



# CONTRACTOR APPROVAL **FORM** (Five Employees or more)



Jersey Electricity operates a contractor vetting and approval system. Our purchasing policy dictates that Jersey Electricity will only employ the services of approved contractors.

It is essential that all parts of this application form are fully completed and that copies of all relevant documents, as listed in section 8 of this document, are returned with the completed application form. Where a question is not relevant to your company you should write 'not applicable' (N/A).

Failure to complete all sections of this form or failure to return appropriate documents will result in this application being rejected.

The information contained in this application will be treated as confidential and will not be disclosed to any third parties.

The completed form should be returned by email, fax or post to:

Mr. Kevin Bonass Jersey Electricity plc The Powerhouse, PO Box 45, Queens Road, St. Helier, Jersey JE4 8NY

Tel No	01534 505219
Email	kbonass@jec.co.uk

SECTION 1 GENERAL COMPANY INFORMATION			
1	Company Name		
2	Company Address		
3	Company Registration No		
4	Type of Company (eg Limited/PLC/Sole Trader)		
5	Years in operation		
		Managers	
6	Number of employees	Supervisors	
		Manual Operatives	
7	Functional responsibilities	Please provide a copy of your company's organisational structure, detailing people with key responsibilities.	
8	Association with other companies		
9	List of directors		
10	Membership of industry or professional bodies		

## SECTION 2 CUSTOMER REFERENCES

Please submit a minimum of three customers' references. These references will ideally be from customers for whom you are providing a similar service to the one that Jersey Electricity requires.

Reference 1	
Name	
Address	
Contact	
Tel No	
Email	
Reference 2	
Name	
Address	
Contact	
Tel No	
Email	
Reference 3	
Name	
Address	
Contact	
Tel No	
Email	

	SECTION 3 QUALITY INFORMATION		
1	Does your Company have a written Quality Policy Statement? If Yes, please provide a copy of this policy.	Yes	No
2	Does your Company have a documented Quality Management System? (ie BS EN ISO 9001) If Yes, please provide a copy of your certificate.	Yes	No
3	If the answer to question 2 is No, do you have a formal system for controlling quality? Please give details.	Yes	No
4	Jersey Electricity may need to audit your quality processes more thoroughly following the completion of this submission. Please confirm your agreement, subject to sufficient notice, of such an audit.	Yes	No

	SECTION 4 HEALTH AND SAFETY		
4.1 He	alth and Safety Policy		
1	Please enclose a copy of your Company's current Health and Safety Policy and in approved at executive level.	ndicate wher	n it was
2	Describe how the policy is brought to the attention of all your employees and the atto check that all employees have been made aware of its contents and the duties it		
3	Please clarify the level of health and safety competence of those who will be resp that you will be carrying out for Jersey Electricity.	onsible for t	he work
4	What arrangements do you have in place to monitor health and safety complian	ce within you	ur teams?
5	Do you have access to a professional health and safety adviser from within your company?  If Yes, give names, qualifications and experience.	Yes	No

6	Do you use the services of an external health and safety consultant? If Yes, give their names addresses experience and qualifications.			Yes	No
7	If the answer to 5 and 6 requirements and your p		sure that work carried out is in	accordance with	h legal
8	Do you have any objection of any		of Jersey Electricity carrying rently working?	Yes	No
9	Do you investigate accid	ents, incidents and ne	ar misses?	Yes	No
10	intervals?		s of all accidents at regular tatistics or similar for the last	Yes	No
	If your answer to questio	n 10 is No, please giv	e an accident summary for the	past three years	S.
		Current year	Last year	Year before lo	ıst
	Fatal accidents				
11	Major injuries (more than three days absence)				
	Less than three-day accidents				
	Incidents and near misses				
	Number of employees				
		I safety legislation or b in the past five years?	Company been prosecuted for been served a prohibition or to prevent a recurrence.	Yes	No
12					

4.2 Saf	ety Training		
1	Have your Directors and Managers attended formal Health and Safety courses?  If so, give details.	Yes	No
2	Have all site supervisors within your Company attended appropriate Health and Safety courses?  If Yes, please give details of courses and number attending.	Yes	No
3	Do you carry out induction training for new employees?  Note — You may be required to provide written confirmation of applicable training provided to a person who is employed on or involved in a specific contract.	Yes	No
4	Do you regularly monitor the appropriateness and effectiveness of employee training to ensure that it meets current needs and trend?	Yes	No
4.3 Ris	k Assessments and Method Statements		
1	Who carries out your Risk Assessments and when?  What level of competence do they have?		
	Who prepares your Method Statements and when?		
2	What level of competence do they have?		
3	Are your employees competent to understand the Risk Assessments and Method Statements that you provide them with?	Yes	No
4	How are your workforce made aware of the Risk Assessments and Method Statem	nent?	1

