Being a market leader with a strong focus on sustainability and corporate responsibility; Houghton and Son Ltd has a clear-cut commitment to driving issues such as Health and Wellbeing, Equal Opportunities and Human Rights. Simultaneously, we demand the same commitment from our full supply chain on these as well as traditional requirements including Quality, Environmental Management and Safety.

This questionnaire has been created to assess potential and current Suppliers of Houghton and Son Ltd. Please read carefully and complete this form with as many details as possible. All information on this assessment will be treated as confidential, stored securely in line with GDPR legislation and disclosed only to individuals within Houghton and Son Ltd for employment purposes.

If you have any questions or queries with this questionnaire, please do not hesitate to contact Houghton and Son Ltd Office on 01245 471289 or email [lydia@houghtonandson.co.uk](mailto:lydia@houghtonandson.co.uk) .

Please sign and return your completed form and all supporting information listed as follows as soon as possible to [lydia@houghtonandson.co.uk](mailto:lydia@houghtonandson.co.uk)

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# SECTION A - SUBCONTRACTOR DETAILS

|  |  |
| --- | --- |
| Name of Company to be contracted by Houghton and Son Ltd |  |
| UTR Number |  |
| Product/Trade/Service provided |  |
| Registered address |  |
|  |
|  |
|  |
| Trading Address if different from above |  |
|  |
|  |
|  |
| Subsidiaries / affiliated companies |  |
| Tel Number (landline) |  |
| Tel Number (Mobile) |  |
| Email Address |  |
| Number of direct employees |  |
| VAT Number (if applicable) |  |

# SECTION B - CIS DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Type | Sole Trader | ☐ | Partnership | ☐ | Limited | ☐ |
| Company Registration Number |  | | | | | |
| National Insurance Number |  | | | | | |
| UTR Number |  | | | | | |
| Partnership UTR No (if applicable) |  | | | | | |

## 

## SECTION B(1) – IR35 OFF-PAYROLL WORKING DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please confirm (yes / no) whether all of the workers you use in servicing our contracts are paid employees through payroll and subject to PAYE and National Insurance deductions. | | | | | | |
| Yes | ☐ | No | | ☐ |  | |
| **If you have selected no to the above statement, you will use either Off-Payroll labour, or because you subcontract part of your obligations to another business, we require the following details from you in relation to any workers not on payroll:** | | | | | | |
| Name of the worker/s | | | | | |  |
| The name of the business that you pay | | | | | |  |
| Contact details for the business that you contract with. | | | | | |  |
| Address | | |  | | | |

# SECTION C - BANK DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Bank | |  | | |
| Bank Address | |  | | |
| Full Name on Account | |  | | |
| Sort Code (6 digits) |  | | Account No’ (8 digits) |  |

# SECTION D - INSURANCE DETAILS

|  |  |
| --- | --- |
| **Public/Third Party Liability Insurance** | |
| Name of Insurance Company |  |
| Insurance Number |  |
| Expiry Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employers Liability Insurance (if applicable)** | | | |
| Name of Insurance Company |  | | |
| Insurance Number |  | | |
| Expiry Date |  | | |
| PLEASE ATTACH A COPY OF YOUR INSURANCE CERTIFICATES | | Attached | ☐ |

# SECTION E - ACCREDITATIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SSIP | CONSTRUCTIONLINE | CHAS | SAFECONTRACTOR | ALTIUS OR SIMILAR | | | | | | | |
| Are you an accredited supplier to any of the above? | | | Yes | | ☐ | No | ☐ |
| If **YES**, please provide your registration details and attached a copy certificates. | | | | | | | |
| Certificate Number |  | Expiry Date | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate Number |  | Expiry Date |  |
| Certificate Number |  | Expiry Date |  |
| Certificate Number |  | Expiry Date |  |

