |  |
|  | No. of notifiable major injuries |  |  |  |  |  |  |
|  | No. of fatalities |  |  |  |  |  |  |
|  | No. of Cable Strikes |  |  |  |  |  |  |
|  | No. of HSE Improvement Notices |  |  |  |  |  |  |
|  | No. of HSE Prohibition Notices |  |  |  |  |  |  |
|  | No. of convictions for offences under Health & Safety Legislation |  |  |  |  |  |  |
|  | Total fines for the above (£) |  |  |  |  |  |  |
|  | Actual hours worked |  |  |  |  |  |  |
|  | Accident Frequency Rate (AFR) |  |  |  |  |  |  |
|  | AFR = No. of accidents \* 100,000 hours / Actual hours worked |
| 3.9 | Please attach a copy of your procedure for investigating accidents, dangerous occurrences and near misses. |  |
| 3.10 | Are there any pending actions against your company by the HSE? | YES [ ] NO [ ]  |
| 3.11 | Please give details, with dates of any Safety Performance awards received, and membership of any occupational safety groups. |  |
|  |  |  |
| 3.12 | What procedures does your company use to ensure that plant, equipment and vehicles supplied to site are maintained in a safe condition? |  |
|  |  |  |
| 3.13 | How do you assess the health and safety competence and resources of companies with whom you place contracts? |  |
|  |  |  |
| 3.14 | Please provide samples of recently developed safe systems of work; e.g. risk assessments, method statements. |  |
| 3.15 | How do you brief the working gang to ensure that they work in accordance with the Safety Method Statement? |  |
|  |  |  |
| 3.16 | Provide a copy of the contents of your H&S arrangements/procedures. |  |
| 3.17 | Provide a copy of a recent example of a completed site Safety Health & Environment (SHE) Inspection Form. |  |
| 3.18 | Does your company require any licences to operate?(If yes, please provide a copy of the licence) | YES [ ] NO [ ]  |
| 3.19 | What improvements will you make in the safety training given to your managers and supervisors this year? |  |
|  |  |  |
| 3.20 | Does your company act as the Principal Contractor and/or Designer under CDM? | YES [ ] NO [ ]  |
|  | If so, please give details of your employees’ competencies and details of projects where you have undertaken either role. |
|  |  |
| 3.21 | **Construction Skills Certification Scheme (CSCS)**Please insert the number of employees in each group that are CSCS accredited? |
|  | Executive | Management | Professional | Craftsmen | Labourers | Training | Support |
| CSCS |  |  |  |  |  |  |  |
| Total number of employees in your company? |  |
|  | If CSCS is not applicable to your trade please attach appropriate evidence, e.g. confirmation letter by CITB. |
| 3.22 | Does your company have a procedure for emergency works outside of normal working hours? (If yes, please provide a sample copy) | YES [ ] NO [ ]  |
| **4.0** | **Environmental:** |  |
| 4.1 | Does your company have an Environmental Policy?(If yes, please provide a copy) | YES [ ] NO [ ]  |
| 4.2 | Does your company operate a formal Environmental Management System?  | YES [ ] NO [ ]  |
|  | If yes, has your system been accepted and registered with a recognised standard, e.g. ISO 14001? | YES [ ] NO [ ]  |
|  | Standard: |  |  |
|  | (If yes, please enclose copy of certificate and scope of registration) |  |
| 4.3 | Does your company operate a Waste Minimisation Policy/Procedures?(If yes, please provide details below) | YES [ ] NO [ ]  |
|  |  |  |
| 4.4 | What training is given to your employees regarding Environmental Awareness? |  |
|  |  |  |
| 4.5 | How do you as an organisation consider Environmental Issues when carrying out your day-to-day work/activities? |  |
|  |  |  |
| 4.6 | Has your company had any Environmental Prosecutions?(If yes, please provide details below) | YES [ ] NO [ ]  |
|  |  |  |
| **5.0** | **Sustainability:** |  |
| 5.1 | Does your company have a sustainability policy? | YES [ ] NO [ ]  |
| 5.1.1 | If yes, please attach in your reply (or send to sustainability@stservices.co.uk) or add a link below if published online: |  |
| 5.2 | Does your company have a Sustainability Lead? | YES [ ] NO [ ]  |
| 5.2.1 | If yes, please provide contact details: |  |
| 5.3 | Does your company have a target for Net Zero? | YES [ ] NO [ ]  |
| 5.3.1 | If yes, what year are you aiming for Net Zero? |  |
| 5.3.2 | If yes, what scope of emissions does this target cover or is there any type of emissions you are excluding from your Net Zero aim? |  |
| 5.4 | Do you calculate any carbon footprints for any of your services or products? | YES [ ] NO [ ]  |
| 5.4.1 | If yes, please provide examples or a list of what has been assessed: |  |
| 5.5 | Do you have any targets/strategy on use of Electric Vehicles (or alternative fuels)? | YES [ ] NO [ ]  |
| 5.5.1 | If yes, please provide details: |  |
| 5.6 | Do you hire apprentices, interns or graduates? | YES [ ] NO [ ]  |
| 5.7 | Do you support or sponsor any projects within your local communities? E.g. charity, schools etc | YES [ ] NO [ ]  |
| 5.7.1 | If yes, please provide brief details of most recent project: |  |
| 5.7.2 | Would you be interested in supporting STS on any of our social value projects? | YES [ ] NO [ ]  |
| 5.7.3 | If yes, if there is anything in particular you would like to support on please detail: |  |
| **6.0** | **Quality Management Systems:** |  |
| 6.1 | Is a formal Quality Management System operated within your organisation? | YES [ ] NO [ ]  |
|  | If yes, has your system been accepted and registered with a recognised standard? |  |
|  | Standard: |  |
|  | (Please enclose copy of certificate and scope of registration) |  |
|  | If your Quality Management System is not registered with a recognised standard, please complete Question 5.1.1 to 5.1.11 below:(N.B. If you feel that any of the questions are not relevant to your business please state N/A (Not Applicable). |  |
| 6.1.1 | Does your organisation have a quality manual? | YES [ ] NO [ ]  |
| 6.1.2 | Are formal written procedures maintained for all production / construction / operation / maintenance / inspection / quality control operations? | YES [ ] NO [ ]  |
| 6.1.3 | Does your quality system provide prompt detection of inferior workmanship, products or services and corrective action? | YES [ ] NO [ ]  |
| 6.1.4 | Are all incoming materials and equipment checked before acceptance? | YES [ ] NO [ ]  |
| 6.1.5 | Are your subcontractors and suppliers selected on a basis of their quality capability? | YES [ ] NO [ ]  |
| 6.1.6 | Does your organisation operate a supplier / subcontractor rating system? | YES [ ] NO [ ]  |
| 6.1.7 | Do you carry out regular quality audits of your suppliers? | YES [ ] NO [ ]  |
| 6.1.8 | Can you submit certificates of product conformance on request? | YES [ ] NO [ ]  |
| 6.1.9 | Are regular internal audits carried out? | YES [ ] NO [ ]  |
| 6.1.10 | Would you be prepared to allow Severn Trent Services to audit your Quality Management System at your premise? | YES [ ] NO [ ]  |
| 6.1.11 | Would you be prepared to send a copy of your quality manual & procedures to Severn Trent Services for review? | YES [ ] NO [ ]  |
| 6.2 | Does your company have any performance measures (KPI’s) and do you benchmark your performance against others?(If yes, please attach details) | YES [ ] NO [ ]  |
| 6.3 | Do you have a process to ensure ”Zero Defects”?  | YES [ ] NO [ ]  |
| **7.0** | **Design:** |  |
|  | (Only complete this section if a design element is normally incorporated within the scope of your works that you routinely undertake.) |  |
| 7.1 | Please give details of membership of relevant professional bodies to which you or your company belong: |  |
|  |  |  |
| 7.2 | State the level of qualification of the employees who will undertake the design. |  |
|  |  |  |
| 7.3 | Give details of similar design contracts carried out by your company in the last 12 months. |  |
|  |  |  |
| 7.4 | State how your company and those employees engaged in design have gained experience in **'the impact of design work on Health and Safety'** during the construction phase, maintenance and demolition. |  |
|  |  |  |
| 7.5 | How are construction phase risks minimised during the design process? What is your method of assessing risk? |  |
|  |  |  |
| 7.7 | What arrangements have you made to access adequate and competent Health and Safety advice? |  |
|  |  |  |
| 7.8 | Who in your organisation would we meet to give Severn Trent Services early design inputs on new projects at Tender or even Pre-Qualification stages? |  |
|  | Name: |  | Position: |  |  |
|  | Phone: |  | Mobile: |  | E-mail: |  |  |
| 7.9 | How do you see your design capability improving cost/risk/safety factors for Severn Trent Services?  |  |
|  |  |  |
|  **8.0** | **Severn Trent Services actively promotes an equal opportunities work environment.** |
| 8.1.1 | Do you currently hold an equal opportunities policy?(Please enclose a copy of the policy) | YES [ ] NO [ ]  |
| 8.1.2 | How often does your equal opportunities policy get reviewed? |  |