	SECTION 5 ENVIRONMENT CONSIDERATIONS			
1	Does your Company have a written Environment Policy Statement? If yes, please submit a copy with this application.	Yes	No	
2	Does your Company have a documented Environmental Management System? If Yes, please state to which standard (i.e. BS EN ISO 14001)	Yes	No	
3	If the answer to question 2 was no, do you have a formal system for assessing environmental considerations?	Yes	No	
4	Does your Company have policies and procedures for waste management and pollution control?  If yes, please submit a copy with this application.	Yes	No	
5	Has your Company been convicted for offences under Environmental Legislation, the Statutory Nuisance Law, or been served an improvement notice or had a licence revoked in the last 3 years?  If Yes, please give details	Yes	No	

SECTION 6 SUB-CONTRACTORS			
Do you employ sub-contractors?	Yes	No	
If you do employ sub-contractors, please list them			
If you do employ sub-contractors how are they vetted?			

		SECTI COMMERCIAL			
7.1 Fin	ancial Standing				
1	Please supply a c	opy of your latest annual auc	lited co	mpany accounts	
_				Last year	
2	Please confirm yo	our annual turnover	Previous year		
7.2 Inst	urance Details				
Please p		surance Policies held by you c	and sub	mit copies of the polic	cy certificates for each type
Employ	er's Liability				
Insurer's	s Name				
Limit of	Liability		Expiry	/ Date	
Excess			Policy	Number	
Public L	Liability				
Insurer's	s Name				
Limit of	Liability		Expiry	/ Date	
Excess			Policy Number		
Contra	ctors 'All Risks'				
Insurer's	s Name				
Limit of	Liability		Expiry Date		
Excess		Policy Number			

### SECTION 8 SUBMISSION DETAILS

Please confirm that copies of the following documents have been submitted with this form.

Documents	Attached	
Company Organisational Structure	Yes	No
A Quality Policy Statement	Yes	No
Health and Safety Policy Document	Yes	No
An example of a Risk Assessment	Yes	No
An example of a Method Statement	Yes	No
An Environmental Policy Statement	Yes	No
Environmental Policy and Procedures Document	Yes	No
Current Public Liability Insurance Certificate	Yes	No
Current Employer's Liability Insurance Certificate	Yes	No
Current Contractors 'All Risks' Insurance Certificate	Yes	No
The latest set of Audited Company Accounts	Yes	No

#### Application completed by

I certify that the information given in this form and in any supporting documents is correct and complete and undertake to inform Jersey Electricity of any changes in circumstances in any of the above areas. I understand that failure to comply with any of these undertakings, once given, may lead to the contract (if awarded) being cancelled forthwith, whether or not the works have commenced. In the case of cancellation monies will only be paid for actual work carried out up to the point of cancellation and not for any loss of profit or any other costs not directly associated with the work already carried out.

Application completed by	
Position	
Date	
Tel No	
Email	

# SECTION 9 RECOMMENDATIONS (For Jersey Electricity Internal Purposes Only)

Based on the information provided within this questionnaire and at the subsequent meeting, we recommend that we do/we do not approve this Contractor to carry out work on behalf of the Jersey Electricity plc.

Name	Accepted or Rejected	Signed	Department	Date
			Procurement	
			User Department	
			Health and Safety (if required)	

Health and Safety (if required)  If the recommendation is <u>not</u> to approve the Supplier, please list reasons:  Any further comments:  Details entered on Navision:  Entered on Navision by:  Date:	If the recommendation is <u>not</u> to approve the Supplier, please list reasons:  Any further comments:  Details entered on Navision:  Entered on Navision by:					
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Details entered on Navision:  Entered on Navision by:	Details entered on Navision:  Entered on Navision by:	If the recommendation is <u>not</u> to c	approve the Supp	lier, please list reas	ons:	
Entered on Navision by:	Entered on Navision by:	Any further comments:				
Entered on Navision by:	Entered on Navision by:	Details entered on Navision:				
Date:	Date:					
·		Date:				