# 

# SECTION F - HEALTH AND SAFETY

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your organisation have a defined Health and Safety Policy covering your service? | | | | | Yes | ☐ | No | ☐ |
| Is the Statement of Intent signed and dated? | | | | | Yes | ☐ | No | ☐ |
| Does your organisation adhere to an H&S Management System and formal written procedures? | | | | | Yes | ☐ | No | ☐ |
| Is your Company accredited to a recognised Safety Standard such as ISO45001 or equivalent? If **yes**, please provide details below | | | | | Yes | ☐ | No | ☐ |
| Name of Certification | | External auditor | | Certificate number | | | | |
|  | |  | |  | | | | |
| If the last question was answered as **yes**, please go directly to Section G - Quality | | | If the last question was answered as **no**, please complete all of the Health and Safety sections. | | | | | |
| Please detail below your current safe system of work including H&S communication, inspection / monitoring, site procedures, induction, remedial action. | | | | | | | | |
|  | | | | | | | | |
| Have you ever undertaken the role of Principal Contractor under CDM Regulations? | | | | | Yes | ☐ | No | ☐ |
| What training is provided to your workforce on CDM 2015 regulations? | | | | | | | | |
| Compliance Training | |  | |  | | | | |
| eLearning | |  | |  | | | | |
|  | |  | |  | | | | |
| Please confirm that all site operatives have been provided with **Asbestos Awareness training** within the last three years and that annual ‘refresher’ training has also been provided? | | | | | Confirmed | | | ☐ |
| Please provide a copy of your Training Matrix | | | | | Attached | | | ☐ |
| The person who has ultimate responsibility for Health & Safety within your organisation: | | | | | | | | |
| Name |  | | Job Title |  | | | | |
| Qualifications & Experience |  | | | | | | | |
| The Person(s) who will have responsibility for Health & Safety on site during the construction Phase: | | | | | | | | |
| Name |  | | Job Title |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualifications & Experience |  | | | | | |
| Is your organisation or individual employees a member of a trade body or professional organisation for Health and Safety?  If **yes**, please provide details and membership grades/designations. | | | Yes | ☐ | No | ☐ |
|  | | | | | | |
| Do you normally use sub-contractors as part of your labour force?  If **yes**, please provide details of procedures used to assess their suitability and competence. | | | Yes | ☐ | No | ☐ |
|  | | | | | | |
| Please provide details of all accidents / incidents to employees or non-employees which have been reported by you or your Company, or others on your behalf, under RIDDOR Regulations in the last 5 years. | | | | | | |
|  | | | | | | |
| Have any enforcement notices been issued or legal proceedings taken against you or your Company by the HSE in the last 3 years. If **yes**, please provide details. | | | Yes | ☐ | No | ☐ |
|  | | | | | | |
| Named “**Appointed Person**” for Health and Safety | |  | | | | |
| Qualifications Held (*detail below*) | | | | | | |
|  | | | | | | |

# 

# SECTION G - QUALITY CONTROL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your organisation have a defined Quality Policy covering your service? | Yes | ☐ | No | ☐ |
| Does your organisation adhere to a Quality Management System and formal written procedures? | Yes | ☐ | No | ☐ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you a Certified Quality Assured company to an ISO standard or equivalent?  If **yes**, please provide details below | | | Yes | ☐ | No | ☐ |
| Name of Certification | External auditor | Certificate number | | | | |
|  |  |  | | | | |
| Describe briefly what methods are used to control Quality of Work in Progress | | | | | | |
| Site Inspection, Progress Inspection. Review spec of materials, that are compliant with BS standards. | | | | | | |
| Please list Awards | Accreditations | Approvals | Partnerships held | | | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |

# SECTION H - TRAINING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please outline other qualifications and training held by you / your employees who would be engaged in work to be carried out with Houghton and Son Ltd (*continue on separate page if necessary*) | | | | | |
| Senior Management | Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Technical Staff | Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Project Managers | Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Site Supervisors | Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Qualification |  | Qualification |  | |
| Operatives | Qualification |  | Qualification |  | |
|  | Qualification |  | Qualification |  | |
|  | Qualification |  | Qualification |  | |
|  | Qualification |  | Qualification |  | |
| PLEASE ATTACH A COPY OF YOUR TRAINING CERTIFICATES | | | Attached | | ☐ |

