



CONTRACTOR APPRAISAL FORM

Complete Interior Solution is passionate about quality an service
This document is used to manage our supply chain, to ensure we
keep our database up to date and only employ the best in the
market. You are requested to complete this document fully
(where applicable) and return all documentation to the address
below:

Complete Interior Solution
Office 3 Lakeview House
68 Mullanahoe Rd
Ardboe
Dungannon
Co Tyrone
BT71 5AU

Email: info@completeinteriorsolution.com



Section 1	Company Information
Company Name	
Address	
Post Code	
Telephone Number	
Fax Number	
Email Address	
Web site Address	
Registered office (If different from above)	
Post code	
Company Reg. number	
How long has your company traded	

Section 2	Financial Data	
Provide financial data information from the latest and preceding 2 years audited accounts and record amounts for turnover and pre tax profit where indicated for the company. (Please send 3 years audited accounts with this questionnaire).		
Year end date	£ T/O	£ PT Profit
30/12/2007		
30/12/2006		
30/12/2005		

Section 3	Banking Data
UTR - Unique Taxpayer Ref.	
National Insurance No.	
Company Reg Number.	



Section 4	Banking data
CIS Expiry date	
VAT registration number	
Bank Details	
Account Number	
Sort code	

Section 5	Organisational Information
Please provide details of your operation/structure/Staff levels within your organisation	
Staff Resource	Number
Proprietor	
Contracts DEPT	
Estimating	
Design and Planning	
Business Development	
Accounts Dept	
Payroll Dept	
Health and Safety	
Direct Operatives	
Sub Contract Labour	



Section 6	Industry Accreditations
Please list all the accreditations and / or certification, including trade organisations, held by your company	

Section 7	Health & Safety
Please provide details of your health and safety measures in place. Answer yes or no in the boxes below, If the question requires more detail please do so.	
	Yes/No
Do you employ safety consultants?	
Have you an in-house qualified Health & Safety person/team?	
Who carries out workplace H&S inspections?	
When was the policy last reviewed?	
How many RIDDOR accidents have you had in the last 3 years?	
Has your company ever had a fatality?	
Do you have an ongoing training program for staff?	
Do you currently have a procedure for checking your sub-contractors, ensuring they are competent and adequately covered in regard to H&S.	
Indicate existing schemes that the company has gained accreditation Contractor Health and Safety assessment Scheme (CHAS) Construction Skills Certificate Scheme (CSCS) Construction Line NICEIC Corgi Safe Contractor scheme	



What % of operatives have obtained CSCS accreditation?	
Please include examples/evidence to support the above questions for each question you have answered.	

Section 8	Quality Management
	Yes/No
Do you have a formal Quality Assurance plan	
Are you registered under ISO9000 (if yes please attach relevant certification)	
Do you operate a QA process on site/at works	

Section 9	Core Business and Specialist Services	
Please list the core activities which your organisation is engaged with. Please indicate if this is primarily directly employed staff or sub contracted labour		
Service/Activity	Direct Labour	Sub-contracted Labour
CAD services		
Ceiling Installation		
Consultancy Services		
Design Services		
Electrical services		
Flooring Installation		
General Building maintenance work		
Heating and ventilation maintenance		
Joinery Labour		
Joinery Supply		
Lighting Maintenance		
Major refurbishment & shopfitting		
Mezzanine floor installation		



Minor refurbishment & shopfitting under £50K		
Signage		
Manufacturing		
Painting and Decorating		
Contract Cleaning		

Section 10		Geographical Coverage	
Please detail areas of operation.			
Region	Y/N	Confirm if direct or sub-contracted labour	
London & South East			
South & South West			
Wales			
Midlands			
East Anglia			
North England			
Northern Ireland			
Rep of Ireland			

Section 11	Insurance details
-------------------	--------------------------



Please submit copies of all insurance certificates listed below (Where applicable)					
Policy type	Insurer	Policy No	Limit of indemnity/liability each and every claim £	Excess	Renewal date
Employers Liability					
Public Liability					
Contract works					
Professional Indemnity					
Product Liability					

Please undersign this questionnaire and return the complete document to
Complete Interior Solution

Name:

Position:

Signed:

Date: