

# The Supply Management Team Supplier Selection Questionnaire

Anglesey Aluminium



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Procedure:  
PUR/PU 094 REV3  
Version: 22/02/2006  
REF/HR/MD

Date Issued: { DATE \\*  
MERGEFORMAT }

Please complete and return, with all relevant information attached, to Anglesey Aluminium Metals Ltd, for The Supply Management Team, Penrhos Works, PO Box 4, Holyhead, Anglesey, LL65 2UJ. (Fax: 01407 725031)

All Suppliers must complete Part A and sign the Declaration.

**Please Note: Part B is to be completed by companies that aim to provide an 'on site' Contractor Service. Part B should also be completed by suppliers of goods if requested to do so by AAM**

Please Tick box appropriate to you:      Supplier Service:  Contractor Service on AAM site:

**PART A: is for supply of consumables, goods, raw material and other which are for supply only**

## 1. Business Details:

Business Name: \_\_\_\_\_ Company House Registration: \_\_\_\_\_  
Principal Contact: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Tel: \_\_\_\_\_  
Trading address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Web site: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
NB E-mail shall be the primary means of contact; it is vital that you provide an address.  
24-Hour Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

## 2. Payment Details:

Bank: \_\_\_\_\_ Account Payable Office Address: \_\_\_\_\_  
Sort Code: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 3. Trading Experience:

Product Range: \_\_\_\_\_  
Trading since: \_\_\_\_\_ At current address since: \_\_\_\_\_  
Previous Contracts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Quality Management:**

If ISO 9000 accredited please provide your Certificate Number: \_\_\_\_\_

If not ISO 9000 accredited please provide brief details of your Quality Management System and the person responsible for ensuring quality and safety of supplied products and for dealing with customer queries:

\_\_\_\_\_  
\_\_\_\_\_

**PART B:**

**It is the intention of Anglesey Aluminium only to employ those contractors who have satisfied its health, safety and commercial requirements. All contractors must comply with the Management of Health and Safety at Work Regulations 1999 irrespective of the number of employees. If the contractor satisfies the requirements they will be added to the Approved Contractor Database.**

**5. Insurance Details:**

Yes

- Please attach copies of the following insurances:
- Public liability insurance:
  - Employers liability insurance:
  - Product liability insurance:
  - Contractors All Risk:
  - Professional indemnity:

Any other relevant insurance: \_\_\_\_\_

**6. Health and Safety:**

Yes

- Please attach the following documents:
- Health and Safety Policy Statement:
  - Sample risk assessment:
  - Sample COSHH assessment:
  - Sample Material Safety Data Sheet:
  - Record of employee safety training:

Please provide details of your Safety Management System used to ensure sub-contractors are competent:  Yes

Person responsible for health and safety: \_\_\_\_\_

Experience and training: \_\_\_\_\_

\_\_\_\_\_

Person or independent organisation that provides advice on health and safety: \_\_\_\_\_

Experience and training: \_\_\_\_\_

Number of accidents/incidents to your employees and non-employees over the last three years: \_\_\_\_\_

Details of any HSE Notices or HSE Court Proceedings Case Number and Breach:

\_\_\_\_\_

\_\_\_\_\_

**7. Environmental Management:**

Yes

Please attach your Environment Policy Statement:

If ISO 14001 accredited please provide your Certificate Number: \_\_\_\_\_

If not ISO 14001 accredited please provide brief details of your Environmental Management System: \_\_\_\_\_

\_\_\_\_\_

Person responsible for environmental issues: \_\_\_\_\_

Details of any Environment Agency/Local Authority Pollution Control enforcement notices and/or legal proceedings: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION:**

I confirm that the information provided above is true and accurate and I understand that my application will be refused if I have provided false information. I further confirm that my company agrees to abide by Anglesey Aluminium's Code of Good Business Practice and Employee Conduct and its Drug and Alcohol Policy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

**INTERNAL USE ONLY:**

Vendor number: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ranking: \_\_\_\_\_

\_\_\_\_\_

Buyer: \_\_\_\_\_

**Assessment:**

**Approved for inclusion on Vendor Register:**

\_\_\_\_\_  
Purchasing and Supply Superintendent:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Accounts:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Contracts and Facilities:

\_\_\_\_\_  
Date:

***If it's not safe, don't do it that way!***

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