| 8.1.3 | Does your equal opportunities include (please delete any not included):* *Colour, nationality, ethnic origin or race*
* *Religion or belief*
* *Gender, sexual orientation or re-assignment of gender*
* *Marital status*
* *Age*
* *Working pattern*
* *Real or suspected HIV infection*
* *Social background or accent*
* *Disability*
* *Spent or irrelevant criminal convictions*
* *Previous mental illness*
* *Political views or affiliations*
* *Trade Union membership*
 |  |
|  **9.0** | **Company Personnel** |
| 9.1 | Staffing levels within your company:(Insert the number of directly employed and non-directly employed personal in each group.) |
|  | Staff Numbers | Executive | Management | Professional | Craftsmen | GeneralOperative | Admin. |
|  | Direct/ PAYE |  |  |  |  |  |  |
|  | Temporary/ Sub-Contract |  |  |  |  |  |  |
|  | Total |  |  |  |  |  |  |
| 9.2 | For health, safety and security reasons will you provide us with a list of your employees and sub-contractor employees before commencement on any site? | YES [ ] NO [ ]  |
| **10.0** | **Your relationship with your Clients, Sub-Contractors & Suppliers:** |
| 10.1 | Over the last12 months | Number of Relationships | Turnover£'000 | Number ofLTTA | Number of Open Book Agreements |
|  | Clients |  |  |  |  |
|  | Sub-Contractors |  |  |  |  |
|  | Material Suppliers |  |  |  |  |
|  | Plant/Equipment Suppliers |  |  |  |  |
|  | TOTAL |  |  |  |  |
|  |  | Note: LTTA is Long Term Trading Agreement |
| 10.2 | Indicate below where you **outsource** key sub-contracts and supply activities **(do not list suppliers names at this stage)** |
|  |  | Key Supply Activities | Key Subcontractor Activities |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | 6. |  |  |
|  | 7. |  |  |
|  | 8. |  |  |
|  | 9. |  |  |
|  | 10. |  |  |
| 10.3 | Do you have any other preferred or partnering arrangements with other parties? | YES [ ] NO [ ]  |
| **11.0** | **Best Value:** |
|  | If you were to be successful in being included on our company wide approved supplier list how would you ensure that you are providing goods and services at the overall best value to Severn Trent Services?Please be as specific as possible. (Please use additional sheets if necessary.) |
|  |  |
| **12.0** | **Technical/Trade References:** |
| 12.1 | Please identify 2 contacts from different client organisations who we may approach for Technical/Trade references: |
|  | Name: |  | Position: |  |
|  | Address: |  |
|  | Phone: |  | Mobile: |  | E-mail: |  |
|  | Project Details: |  |
|  | Date | Trade | Location | Other Relevant Details |
|  |  |  |  |  |
|  |  |
|  | Name: |  | Position: |  |
|  | Address: |  |
|  | Phone: |  | Mobile: |  | E-mail: |  |
|  | Project Details: |  |
|  | Date | Trade | Location | Other Relevant Details |
|  |  |  |  |  |
| 12.2 | Please list any Industry recognised award which your company has received in the last 3 years: |
|  | Industry Award | Description | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **13.0** | **Please detail any experience you have of working for or on MOD Bases or secure sites in the last 5 years:** |
|  |  |
| **14.0** | **Severn Trent Services provides National services and is keen to work with Contractors in all regions. Please briefly confirm your geographical coverage in the following regions:** |
|  | **STS Region** | **Water Company Area** | **Service Provisions Available?** | **Office/ Depot in Area?** | **Example Clients in Area** | **Comments** |
| **North** | Scottish Water | Y/N |  |  |  |
| United Utilities | Y/N |  |  |  |
| Northumbrian | Y/N |  |  |  |
| Yorkshire | Y/N |  |  |  |
| **Central** | Welsh | Y/N |  |  |  |
| Severn Trent | Y/N |  |  |  |
| Anglian | Y/N |  |  |  |
| **South** | South West | Y/N |  |  |  |
| Wessex | Y/N |  |  |  |
| Thames | Y/N |  |  |  |
| Southern | Y/N |  |  |  |
| **15.0** | **Modern Slavery Act 2015 (MSA)**Do you currently have a Modern Slavery statement? Yes / NoIf Yes, please enclose a copyIf No, please state reasonWhat actively do you undertake to meet the requirements of the MSA?What checks do you make on your supply chain and subcontractors? |
| **16.0** | **Please give any other information that you feel relevant to support your submission (in no more than one page):** |
|  |  |
| **17.0** | **Additional information required.*** Bank details on company headed paper
* Insurance certificates
* Health & Safety policy
* Supporting Health & Safety certificates
* Generic Risk Assessment and Method Statements