# SECTION I - EQUAL OPPORTUNITIES | MODERN SLAVERY | ANTI-TRAFFICKING | CODE OF CONDUCT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your Organisation work within the guidelines of a Diversity statement which adheres to the principals of the Equality Act 2010? | Yes | ☐ | No | ☐ |
| If **NO**, please confirm that you will abide by Houghton and Son’s Equal Opportunities Policy and Procedures when supplying services to our Company | Yes | ☐ | No | ☐ |
| Please confirm if your company maintains a policy and procedures on dealing with harassment, handling complaints, recruitment and retention of staff | Yes | ☐ | No | ☐ |
| Please confirm that your company has stringent procedures to ensure all employees are entitled to work in U.K. | Yes | ☐ | No | ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Houghton and Son Ltd is an Accredited Living Wage Employer** (<https://www.livingwage.org.uk/what-real-living-wage> ) | | | | |
| Is your Organisation an Accredited Living Wage Employer? | Yes | ☐ | No | ☐ |
| If your employees earn below the Real Living Wage, would you be willing to implement a rise? | Yes | ☐ | No | ☐ |
| Please explain how you achieve Equality within your organisation (such as opportunities to underrepresented groups) and what training is provided to staff and operatives | | | | |
| Member of disability confident committed training available/provided in Disability Awareness Equality, Diversity and Inclusion. | | | | |

ANTI-BRIBERY

Houghton and Son Ltd is committed to ethical standards in every aspect of the way in which we operate our business. This is not just a cultural commitment on the part of the Organisation; it is a legal requirement. Bribery is a criminal offence, and it is our Company’s policy to conduct business in an honest way, without the use of corrupt practices or acts of bribery to obtain an unfair advantage. We shall not offer, give, or receive bribes or improper payment in any circumstances. Nor shall we participate in any kind of corrupt activity, either directly or through a third party, for instance to secure new business, extend a current agreement, or increase our monetary income. We will not allow any others working on our behalf to do this either, including any of our suppliers.

*Please sign below to agree to this commitment.*

MODERN SLAVERY AND ANTI-TRAFFICKING CODE OF CONDUCT

All current and potential suppliers to Houghton and Son Ltd are required to sign a statement below in relation to the Modern Slavery and Anti-trafficking Act 2015, stating your commitment to:

• Refuse to employ or purchase labour or materials from any supplier suspected of being involved in any form of modern slavery, including child labour

• Only interview applicants in an approved location

• Not allow applicants to complete registration documents on behalf of others

• Not accept money, favours, or gifts at all for potential applicants

• Not loan any personal money to temporary workers

• Declare if any worker is paid money to introduce large groups of workers to the organisation

• Declare and investigate suspicion of job applicants being introduced to the company for personal gain

• Not threaten or subject workers to physical treatment or mental mistreatment

• Treat applicants and workers with dignity and respect

• Raise any knowledge or suspicions of illegal or dubious activities regarding agents, temporary workers, or colleagues to senior management immediately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please sign here, as an authorised signatory of your Company, to commit to comply with all of the above** | | | |
| Signature |  | Date |  |

# SECTION J - ENVIRONMENTAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your organisation have a defined environmental policy covering your service? | | Yes | ☐ | No | ☐ |  |
| Does your organisation have an Environmental Management System? | | Yes | ☐ | No | ☐ |  |
| Do you have BS EN ISO 14001 Certification from an accredited third party? | | Yes | ☐ | No | ☐ |  |
| If yes, please provide the certificate number | |  | | | | |
| What are the key environmental impacts of your business and how do you minimise these, such as waste? | | | | | | |
| Environmental Impacts |  | | | | | |
| Clothing waste from uniform |  | | | | | |
| Material Waste |  | | | | | |
| General carbon emissions from works |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |

SECTION K - CHECKLIST AND DECLARATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All the information provided in this document is accurate and correct to the best of my knowledge and I am authorised on behalf of my organisation to provide this information.** | | | | |
| Print Name |  | | Date |  |
| Signature |  | | | |
| Designation / job title |  | | | |
| Direct Email Address |  | | | |
| Work Telephone No. | Landline |  | Mobile |  |

# 

# SECTION L – Houghton and Son Ltd APPROVAL

|  |  |  |  |
| --- | --- | --- | --- |
| *Office Use Only* | | | |
| **Approved By Manager** | | | |
| Print Name |  | Date |  |
| Signature |  | | |