

## VENDOR QUESTIONNAIRE

 Ed. 06  
 Rev. 00

**1.0 BUSINESS SECTION**
**General Information**

Full Registered Company Name:	
Address 1 (Street Address):	
Address 2 (Mailing Address):	
Company Website Address:	
Tax Registration ID:	
Type of Organisation <sup>1</sup> :	
Nature of Business <sup>2</sup> :	
Year company was established:	
Number of employees (perm. empl. only) <sup>3</sup> :	
Number of employees (total, incl. temporary) <sup>3</sup> :	
Principal Contact Name:	
Principal Contact Title:	
E-mail Address:	
Telephone Number:	
Cell Phone Number:	
Fax Number:	

**Notes:**

- (1) Sole Proprietor, Partnership, Corporation, LLC/LLP, or Other. If "Other", indicate type
- (2) Contractor, Supplier (Manufacturer), Supplier (Distributor)
- (3) At the date of signing this document. Indicate date, if otherwise

**Company Certifications (fill out as applicable)**

	Certification	Issued By	Valid Until (mm/yy)
Quality	ISO 9001:2015		
Environment	ISO 14001:2015		
Health and Safety	BS 18001:2007 ISO 45001:2018		
Other (please specify below)			

VENDOR QUESTIONNAIRE

Ed. 06  
Rev. 00

**2.0 SCOPE OF WORK SECTION**

1. If contractor, state your company's principal scope of work performed (mark as appropriate)
- Site Preparation
  - Concrete Work
  - Masonry
  - Structural Steel Erection
  - Building Finishes
  - Building Services
  - Mechanical Installation
  - Electrical Installation
  - Site Support Services
2. If supplier, state your company's principal products. (please enclose a catalogue if available) (mark as appropriate)
- Process Equipment
  - Fabricated Items
  - Bulk Materials
3. If supplier, state if you provide installation services (INS) for your products, or supervision services (SUP) only.      INS       SUP       N/A
4. Does your company have design-build capabilities?      YES       NO       N/A
5. If yes, is your engineering staff mainly internal or external?      INT       EXT
6. Does your company supply equipment covered by PED (Pressure Equipment Directive)?      YES       NO       N/A
7. Does your company supply equipment covered by ATEX (*Atmosphères Explosibles*) Directives?      YES       NO       N/A
8. Does your company supply equipment covered by Machine Directive?      YES       NO       N/A

**3.0 CAPACITY SECTION**

1. Please provide the following data on your annual capacity, as applicable. Data should refer to internal capacity in the last reporting year and be verifiable.

	Last Year	Previous Year	Unit
Engineering	-----	-----	man-hours
Shop Manufacturing / Fabrication	-----	-----	(*)
Site Construction / Erection	-----	-----	(*)
Site Installation	-----	-----	(*)

(\*) Complete as appropriate (e.g. man-hours, tons, etc.)

VENDOR QUESTIONNAIRE

Ed. 06  
Rev. 00

**4.0 QUALITY SECTION**

1. Does your company work to a documented formal Quality Management System (QMS)?  
(if yes, please enclose a copy of your Quality Policy Statement and Manual) YES  NO  N/A
2. Does your QMS comply with the ISO 9001:2015? YES  NO  N/A
3. State the name and title of the person responsible for your QMS.
4. State to whom the head of the QMS reports.
5. Has your QMS been approved by an independent body or agency?  
(if yes, please enclose a copy of your certificate) YES  NO  N/A
6. Does your company have written procedures and/or work instructions?  
(if yes, please enclose a list of all procedures and work instructions identified by title. **We reserve the right to request copies of these documents in the future**) YES  NO  N/A
7. If a QMS does not exist does your company have definite plans for implementing a system in the future? YES  NO  N/A

**5.0 ENVIRONMENTAL SECTION**

1. Does your company work to a documented formal Environmental Management System (EMS)?  
(if yes, please enclose a copy of your Environmental Policy Statement and Manual) YES  NO  N/A
2. Does your EMS comply with ISO 14001 and/or EMAS? YES  NO  N/A
3. State the name and title of the person responsible for the EMS.
4. State to whom the head of the EMS reports.
5. Has your EMS been approved by an independent body or agency?  
(if yes, please enclose a copy of your certificate) YES  NO  N/A
6. Does your company have written procedures and/or work instructions?  
(if yes, please enclose a list of all procedures and work instructions identified by title. **We reserve the right to request copies of these documents in the future**) YES  NO  N/A
7. If an EMS does not exist does your company have definite plans for implementing a system in the future? YES  NO  N/A
8. Has your company had any prosecution, warning or penalty issued against environmental legal requirements?  
(please enclose details if yes) YES  NO  N/A

\_\_\_\_\_  
**VENDOR QUESTIONNAIRE**

 Ed. 06  
 Rev. 00

**6.0 SAFETY SECTION**

- |     |   |                              |                             |                              |
|-----|---|------------------------------|-----------------------------|------------------------------|
| 1.  | Does your company work to a documented formal Safety Management System (SMS)?<br>(if yes, please enclose a copy of your Safety Policy Statement and Manual)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2.  | Does your SMS comply with BS OHSAS 18001 or ISO 45001 or any other relevant safety system standard?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3.  | State the name and title of the person responsible for the SMS.   |                              |                             |                              |
| 4.  | State to whom the head of the SMS reports.  |                              |                             |                              |
| 5.  | Has your SMS been approved by an independent body or agency?<br>(please enclose a copy of your certificate)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6.  | Does your company have written procedures and/or work instructions?<br>(if yes, please enclose a list of all procedures and work instructions identified by title. <b>We reserve the right to request copies of these documents in the future</b> ) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7.  | If a SMS does not exist does your company have plans for implementing a system in the future?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8.  | Do you employ a full time safety advisor?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9.  | Do you employ a part time or consultancy safety advisor?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. | Have you received any safety award or recognition?<br>(please enclose copies)?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. | Are you a member of any safety groups or organisations?<br>(please enclose details if yes)  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 12. | Has your company had any prosecution, warning or penalty issued against health & safety legal requirements?<br>(please enclose details if yes)  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 13. | Please enclose a copy of your safety statistics for the last 3 years.<br>(indicators should follow OSHA recordkeeping guidelines)   |                              |                             |                              |
| 14. | Do you provide liability insurance coverage for your workers?<br>(if yes, please enclose details on type of coverage and worker's compensation statutory maximum)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 15. | Please confirm that we can approach your Insurance Agent for a reference  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                              |

Insurance Company Name	Address	
Insurance Agent Name	Address	Phone

\_\_\_\_\_  
 VENDOR QUESTIONNAIRE

 Ed. 06  
 Rev. 00

**6.0 SAFETY SECTION, continued from previous page**

- |     |   |                              |                             |                              |
|-----|---|------------------------------|-----------------------------|------------------------------|
| 16. | Do you have a documented system of risk assessments?<br>(please enclose procedure if yes)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 17. | Do you usually work according to a formal documented work permit system?<br>(please enclose procedure if yes)                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 18. | Do you maintain a regular safety training plan?<br>(please provide a copy if yes)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 19. | Do you have a planned preventative maintenance programme for your plant or machinery?<br>(please provide a copy if yes)                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 20. | Do you have a documented system for controlling materials hazardous to health?<br>(please enclose procedure if yes)                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 21. | Are there any specific health monitoring requirements for the work you are usually requested to carry out?<br>(please enclose details if yes) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

**7.0 CUSTOMER REFERENCE SECTION**

- Please enclose a list of contracts in the last 5 years stating name of customer, scope and amount.
- Have you failed to complete awarded work or been terminated for cause? YES  NO   
(if yes, please explain on a separate attachment)
- Please provide the names and addresses of two customers for whom you have carried out work for in the last 12 months. **We reserve the right to approach these customers for a reference.**