**Please note, these documents are to be submitted separately.**  |
|  |
| I certify that the details given in this questionnaire and in any supporting documentation are correct, and agree to provide goods and or services in accordance with the attached code of conduct. |
| Signed: |  | Date: |  |  |
| Name (Block capitals): |  |  |
| Position Held by Signatory: |  |  |
| Telephone No: |  |  |
|  |



**Code of Conduct for Suppliers to the Severn Trent Services’ Group Companies**

This Supplier Code of Conduct defines the basic requirements placed on suppliers of goods and services to the Severn Trent Services’ Group Companies (STS) concerning their responsibilities towards their stakeholders and the environment. STS reserves the right to change the requirements of this Supplier Code of Conduct. In such an event STS expects the supplier to accept such reasonable changes.

**The supplier declares herewith:**

* **Ethical conduct**
	+ to conduct its business activities ethically and with commercial integrity.
* **Legal compliance**
	+ to comply with all applicable laws and regulations and other requirements.
		- **Prohibition of corruption and bribery**
	+ to not tolerate or engage in any form of corruption or bribery, including any payment or other form of benefit conferred on any government official or STS employee for the purpose of influencing decision making in violation of law.
* **Respect for the basic human rights of employees**
	+ to promote equal opportunities for and treatment of its employees irrespective of skin colour, race, nationality, social background, disabilities, sexual orientation, political or religious conviction, gender, or age;
	+ to respect the personal dignity, privacy and rights of each individual;
	+ to refuse to employ or make anyone work against his or her will;
	+ to refuse to tolerate any unacceptable treatment of employees, such as mental cruelty, sexual harassment or discrimination;
	+ to prohibit behaviour including gestures, language, and physical contact that is sexual, coercive, threatening, abusive, or exploitative;
	+ to provide fair remuneration and to guarantee the applicable national statutory minimum wage;
	+ to comply with the maximum number of working hours laid down in the applicable laws;
	+ to recognize, as far as legally possible, the right of free association of employees and to neither favour nor discriminate against members of employee organizations or trade unions.
* **Prohibition of child and prison labour**
	+ to prohibit the use of child, prison, or forced labour in all of its operations anywhere in the world.
* **Health and safety of employees**
	+ to provide a safe workplace in compliance with applicable safety, health and sanitation laws and regulations;
	+ to take responsibility for the health and safety of its employees;
	+ to control hazards and take the best reasonably possible precautionary measures against accidents, injuries and occupational diseases;
	+ to provide training and ensure that employees are educated in health and safety issues;
	+ to establish or use a reasonable occupational health and safety management system.
* **Environmental protection**
	+ to act in accordance with the applicable statutory and international standards regarding environmental protection;
	+ to minimize environmental pollution and make continuous improvements in environmental protection;
	+ to establish or use a reasonable environmental management system.
* **Supply chain**
	+ to use reasonable efforts to promote compliance with this Code of Conduct among its suppliers;
	+ to comply with the principles of non discrimination with regard to supplier selection and treatment.
* **Carbon footprint**
	+ to be prepared to capture and in the future report the carbon footprint of its business and its activities.

For further information see <http://www.stservices.co.uk/home-en/>

Code of Conduct for Severn Trent Services Suppliers