

# EXTERNAL PROVIDER | COMPLIANCE EVALUATION



## SECTION 1 – GENERAL COMPANY INFORMATION

|                       |                      |             |                      |
|-----------------------|----------------------|-------------|----------------------|
| Company Trading Name: | <input type="text"/> | Head Office | <input type="text"/> |
| Registration No:      | <input type="text"/> | Address:    | <input type="text"/> |
| VAT Reg. No:          | <input type="text"/> |             |                      |
| Number of Employees*: | <input type="text"/> | Post Code:  | <input type="text"/> |
| Contact Name:         | <input type="text"/> | Telephone:  | <input type="text"/> |
| Position:             | <input type="text"/> | E-mail:     | <input type="text"/> |

\* If your Organisation has less than 5 employees, and you do not have written information against SECTIONS 2 / 3 / 4, this will not preclude you from becoming an approved supplier but we may need to contact you by telephone to talk about how you manage your arrangements in these sections.

### Contract Detail

- Contractor
- Sub-Contractor Collection
- Broker/Dealer
- Disposal Site/Transfer Station
- Haulier
- Supplier

Please describe the type of services / goods provided to Cawleys and/or Veris Strategies:

### Regional Coverage

- International
- Regional
- Local

If regional or local, please provide details of areas covered:

## SECTION 2 – HEALTH & SAFETY MANAGEMENT

### Does your organisation have:

BS OHSAS 18001 Occupational H&S Accreditation

No Yes

Expiry date:

If you answered YES, please go to SECTION 2-A

A Health & Safety Policy Statement

Please provide a copy

Documented Risk Assessments & Method Statements

Please attach sample(s)

Fire & Emergency Procedures in place?

Programmes for checking lifting equipment (LOLER '98)

Programmes for checking electrical equipment (PAT)

### SECTION 2-A

Have you had any H & S prosecutions or improvement notices in the past 5 years?

If yes, please provide details:

Have you had any RIDDOR incidents in the past 5 years?

2014

2015

2016

2017

2018

Who is responsible for Health & Safety?

Name:

Position:

Cawleys, 1 Covent Garden Close, Luton, Beds LU4 8QB ▶ Tel 0845 260 2000 ▶ Fax 01582 847 453 ▶ Email info@cawleys.co.uk

Company Registration No. 4170234 | Registered Name: F & R Cawley Ltd.



**SECTION 3 – ENVIRONMENTAL MANAGEMENT**

**Does your organisation have:**

|   | No                       | Yes                      |  |
|---|--------------------------|--------------------------|--|
| BS EN ISO 14001 Environmental Management Accreditation  | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: <input type="text"/>                    |
| <i>If you answered YES, please go to SECTION 3-A</i>  |                          |                          |  |
| An Environmental Policy Statement   | <input type="checkbox"/> | <input type="checkbox"/> | Please provide a copy                                |
| Procedures for minimising pollution   | <input type="checkbox"/> | <input type="checkbox"/> | Please attach sample(s)                              |
| Procedures for dealing with environmental incidents   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Procedures for ensuring legal compliance  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Procedures for environmental vetting of suppliers   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>SECTION 3-A</b>  |                          |                          |  |
| Have you had any EA prosecutions or improvement notices in the past 5 years?                            | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please provide details: <input type="text"/> |
| Who is responsible for Environmental matters? Name: <input type="text"/> Position: <input type="text"/> |                          |                          |  |

**SECTION 4 – QUALITY MANAGEMENT**

**Does your organisation have:**

|   | No                       | Yes                      |                                   |
|---|--------------------------|--------------------------|-----------------------------------|
| BS EN ISO 9001 Quality Management Accreditation   | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: <input type="text"/> |
| <i>If you answered YES, please go to SECTION 5</i>  |                          |                          |                                   |
| A Quality Policy Statement  | <input type="checkbox"/> | <input type="checkbox"/> | Please provide a copy             |
| Procedures for monitoring performance   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |
| Procedures for calibration of measuring equipment   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |
| Procedures for ensuring staff competence  | <input type="checkbox"/> | <input type="checkbox"/> |                                   |
| Procedures for dealing with complaints  | <input type="checkbox"/> | <input type="checkbox"/> |                                   |
| Who is responsible for Quality matters? Name: <input type="text"/> Position: <input type="text"/> |                          |                          |                                   |

**SECTION 5 – STATUTORY LICENCES** (please attach copies and permits for all relevant sites)

|   | No                       | Yes                      |  |
|---|--------------------------|--------------------------|--|
| Waste Carrier Licence                           | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: <input type="text"/>      |
| Site Exemptions                                 | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date(s): <input type="text"/>   |
| Waste Management Licence / Environmental Permit | <input type="checkbox"/> | <input type="checkbox"/> | Registration No.: <input type="text"/> |
| Registered at APHA (AHVLA) to handle ABP        | <input type="checkbox"/> | <input type="checkbox"/> | Registration No.: <input type="text"/> |
| Scrap Metal Dealer Licence                      | <input type="checkbox"/> | <input type="checkbox"/> | Registration No.: <input type="text"/> |
| Operator Licence                                | <input type="checkbox"/> | <input type="checkbox"/> | Re-issue Date: <input type="text"/>    |
| Hazardous Waste / DGSA Certificate              | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: <input type="text"/>      |

**SECTION 6 – OTHER CERTIFICATIONS**

Is the company a member of any trade associations or has any other accreditations? Please attach all relevant certificates.

CHAS  
  Safe Contractor  
  FORS  
  Achilles  
  RHA  
  BSC  
  CIWM  
  IOSH  
 Other (please state)



**SECTION 7 – CONFIRMATION OF INSURANCE**

\* EL/PL must be a minimum of £5 million. Please provide copies of all relevant insurance policies

|                                       | No                       | Yes                      | Cover* (£) | Certificate Expiry Date |
|---------------------------------------|--------------------------|--------------------------|------------|-------------------------|
| Employers Liability                   | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Public Liability / Products Liability | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Motor                                 | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Professional Indemnity                | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Contractors All Risk                  | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Mobile Plant                          | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |
| Airside Liability                     | <input type="checkbox"/> | <input type="checkbox"/> |            |                         |

**SECTION 8 – USE OF SUB-CONTRACTORS**

|   | No                       | Yes                      |   |
|---|--------------------------|--------------------------|---|
| Will you be using sub-contractors?                | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Do you formally assess their competency?          | <input type="checkbox"/> | <input type="checkbox"/> | Please provide procedure for doing this |
| Do you have procedures for monitoring their work? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Do you check their insurance cover?               | <input type="checkbox"/> | <input type="checkbox"/> | Must be minimum indemnity of £2 million |

**SECTION 9 – HUMAN SLAVERY ACT / GENERAL DATA PROTECTION REGULATIONS**

|  | No                       | Yes                      |                       |
|--|--------------------------|--------------------------|-----------------------|
| Does your Organisation have a turnover greater than £36 million?         | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Do you have a Policy on safeguarding against modern slavery?             | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, please attach |
| Do you use Employment Agencies   | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, please list   |
| Do you employ anyone under 18 who is not under an apprenticeship scheme? | <input type="checkbox"/> | <input type="checkbox"/> | Please give details   |
| Do you have a GDPR Compliance Statement?                                 | <input type="checkbox"/> | <input type="checkbox"/> | Please attach a copy  |

**SECTION 10 – AFFIRMATION**

Signed on behalf of the Company / Organisation

|            |                      |           |                      |
|------------|----------------------|-----------|----------------------|
| Name:      | <input type="text"/> | Position: | <input type="text"/> |
| Signature: | <input type="text"/> | Date:     | <input type="text"/> |