

All subcontractors that wish to be on the Target-FM preferred contractor list must complete this questionnaire in full and submit along with the required documents.

1 Selection 1 - Your Company Details				
1.1	Company Name:			
1.2	Trade or Service:			
1.3	Registered Address:			
	Postcode:			
	Telephone Number:			
	Fax Number:			
1.4	Type of Company:	PLC		Sole Trader
		Partnership		Limited
1.5	Company Registration Number:			
	VAT Registration Number:			
	Unique Tax Reference:			
	CIS Registered	Yes		No
1.6	Company Contacts:			
	Contact Name	Position	Email Address	Telephone Number
1.7	Insurance Details: <i>**Please supply copies of your insurance policies**.</i>			
		Employers Liability <i>with a minimum cover of £5 million</i>	Public Liability <i>with a minimum cover of £5 million</i>	Professional Indemnity <i>with a minimum cover of £1 million</i>
	Insurer:			
	Policy Number:			
	Expiry Date:			
	Value:			

2 Section 2 - Company Certificates <i>**Please supply copies of certificates**</i>					
	Certificate Name	Yes	No	Registration Number	Date of Renewal
2.1	Gas Safe				
	NICIEC				
	F-Gas				
	OSHAS 18001				
	ISO 9001				
	ISO 14001				
	Constructionline				
	CHAS				
	SafeContractor				
	Altius Assured				
	Altius CDM				
	Waste License				
	Others				
	Others				

3 Section 3 - Staff Training Qualifications <i>**Please supply copies of certificates and a copy of your Company's Training Matrix**</i>					
3.1	<p>When working for Target-FM, all workers must be competent to perform their task and work within legal requirements. As a minimum, all workers must have a valid: -</p> <ul style="list-style-type: none"> • CSCS Card [Construction Skills Certification Scheme] (or equivalent); and • Asbestos Awareness Certificate (UKATA). <p>If workers are acting in a managerial or supervisor capacity, then Target-FM will be expecting:</p> <ul style="list-style-type: none"> • SMSTS [Site Management Safety Training Scheme]; or • SSSTS [Site Supervision Safety Training Scheme] <p>Notify Target-FM you have any new starters on our projects and ensure that copies of their relevant training certifications are sent over before they start work. Target-FM will undertake periodic audits so keep on top of refresher training.</p>				
3.2	How many people in your workforce have?	SMSTS		SSSTS	
3.3	<i>Please use a separate sheet if need be.</i>				
	Name	Position	Addition Qualifications e.g. SPA, PASMA, IPAF, First Aid, Abrasive Wheels etc...		

4	Section 4 - Health and Safety Management <i>**Please supply copies of documents**</i>				
4.1	Do you have a written Health & Safety Policy?	Yes		No	
	If No, why not?				
	Expiry Date:				
4.2	Please provide a copy of a typical risk assessment and method statement that relates to your work / trade.				
4.3	How do you monitor health and safety standards in the workplace?				
4.4	What is the name of your Health & Safety Consultant / Adviser?				
	Contact Name:				
	Position:				
	Email Address:				
	Telephone Number:				

5	Section 5 - Accidents and Incidents			
5.1	Has your Company during the past five years been: -			
		Yes	No	Please state the number over the last five years:
	Served any Prohibition Notice:			
	Served an Improvement Notice:			
	Prosecuted by the Environment Agency:			
	Prosecuted by the Health & Safety Executive:			
	Is your Company currently undergoing any legal proceedings for Health and Safety offences?			
	If you have answered yes to any of the above questions, please give details: -			

6	Section 6 - Subcontractors <i>**Please supply copies of certificates**</i>		
6.1	<p>If you intend to use Subcontractors to support your delivery to Target-FM, please complete sections 6.3 to 6.6. If you do not use Subcontractors, please only complete selection 6.2.</p> <p>If you do not complete the following section Target-FM will consider that ALL works will be delivered directly by your Company.</p>		

6.2	I confirm that I do not use Subcontractors, but should that change, I confirm that I will notify Target-FM immediately.	Yes		No	
6.3	I confirm that I do use Subcontractors and assess their competency to ensure they are safe to do the work they are contracted to do.	Yes		No	
6.4	<i>Please complete the following information for each Subcontractor. Please use a separate sheet if need be.</i>				
	Company Name:	Company 1	Company 2		
	Trade or Service:				
	Registered Address:				
	Postcode:				
	Telephone Number:				
	Company Registration Number:				
6.5	VAT Registration Number:				
	Insurance Details:				
	Employers Liability:				
	Public Liability:				
6.6	Professional Indemnity:				
	What role will this subcontractor take?				
	What percentage of the work assigned to your company will be undertaken by your subcontractors?				



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7 Section 7 - Additional Information	
7.1	Please enclose any additional information or comments you feel appropriate to support your submission.

8 Section 8 - Declaration		
8.1	I declare that the information given in this questionnaire is complete and accurate. I understand that if any false information has been given it will be deemed to be grounds for termination of any work given by Target-FM. I understand that I must notify Target-FM immediately of any changes to the above details in this questionnaire.	
	Name:	
	Signature:	
	Position:	
	Date:	

Please return the completed Subcontractor Questionnaire, with all supporting documentation.