Customer Name	Customer Name
-----	-----
General Contractor Name (if other than client)	General Contractor Name (if other than client)
-----	-----
Your Company's Approx. Contract Amount	Your Company's Approx. Contract Amount
-----	-----
Project Location	Project Location
-----	-----
Completion Date (mm/yy)	Completion Date (mm/yy)
-----	-----
Briefly describe work performed by your company:	Briefly describe work performed by your company:
-----	-----
-----	-----
-----	-----
-----	-----
Contact Name/Title	Client Name/Title
-----	-----
Contact Phone	Contact Phone
-----	-----
Contact Address	Contact Address
-----	-----

\_\_\_\_\_  
**VENDOR QUESTIONNAIRE**

 Ed. 06  
 Rev. 00

**8.0 FINANCIAL SECTION**

1. Please list the owners of your company, specifying if they are individuals (IND), corporations (COR) or other entities (OTH):

Name	Type	Ownership %
_____	_____	_____
Name	Type	Ownership %
_____	_____	_____
Name	Title	Ownership %
_____	_____	_____
Name	Title	Ownership %
_____	_____	_____

2. If your company is part of a group, please enclose a chart showing the relationship between your company and its owners, subsidiaries and associates.
3. Please provide evidence of the current financial standing of your company. This shall be in the form of a statement of your financial standing for the current year to date and the two preceding years and shall be signed by your CFO or other authorized corporate officer.
4. Please summarise your turnover and profit over the last five years as follows. Data should be audited or verifiable.

	Turnover	Profit
Current year to date	_____	_____
Latest reporting year	_____	_____
Year -1	_____	_____
Year -2	_____	_____
Year -3	_____	_____

5. Please confirm that we can approach your Bank(s) for a reference. YES  NO

Bank Name	Address	
_____	_____	
Contact Name	Title	Phone
_____	_____	_____
Bank Name	Address	
_____	_____	
Contact Name	Title	Phone
_____	_____	_____

6. Please confirm that we can approach your Bonding Co. for a reference. YES  NO

Bonding Company Name	Address	Phone
_____	_____	_____
Contact Name	Title	Phone
_____	_____	_____
Total Bonding Capacity	Current Available Bonding Capacity	
_____	_____	

VENDOR QUESTIONNAIRE

Ed. 06  
Rev. 00

**9.0 MANAGEMENT AND ORGANIZATION SECTION**

1. Please indicate the CEO and the other senior executives of your company:

Name	Title	Age
_____	_____	-----
Name	Title	Age
_____	_____	-----
Name	Title	Age
_____	_____	-----
Name	Title	Age
_____	_____	-----
Name	Title	Age
_____	_____	-----
Name	Title	Age
_____	_____	-----

2. Please enclose an organization chart showing the structure of your company.

## VENDOR QUESTIONNAIRE

 Ed. 06  
 Rev. 00

**CHECKLIST OF REQUESTED DOCUMENTS**

1. Product/Service Catalogue	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Quality Policy Statement and Manual	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
3. QMS Approval Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Index of Quality Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Environmental Policy Statement and Manual	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
6. EMS Approval Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Index of Environmental Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Details of Environmental Prosecutions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
9. Safety Policy Statement and Manual	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
10. SMS Approval Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
11. Index of Safety Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Copies of Safety Awards / Recognitions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
13. Copies of Membership of Safety Groups	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
14. Details of Health & Safety Prosecutions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
15. Safety Statistics for the Last 3 Years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
16. Details of Liability Insurance Coverage	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
17. Risk Assessment Procedure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
18. Work Permit Procedure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
19. Safety Training Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
20. Preventative Maintenance Programme	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
21. Hazardous Materials Management Procedure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
22. Health Monitoring Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
23. Details on Failure to Complete Work / Termination	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
24. Corporate Relationship Chart	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
25. Financial Statement Signed by Authorized Officer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
26. Corporate Organization Chart	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

The undersigned certifies that the information provided herein is a clear and accurate representation of this organisation.

Information Supplied By:

Print Name	Title	Signature	Date

**CONFIDENTIALITY NOTE:**

The information supplied in this document is intended only for the use of Fata S.p.A.