
Isle of Man Government Construction Project Standard Pre-Qualification Questionnaire

The purpose of this questionnaire is to assist in the short listing of Contractors in construction project tender enquiries.

Organisations must provide all of the information requested below by the date stipulated in the covering letter or e-mail. Failure to address any area may disadvantage your organisation in the pre-qualification evaluation. If a question does not apply please write N/A and if you don't know the answer to a question please write N/K.

Any information provided by your organisation that is found to be inaccurate or misleading may result in your organisation's exclusion from future Government procurement activity.

If your organisation is a company which is part of a group of companies, the responses in this questionnaire must be provided by your organisation and not by a parent or holding company on behalf of your organisation.

Please do not provide any supporting documentation unless this is specifically requested. You may be asked to provide this documentation at a later stage and/or asked to clarify your answers or provide more details.

Previous Qualification

In the preceding 12 months have you completed a Construction Project Standard Pre-Qualification Questionnaire?

Yes / No

If **Yes**, you are not required to complete this questionnaire in full at this time. However please ensure the information previously submitted is still relevant and accurate and annotate this questionnaire with any necessary amendments. Then complete the declaration on page 12 and return to sender.

Please advise the title of the tender for which the previous qualifying questionnaire was submitted:

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Please advise to whom the previous qualifying questionnaire was submitted:

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If **No**, please complete this form, include all enclosures and **return to the address below** before the date stipulated in the covering letter:

Construction Project Standard Pre-Qualification, Procurement Services, the Attorney General's Chambers, Belgravia House, Circular Road, Douglas, IM1 1AE

Section A – Standard Pre-Qualification Questionnaire

1. Details of your Organisation:

Name of the organisation:

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Contact name for enquiries:

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Contact position/job title:

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Postal address:

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Telephone number:

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E-mail address:

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Website address:

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VAT registration number:

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Company Registration number:

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The organisation is (please tick one):

- A public limited company
- A limited company
- A partnership
- A sole trader
- Other

For other please specify:

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Name and Company Registration number of (ultimate) parent company (if applicable):

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Is your organisation owned by an individual or individuals who are resident in the Isle of Man for tax purposes (please tick)?

Yes / No

If yes, please provide owner name/names:

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2. Financial Information

What was your turnover in the last two years (if applicable)?

£ for the year ended:

£ for the year ended:

Has your organisation met the terms of its banking facilities and loan agreements (if any)?

Yes / No

If no, what were the reasons, and what has been done to put things right?

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Has your organisation met all of its obligations to pay its creditors and staff during the past year?

Yes / No

If no, please explain why not.

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Is your organisation in debt to any Department, Board, or Office of the Isle of Man Government?

Yes / No

If yes, please explain why.

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Has your organisation met all of its obligations regarding payment of social security obligations and taxes to the Isle of Man Government?

Yes / No

If no, what were the reasons, and what has been done to put things right?

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Please provide details of your bankers (who could provide a reference):

Name of bank:

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Branch:

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Contact details:

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If asked, would you be able to provide at least one of the following (please tick):

- A copy of your most recent audited accounts (for the last two years if this applies) Yes / No

- A statement of your turnover, profit and loss account and cash flow for the most recent year of trading Yes / No

- A statement of your cash flow for the current year and a bank letter outlining current the cash and credit position Yes / No

3. Business Activities and Standing

What are the main business activities of your organisation?

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How many staff does your organisation employ (if you are a sole trader please say so)?

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Have you had any contracts terminated for poor performance in the last three years, or any contracts where damages have been claimed by the contracting authority?

Yes / No

If yes, please give details:

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Do any of the following apply to your organisation, or to any of the Director(s)/ Partner(s)/ Proprietor(s)?

- Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings Yes / No

- Has been convicted of a criminal offence related to business or professional conduct? Yes / No

- Has committed an act of grave misconduct in the course of business? Yes / No

- Has not fulfilled obligations related to payment of taxes? Yes / No

- Is guilty of serious misrepresentation in supplying information? Yes / No

- Is not in possession of relevant licenses or membership of an appropriate organisation where required by law? Yes / No

If the answer to any of these is yes, please give brief details below, including what has been done to put things right.

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4. Insurance

Please provide values of your current insurance cover:

- Employers Liability: £
- Public Liability: £
- Professional Indemnity: £
- Other (please list):

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£

£

5. Quality Assurance

Does your organisation hold a recognised quality management certification (eg. BS/EN/ISO 9000 or equivalent)?

Yes / No

Does your organisation have a quality management system?

Yes / No

If you do not have a quality certification or a quality management system in place, please explain why:

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6. Equal Opportunities

Does your organisation have an equal opportunities policy to avoid discrimination?

Yes / No

7. Investors in People

Does your organisation hold Investors in People status?

Yes / No

8. Environmental Management

Does your organisation have an environmental management system?

Yes / No

9. Manx Accredited Construction Contractors Scheme

Construction contractors working on Isle of Man Government projects are required to be registered on the Manx Accredited Construction Contractors Scheme (MACCS). Is your organisation MACCS registered?

Yes / No

If **No** please be aware that in order to be awarded a construction contract your organisation must be an accredited contractor included on the MACCS register maintained by the Isle of Man Employers' Federation (23a Village Walk, Onchan, Isle of Man, IM3 4EB, info@employersfederation.co.im, telephone 01624 660188)

Section B – Health and Safety Pre-Qualification Questionnaire – Core Questions

1. Health and Safety Responsibilities

1.1 Which Director is responsible for Health and Safety within your organisation?

Name:

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Telephone number:

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E-mail address:

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1.2 Who within your organisation has day to day responsibility for Health and safety?

Name:

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Telephone Number:

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E-mail Address:

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1.3 Do you have a regular source of external Health and Safety advice? Yes/No

If **Yes** please provide details below:

Name:

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Telephone Number:

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E-mail Address:

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Postal address:

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2. Information, Instruction, Training & Supervision

2.1 Please provide:

2.1.1 A copy of your organisations Health & Safety Policy.

2.1.2 An example of your site safety induction process for **your last project** where you acted as Principal contractor (eg site induction procedures, toolbox talks etc).

2.2 Please provide details of Health and Safety training undergone by your **Directors, Managers, and Site Supervisors** in the previous five years including the type of training, expiry date and the training provider. Please provide details below (or on a separate sheet if you prefer):

Directors:

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Managers:

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Site Supervisors:

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2.3 Please enclose details of Health and Safety training undergone by your **Site Operatives** in the previous five years including the type of training, expiry date and training provider ideally in the format of a training spreadsheet.

2.4 Please provide details of your Site Safety Induction Process for a project where you acted as Principal Contractor (e.g. site induction procedures, tool box talks etc). Please provide details below (or on a separate sheet if you prefer):

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2.5 Is your organisation a member of any group, professional institution, body, organisation, trade association, or similar which promotes or has an involvement in Health and safety matters (eg CITB, ARCA)?

Yes/No

If **Yes** please provide details below:

Name of Organisation	Type of Membership
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2.6 Please provide a previously completed Construction Phase Health and Safety Plan. If you have not previously completed such a plan please describe how you complete such a plan below (or on a separate sheet if you prefer):

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3. Health and Safety Performance

3.1 Please provide a summary of all reportable injuries, accidents, diseases or dangerous occurrences within the last five years below (or on a separate sheet if you prefer):

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3.2 Has any enforcement action been taken against your organisation for breaches of Health and Safety legislation within the past three years, resulting in the following:

- Prosecution Yes/No
- Formal Caution Yes/No
- Prohibition Notice Yes/No
- Improvement Notice Yes/No

If yes please provide copies of notices

3.3 Please provide comments detailing your response to any enforcement action taken against your company below (or on a separate sheet if you prefer):

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4. Declaration

I declare that to the best of my knowledge the answers submitted in this pre-qualification questionnaire (and any supporting documentation) are correct. I understand that the information will be used in the evaluation process to assess my organisation's suitability to be invited to tender for the Government's requirement.

For previous pre-qualification the information already supplied by my organisation in relation to the tender detailed on page one of this documents can be shared with the Design Team in relation to this tender/project.

Completed by:

Signature:

Name:

Position (job title):

Name of Organisation:

Date: