

External Provider Approval Form

Please complete all sections of this form, where a question/section is not relevant to your company, please state not applicable.

Provider Details

Company Name: _____

Company Address: _____

Company Contact: _____ Position: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

If a division of subsidiary, please list name and address of parent organisation:

Sole Trader Limited Company Other

If other please specify: _____

Company Registration No.: _____ VAT No.: _____

Area(s) of operation (e.g. London & South East)

How long has the company been in operation? _____

Please give names and responsibilities of directors / partners

| Name | Responsibilities |
|----------|------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Has any of the directors/partners or associates been involved in a company that has been liquidated or gone into receivership? Yes
 No

If yes, please give details

Type of products / services (please tick the relevant boxes)

- | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| Boiler and Supplies | <input type="checkbox"/> | Electrical Consumable | <input type="checkbox"/> |
| Substances | <input type="checkbox"/> | Training | <input type="checkbox"/> |
| Specialist product / services | <input type="checkbox"/> | Equipment | <input type="checkbox"/> |
| Health & Safety Consultancy | <input type="checkbox"/> | Safety Signs | <input type="checkbox"/> |
| Quality Consultancy | <input type="checkbox"/> | Other – please specify below: | <input type="checkbox"/> |

Does the company hold any certifications or is a member of any accredited bodies e.g. ISO 9001 or the British Safety Council?

Please state: _____

Competence

Please state qualifications held: _____

Please state of years of experience for the service you will be providing: _____

Have you ever had any formal actions raised against you in terms of service provisions?

Yes No if yes, please give details and outcome: _____

Insurance Details

Public liability level of cover: _____ Expiry date: _____
 (Please provide a copy)

Employers liability level of cover: _____ Expiry date: _____
 (Please provide a copy)

Professional liability level of cover: _____ Expiry date: _____
 (Please provide a copy)

Company Systems and Policies

Do you have any of the following policies and / or management system in place?

Quality Assurance Environmental

Please tick as appropriate and provide copies of policies and/or certificates. If you do not have any of the above and wish to comment further, please note your comment below.

If you do not have any of the above, are you prepared to work to Aquagas Services Management System? Yes No

Health & Safety

How many people are employed by the company?

| | |
|-------------|-----------|
| Less than 5 | 5 or more |
|-------------|-----------|

Do you have a health & safety policy that is signed, dated and reviewed
 At regular intervals? **If yes please provide a copy** Yes No

Do you have arrangements in place detailing how health & safety is
 Managed within the company? **If yes please provide a copy** Yes No

Do you have access to competent health & safety advice? Yes No

If yes, please provide details:



Please provide detail & provide evidence of training carried out for managers, supervisors & operatives:

Does the company have a system in place for monitoring and reviewing Health & safety performance Yes No

Does the company have systems in place for appointing competent sub-contractors / consultants Yes No

Accident reporting, please state how Many of following the company has Had over the previous 3 years

| Incident type | Year 1 | Year 2 | Year 3 |
|-------------------------|--------|--------|--------|
| Fatality | | | |
| RIDDOR Reportable | | | |
| Dangerous Occurrence | | | |
| Occupational Diseases | | | |
| Non reportable Injuries | | | |
| Near Misses | | | |

Please provide the following:

- 2 X example risk assessments
- 2 X examples method statements
- 2 X examples COSHH assessments
- Example training

Financial Details

Account Holder: _____

Bank name: _____ Branch: _____

Account No.: _____ Sort Code: _____

Please provide the company UTR reference number:

Does the company hold a tax exemption certificate: Yes No

Does the company hold a CIS registration card:

| | | | |
|-------|-------|-------|------|
| CIS 4 | CIS 5 | CIS 6 | None |
|-------|-------|-------|------|



Terms

Credit limit (where applicable): _____ Payment terms: _____

Delivery terms (where applicable): _____

Discount (where applicable): _____

Provider Name: _____ Position: _____

Signature: _____ Date: _____

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Evaluation Results:

Has the provider been approved? Yes No

If no, state reason:

Approval status: Preferred provider Alternative provider

Authorised by: Name: _____ Position: _____

Signature: _____ Date: _____