



WASTE CONTRACTOR QUESTIONNAIRE

This questionnaire is designed to help McAleer & Rushe Ltd assess the Health, Safety, Quality & Environmental standards that their waste contractors are working to.

All Waste Contractors that wish to be on McAleer & Rushe's preferred contractor list must complete this questionnaire in full and submit it along with the required supporting documents to the SHEQ Department.

This can be done via an email to sheq@mcaleer-rushe.co.uk

Emails should be submitted with the name of the project you are interested in tendering for in the 'Subject' field. Unsolicited emails may not be reviewed – if in doubt contact the Buying Department on 0288 676 3741.

Company Details

Company Name:	<input type="text"/>
Street Address:	<input type="text"/>
Address:	<input type="text"/>
Town/City:	<input type="text"/>
Post Code:	<input type="text"/>
Country:	<input type="text"/>
Telephone No:	<input type="text"/>
E-mail:	<input type="text"/>
Nature of Business:	<input type="text"/>

Health, Safety & Welfare Policy

Please attach a copy of your Health, Safety & Welfare Policy & Statement to your application.

Has your Health, Safety & Welfare Policy / Statement been reviewed within the last year? Yes No

Does it reflect your intention to commit to health and safety? Yes No

How is the Policy brought to the attention of your employees?

How many direct employees (including labour-only sub-contractors) do you have?

Director / senior manager responsible for Health and Safety? (name and title):

Telephone No:

E-mail:



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Please tick the box most appropriate to how your organisation currently undertakes Health&Safety management

- The organisation has a third party accredited Health&Safety management system
- The organisation has an un-accredited Health&Safety management system
- The organisation has a Health & Safety policy statement

If your Health&Safety management system is accredited, please identify the means by which it is audited:

- OHSAS 18001
- CHAS
- Other Please specify:

If you don't have a third party accredited safety management system, are you working towards implementing one? Yes No

If Yes:

Please provide evidence of when certification is due to take place, or indicate steps you are taking to manage safety

Please confirm if your company is registered to any Freight Recognition Schemes

- FORS
- CLOCs
- Other Please specify:

Quality Assurance

Is there an individual in your company responsible for quality management? Yes No

If yes, please provide contact details:

Name of advisor:

Telephone No:

E-mail:

Please tick the box most appropriate to how your organisation currently undertakes quality management

- The organisation has a third party accredited quality management system
- The organisation has an un-accredited quality management system
- The organisation has a quality policy statement
- The organisation does not manage quality



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If your quality management system is accredited, please identify the means by which it is audited:

ISO 9001

Achilles Building Confidence Accreditation

Other Please specify:

If you don't have a third party accredited quality management system, are you working towards implementing one? Yes No

If Yes:

Please provide evidence of when certification is due to take place, or indicate steps you are taking to manage quality

Environmental Issues

Is there an individual in your company responsible for environmental management? Yes No

If yes, please provide contact details:

Name of advisor:

Telephone No:

E-mail:

Please tick the box most appropriate to how your organisation currently undertakes environmental management

The organisation has a third party accredited environmental management system

The organisation has an un-accredited environmental management system

The organisation has a environmental policy statement

The organisation does not manage environmental

If your environmental management system is accredited, please identify the means by which it is audited:

ISO 14001 Please specify:

Achilles Building Confidence Accreditation

Other

If you don't have a third party accredited environmental management system, are you working towards implementing one? Yes No

If Yes:

Please provide evidence of when certification is due to take place, or indicate steps you are taking to manage environmental issues.

Please confirm the current average recycling rate for your facility

Average recycling %

Please detail your waste carriers licence number.



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Please detail your waste facility licence number.

Has your organisation ever received a waste licence?

If yes, please provide details of this.

Has your organisation ever been prosecuted for incidents involving pollution or other breaches of environmental legislation?

Yes No

If yes, please provide details of this.

If you feel your organisation is deficient in either quality or environmental standards, and wish to have some guidance from McAlee & Rushe, please indicate the type of guidance required below

Guidance on ISO 9001/Quality Management

Guidance on ISO14001/Environmental Management

Other (Please specify)

References

Please supply the names and addresses of 3 organisations for which you have undertaken work in the past 3 years in order that we can take up references to prove your competence?

Reference 1

Name of contact:

Company Name:

Street Address:

Address:

Town/City:

Post Code:

Country:

Telephone No:

E-mail:

Reference 2

Name of contact:

Company Name:

Street Address:

Address:

Town/City:

Post Code:

Country:



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Telephone No:

E-mail:

Reference 3

Name of contact:

Company Name:

Street Address:

Address:

Town/City:

Post Code:

Country:

Telephone No:

E-mail:

Give a brief summary of how the waste at your facility is treated for recycling/recovery

I confirm that the following documents are attached where relevant to my company's operations

- | | | |
|--|------------------------------|-----------------------------|
| Health and Safety Policy and Statement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OHSAS 18001 (or other) Safety Accreditation Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Samples of recycling report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Quality Policy/Management Statement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ISO 9001 (or other) Quality Accreditation Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Environmental Policy/Management Statement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ISO 14001 (or other) Environmental Accreditation Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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Insurance Certificates:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Public Liability Insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Employers Liability Insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Professional Indemnity Insurance (if relevant) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Copie of waste carriers certificate and waste facility license (full copies required) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Example of waste transfer notes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature

I declare the information provided within this questionnaire to be accurate and true.

Name:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Job Title:	<input type="text"/>

For and on Behalf of:

Please return this completed questionnaire with documentation required to the SHEQ Department at McAler & Rushe.

Review by McAler & Rushe

Questionnaire reviewed for and on behalf of McAler & Rushe Ltd by:

Name:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Job Title:	<input type="text"/>