













FURNITURE FOR

HAPPY, HEALTHY, HIGH PERFORMING

WORKING & LEARNING ENVIRONMENTS

Dear Supplier,

Please find attached our Preferred Subcontractors/Suppliers Questionnaire.

Please can this be completed and returned with all relevant attachments.

We understand that not all sections/questions will be relevant to your company. We request that this questionnaire is completed as thoroughly as possible.

Should there be any queries regarding the questionnaire, please do not hesitate to get in touch.

Best regards,

KI (UK) Ltd



Company	name					
Company Address						
Telephone	9					
Fax						
Email						
Company	registration n	umber				
Date of in	corporation					
VAT Numl	ber					
Dun & Bra	adstreet numb	er				
Tax certifi	icate details					
Туре						
Certificate number						
Expiry date						
Issued to						
Accounts ,	/ Finance					
Bank nam	ne & address					
Sort Code			Accou	unt number		
Provide ar	nnual turnov	er for th	ie last 3 y	ears (please supply	copies of accounts)
Year		An	nual turno	ver		
Year		An	nual turno	ver		
Year An		nual turno	ver			



General

1	Please provide details of the services or products that you supply to KI (UK) Ltd:
2	How long have you provided the above services or products? (years/months)
3	Please attach a copy of your current insurance certificate that applies to the work that you perform/intend to perform for KI (UK) Ltd (e.g. employer's liability, public liability, contractors all risks, construction plant, professional liability):
	☐ Employer's liability certificate
	☐ Public/products liability insurance certificate
	□ Contractor's all risk certificate
	□ Professional indemnity certificate
4	Please confirm if installers and any staff expected to go on site are CSCS certified.
	□ Yes □ No □ N/A
5	Please advise of any regular shut-down dates (e.g. Summer/Christmas)
6	Does your company undertake Health & Safety, Environmental and Quality Training?
	□ Yes □ No
	If yes, please attach an example training record.
7	Please state who is ultimately responsible for health, safety and environment within your company.
	Name:
	Position:
8	Are health, safety and environmental responsibilities allocated to individuals within your company?
	□ Yes □ No



General (continued)

9	Has your company had any of the following during the past 5 years?
	■ Fatal accident □ Yes □ No
	■ Reportable accidents □ Yes □ No
	■ Dangerous occurrences □ Yes □ No
	■ Major environmental incidents □ Yes □ No
	If yes, please attach the statistics and details of the accidents/incidents and any action taken by you or external authorities.
10	Has your company been prosecuted for breaches in health, safety and environmental legislation in the past 5 years?
	□ Yes □ No
	If yes, please attach details of the incident and any action taken.
11	Has your company had a prohibition or improvement notices served on it during the past 5 years? If yes, please attach details of the incident and any action taken.
	□ Yes □ No
12	Do you monitor health, safety and environmental compliance? If yes, please attach an example of how this is done.
	□ Yes □ No
13	Please state who is ultimately responsible for quality management within your company.
	Name:
	Position:
14	Does your company allocate quality responsibilities to individuals within your company?
	□ Yes □ No
15	Does your company have a procedure for calibrating equipment? If yes, please attach an example of a calibration record.
	□ Yes □ No



Policies

1	Does your company have any of the following pocopy.	olicies. <i>If yes, please attach a</i>
	Health and Safety Policy	□ Yes □ No
	Environmental Policy	□ Yes □ No
	Modern Slavery Act 2015 Policy	□ Yes □ No
	Quality Assurance Plan	□ Yes □ No
	Anti-bribery Policy	□ Yes □ No
	Contingency Planning Policy	□ Yes □ No
	Data Management Policy	□ Yes □ No
	Sustainable Sourcing Policy	□ Yes □ No
	Continuity of Supply Policy	□ Yes □ No
	Waste Management Policy	□ Yes □ No
2	Are your policies and certificates published (date ones? Please provide links below:	ed and signed) online? If so which
3	Are the above policies communicated to your er methods of communications below.	mployees? <i>If yes, please state the</i>



Standards

1	Is your company accredited to any of the following standards. If yes, please provide a copy.
	ISO 9001:2015, Quality Management ☐ Yes ☐ No ☐ N/A
	ISO 14001:2015, Environmental Management ☐ Yes ☐ No ☐ N/A
	ISO 45001:2018, Health and Safety Management ☐ Yes ☐ No ☐ N/A
2	If you answered no to any of the above, are you planning to implement any of the outstanding standards? If yes, please provide a timing plan for accreditation.

Environmental Certification

1	Does your company hold any of the following copy.	g certificates. <i>If yes, please provide a</i>
	Forest Stewardship Council (FSC)	□ Yes □ No □ N/A
	Programme for the Endorsement of Forest Certification (PEFC)	□ Yes □ No □ N/A
	Furniture Industry Sustainability Programme (FISP)	□ Yes □ No □ N/A
	Environmental Product Declarations (EPDs)	□ Yes □ No □ N/A
	Health Product Declarations (HPDs)	□ Yes □ No □ N/A



Questionnaire completed by

Signature	
Full name	
Position	
Date	

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