

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

<input type="checkbox"/> Contractor	Please describe the type of services / goods provided to Cawleys / Wastesolve / Veris <input type="text"/>
<input type="checkbox"/> Sub-Contractor Collection	
<input type="checkbox"/> Broker/Dealer	
<input type="checkbox"/> Disposal Site/Transfer Station	
<input type="checkbox"/> Haulier	
<input type="checkbox"/> Supplier	

Regional Coverage

<input type="checkbox"/> International	If regional or local, please provide details of areas covered: <input type="text"/>
<input type="checkbox"/> Regional	
<input type="checkbox"/> Local	

SECTION 2 – HEALTH & SAFETY MANAGEMENT

Does your organisation have:	No	Yes	
ISO 45001:2018 H&S Management System	<input type="checkbox"/>	<input type="checkbox"/>	Expiry date: <input type="text"/>
If you answered YES, please go to SECTION 2-A			
A Health & Safety Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>	Please provide a copy
Documented Risk Assessments & Method Statements	<input type="checkbox"/>	<input type="checkbox"/>	Please attach sample(s)
Fire & Emergency Procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Programmes for checking lifting equipment (LOLER '98)	<input type="checkbox"/>	<input type="checkbox"/>	
Programmes for checking electrical equipment (PAT)	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2-A

Have you had any H & S prosecutions or improvement notices in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details: <input type="text"/>				
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Have you had any RIDDOR incidents in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	2017	2018	2019	2020	2021
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who is responsible for Health & Safety?	Name:	<input type="text"/>	Position:	<input type="text"/>
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SECTION 3 – ENVIRONMENTAL MANAGEMENT

Does your organisation have:

ISO 14001:2015 Environmental Management System

No Yes

Expiry date:

If you answered YES, please go to SECTION 3-A

An Environmental Policy Statement

Please provide a copy

Procedures for minimising pollution

Please attach sample(s)

Procedures for dealing with environmental incidents

Procedures for ensuring legal compliance

Procedures for environmental vetting of suppliers

SECTION 3-A

Have you had any EA prosecutions or improvement notices in the past 5 years?

If yes, please provide details:

Who is responsible for Environmental matters?

Name:

Position:

SECTION 4 – QUALITY MANAGEMENT

Does your organisation have:

ISO 9001:2015 Quality Management System

No Yes

Expiry date:

If you answered YES, please go to SECTION 5

A Quality Policy Statement

Please provide a copy

Procedures for monitoring performance

Procedures for calibration of measuring equipment

Procedures for ensuring staff competence

Procedures for dealing with complaints

Who is responsible for Quality matters?

Name:

Position:

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

Waste Carrier Licence

No Yes

Expiry date:

Site Exemptions

Expiry date(s):

Waste Management Licence / Environmental Permit

Registration No.:

Registered at APHA (AHVLA) to handle ABP

Registration No.:

Scrap Metal Dealer Licence

Registration No.:

Operator Licence

Re-issue Date:

Hazardous Waste / DGSA Certificate

Expiry date:

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"/>