

## Retain Limited Subcontractor PQQ Form - 2021

\*Please complete all fields and email to [kim@retainlimited.com](mailto:kim@retainlimited.com) - thank you.

Please tick which type of work are you interested in:

Type	Yes	No
Commercial		
Residential		

Company Details	
Company Name	
Address (including post code)	
Telephone Number	
Email	
Website	

Personnel Details				
	Name	Phone	Mobile	Email
Company Director(s)				
Accounts Manager				
Point of Contact				

Please tick to confirm where your interest would be in terms of area of work:

Country	Yes	No
England		
Scotland		
Wales		

Broad Scope of Materials/Services your company can offer	
Maximum Value of Contract you can Deliver	

Labour Resources	
General Operatives	
Skilled Operatives (Details of trades etc)	

Financial Details		
Annual Turnover Per Year		
	Year 1	
	Year 2	
	Year 3	
VAT Number		
Company Registration Number		
UTR Number		
National Insurance Number (If no Company Registration No. - Sole Traders Only)		
Tax Status	Gross/Net	

Insurance Details	
Insurer Name	
Policy Expiration Date	
Amount of Employer Liability Cover	
Amount of Public Liability Cover	
Please provide confirmation of valid cover	

Health & Safety		
Do you have a Health and Safety Management System?	Yes	No
Is your System Third Party Registered e.g. Safety Cert (If yes please provide Certificate)	Yes	No
Are you willing to work within our H&S Management System?	Yes	No
Do you have a Health & Safety Policy? (If yes please provide H&S Statement)	Yes	No
Do you provide Safety Training for all Employees? (Please provide a copy of CSR CSCS/Safe Pass Cards or appropriate training records for persons likely to be working on our sites)	Yes	No
Do you have a procedure for reporting accidents, illnesses, and dangerous occurrences? (Please provide a copy of accident record for the last 3 years)	Yes	No
Have you had any enforcement actions from HSENI over the past 3 years? (If Yes, provide details)	Yes	No
Who is ultimately responsible for Health & Safety in your company?		
Do you have an in-house H&S Advisor or an outside Safety Consultant? (Please provide details of Advisor or Consultant)		

Quality Information		
Do you have a Quality Management System?	Yes	No
Is your system Third Party Registered e.g. ISO 9001? (If Yes, please attach copy of certificate)	Yes	No
Are you willing to work within our Quality Management system?	Yes	No

Environmental Information		
Do you have an Environmental Management System?	Yes	No
Is your system Third Party Registered e.g. ISO 9001? (If Yes, please attach copy of certificate)	Yes	No
Are you willing to work within our Quality Management system?	Yes	No

Declaration
<p>The following declaration must be signed by the Subcontractor:</p> <p>I agree to comply and adhere to the requirements of all relevant Health and Safety, Quality and Environmental legislation and with the requirements of Retain Procedures.</p> <p>Print Full Name:</p> <p>Position in Company:</p> <p>Signature:</p> <p>Today's Date:</p>

Enclosed Documents (please tick)	
Confirmation of Insurance Cover	
Constructionline	
Acclaim	
Safety Certs	
H&S Statement	
CSR CSCS or Safe Pass Cards	
Copy of Accident Record for last 3 years	
Enforcement actions from HSENI details	
Details of Advisor or Consultant	
ISO 9001 Certificate	
ISO 14001, EMAS	
Other Certificate	

\*If you have any issues or questions about completing this form, please contact us on 0800 027 2244 or email [kim@retainlimited.com](mailto:kim@retainlimited.com) and we will be able to assist you.