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|  | **SUPPLIER REGISTRATION QUESTIONNAIRE** | | | | Date: | |
| Page 1 of | |
|  | | | | | | |
| **COMPANY** | |  | | | | |
|  | | | | | | |
| **SPACE TO BE FILLED IN BY INECO** | | | | | | |
| **Received at INECO:** | | | By: | Date: | | Assessment: 4 |

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| 1. **PRESENTATION** | | | | | | | | | |
| **COMPANY** (Name and Company Name): | | | | | | | VAT NUMBER: | | |
| ADDRESS: | | | | | | ZIP CODE: | Town/City: | | |
| TELEPHONE NO.: | | | | | FAX NO.: | | E-mail: | | |
| SHAREHOLDERS' EQUITY (Share Capital + Reserves) (€): | | | | | DATE OF INCORPORATION: | | | | |
| MAJOR SHAREHOLDERS (% shareholding): | | | | | | | | | |
| Exercise: | Ex:*20* | | | Ex. *20* | | | | Ex. *20* | |
| Billing: | € | | | € | | | | € | |
| Current Assets: | € | | | € | | | | € | |
| Fixed assets: | € | | | € | | | | € | |
| Liabilities: Equity: | € | | | € | | | | € | |
| Liabilities Short-term external funds: | € | | | € | | | | € | |
| Liabilities Long-term external funds: | € | | | € | | | | € | |
| 1. **STAFF** | | | | | | | | | |
| **EXECUTIVES** | | | | | | | | | |
| **Name/Position** | | **Qualification** | | | | | | | **Years of experience** |
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| **NO. OF QUALIFIED TECHNICIANS:** | | | **No. OF EMPLOYEES AND OPERATORS:** | | | | | | |
| 1. **FACILITIES AND TECHNICAL MEANS** | | | | | | | | | |
| FACILITIES | | | | | | | | | |
| Office area (m2): | | | Warehouse area (m2): | | | | | | |
| TECHNICAL RESOURCES | | | | | | | | | |
| IT resources:  OTHER ADDITIONAL resources : | | | | | | | | | |

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| 1. **COMPANY BUSINESSES:** | | | | | |
| PRODUCTS OR SERVICES SUPPLIED: | | | | | |
| GEOGRAPHICAL AREAS OF ACTION: | | | | | |
| REGULAR SUB-CONTRACTORS: | | | | | |
| REFERENCES FOR THE LAST THREE YEARS IN EACH OF THE SPECIALTIES IN WHICH YOU WISH TO REGISTER (\*) *(INECO reserves the right to request certifications from the clients and projects mentioned as a reference).* | | | | | |
| Field | Customer | Year | Description | Budget | Telephone |
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| (\*) Maximum 5 references per scope *(see list on last page)*. If necessary, use additional sheets. | | | | | |

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| 1. **CORPORATE MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | |
| 5.1. QUALITY MANAGEMENT | | | | | | | | | | | | | | | |
| Does your organisation have a Quality Officer? | YES | | | |  | | | NO | | | |  | | | |
| If it does, please state the name, telephone number and e-mail address of Quality Manager | | | | | | | | | | | | | | | |
| Does your organisation have a quality system certified by an authorised entity as per standard ISO 9001? | | YES | | | |  | | | NO | | |  | | | |
| If it does, please state the name of the entity and attach a copy of the certificate. | | | | | | | | | | | | | | | |
| *IF THE ANSWER TO THE PREVIOUS QUESTION IS NO* | | | | | | | | | | | | | | | |
| Does your organisation have a documented quality management system? | | YES | | | |  | | | NO | | | |  | | |
| Does your company have a plan for certification? | | YES | | | |  | | | NO | | | |  | | |
| If it does, please describe the plan | | | | | | | | | | | | | | | |
| Do you have written working procedures in compliance with the quality system? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please state which areas are covered | | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | | |
| Do you have an established way of dealing with customer complaints/suggestions? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please state which one and which method is used for management | | | | | | | | | | | | | | | |
| Do you have a system in place for collecting and managing employee suggestions? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please describe this system. | | | | | | | | | | | | | | | |
| Do you have a defined/documented business continuity management system? | | YES | | | |  | | | NO | | | |  | | |
| Please describe and attach any other third-party certification, verification or audit and/or trade association memberships that may be required or recognised for the qualification of the product code (e.g. EFQM, etc.) | | | | | | | | | | | | | | | |
| 1. **CORPORATE MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | |
| 5.2. ENVIRONMENTAL MANAGEMENT | | | | | | | | | | | | | | | |
| Does your organisation have an environmental management representative? | YES | | | |  | | | NO | | | |  | | | |
| If it does, please indicate name, telephone and e-mail of person responsible for environmental management | | | | | | | | | | | | | | | |
| Does your organisation have an environmental management system certified by an authorised entity as per standard ISO 14001? | | YES | | | |  | | | NO | | |  | | | |
| If it does, please state the name of the entity and attach a copy of the certificate. | | | | | | | | | | | | | | | |
| *IF THE ANSWER TO THE PREVIOUS QUESTION IS NO* | | | | | | | | | | | | | | | |
| Does your organisation have a documented environmental management system? | | YES | | | |  | | | NO | | | |  | | |
| Does your company have a plan for certification? | | YES | | | |  | | | NO | | | |  | | |
| If it does, please describe the plan | | | | | | | | | | | | | | | |
| do you have written working procedures in compliance with the environmental management system? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please state which areas are covered | | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | | |
| Do you calculate your carbon footprint? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please state its scope | | | | | | | | | | | | | | | |
| Do you verify your carbon footprint? | | YES | | | |  | | | NO | | | |  | | |
| If you do, please attach the corresponding certificate | | | | | | | | | | | | | | | |
| Please state and attach any other third party certification, verification or audit that may be required or recognised for the qualification of the product code (e.g. EMAS, ISO 50.001, ISO 14067, etc.) | | | | | | | | | | | | | | | |
| Have you had any environmental complaints filed against your company? | | YES | | | |  | | | NO | | | |  | | |
| If you have, please state date, status and scope of such complaints | | | | | | | | | | | | | | | |
| 1. **CORPORATE MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | |
| 5.3. HEALTH AND SAFETY MANAGEMENT | | | | | | | | | | | | | | | |
| Does your organisation have a Health and Safety Officer? | | | YES | |  | | | | | NO | | | |  | |
| If it does, please give name, telephone number and e-mail address of health and safety officer | | | | | | | | | | | | | | | |
| Does your organisation have a health and safety management system certified by an accredited body in accordance with ISO 45001? | | | YES | | |  | | | | NO | | | |  | |
| If it does, please indicate organisation and attach a copy of the certificate. | | | | | | | | | | | | | | | |
| *IF THE ANSWER TO THE PREVIOUS QUESTION IS NO* | | | | | | | | | | | | | | | |
| Does your company have a plan for obtaining certification standard ISO 45001? | | | YES | | |  | | | | NO | | | |  | |
| If it does, please indicate the plan. | | | | | | | | | | | | | | | |
| Do you have written work procedures that comply with the health and safety management system? | | | YES | | |  | | | | NO | | | |  | |
| If you do, please state which areas are covered | | | | | | | | | | | | | | | |
| Do you carry out internal health and safety audits? | | | YES | | | |  | | | NO | | | |  | |
| If you do, please provide date, and provide internal audit programmes for the previous completed year. | | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | | |
| Have you calculated accident rates for the previous completed year? | | | YES | | |  | | | | NO | | | |  | |
| Provide information on claims ratios (previous completed year) and details or how to calculate them, if necessary. | | | | | | | | | | | | | | | |
| Does your company have bodies for consultation and participation of workers in health and safety matters (Representative, Health and Safety Committee, etc.)? | | | YES | | |  | | | | NO | | | |  | |
| If it does, please justify its designation or creation (articles of association, etc.) | | | | | | | | | | | | | | | |
| Do you have a Health and Safety Policy executed by the top executives of the company? | | | | YES | | |  | | | | NO | | | |  |
| If you do, provide a copy of the company's Health and Safety Policy | | | | | | | | | | | | | | | |
| 1. **CORPORATE MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | |
| 5.4. PERSONAL DATA PROTECTION MANAGEMENT | | | | | | | | | | | | | | | |
| Does the company have its own Personal Data Protection Policy in accordance with current regulations? | | | YES | |  | | | | | NO | | | |  | |
| Has the company drawn up a register of data processing activities? | | | YES | | |  | | | | NO | | | |  | |
| Has the company carried out a risk analysis of the risks inherent to personal data processing? Has the company carried out, where appropriate, a personal data protection impact assessment? | | | YES | | |  | | | | NO | | | |  | |
| Has the company implemented the necessary technical and organisational measures to mitigate the risks inherent to personal data processing? | | | YES | | |  | | | | NO | | | |  | |
| If it does, please state what technical and organisational measures you have put in place: | | | | | | | | | | | | | | | |
| Does the company have a procedure for notifying any breaches of the security of personal data under its responsibility of which it becomes aware? | | | YES | | | |  | | | NO | | | |  | |
| If it does, please attach a copy of the security breach notification procedure. | | | | | | | | | | | | | | | |
| Does the company have a procedure in place to request the exercise of rights with respect to personal data under INECO's responsibility? | | | YES | | |  | | | | NO | | | |  | |
| If it does, please attach a copy of the procedure for requesting to exercise the data holder’s rights. | | | | | | | | | | | | | | | |
| Has the company conducted audits in the five (5) years prior to the provision of the service with a favourable result of 80% or more? | | | YES | | |  | | | | NO | | | |  | |
| In the last 12 months, has the company notified the relevant security authority of any security breaches? | | | YES | | |  | | | | NO | | | |  | |
| If it has, please indicate the number of stakeholders concerned by each of them | | | | | | | | | | | | | | | |

**LIST OF FIELDS**

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| --- | --- |
| **CODE** | **DESCRIPTION** |
| 1 | ACCOUNT AUDITING |
| 2 | TECHNICAL AUDIT |
| 3 | COMPUTER APPLICATIONS / SOFTWARE |
| 4 | ARCHAEOLOGY |
| 5 | ARCHITECTURE |
| 6 | LEGAL AND TAX ADVICE |
| 7 | MONITORING |
| 8 | SCALES AND ANCILLARIES |
| 9 | STRUCTURAL CALCULATIONS |
| 10 | CALIBRATION OF MEASURING AND TESTING EQUIPMENT |
| 11 | DELINEATION |
| 12 | DIGITISATION AND RECORDING |
| 13 | DESIGN AND IMAGE |
| 14 | TEMPORARY EMPLOYMENT AGENCY |
| 15 | ENGINEERING COMPANIES |
| 16 | CONSULTING FIRMS |
| 17 | CONSTRUCTION COMPANIES |
| 18 | POLLS / SURVEYS |
| 19 | LABORATORY TESTS |
| 20 | MEASURING AND TEST EQUIPMENT AND ACCESSORIES |
| 21 | COMPUTER EQUIPMENT / HARDWARE |
| 22 | ENVIRONMENTAL IMPACT ASSESSMENT |
| 23 | TUNNELS SURVEY |
| 24 | MARKET SURVEYS |
| 25 | TRAFFIC SURVEYS |
| 26 | TRANSPORTATION SURVEYS |
| 27 | ECONOMIC SURVEYS |
| 28 | EVENTS |
| 29 | EXPROPRIATIONS |
| 30 | HARDWARE STORE, ELECTRICAL HOUSEHOLD APPLIANCES, TELEPHONY |
| 31 | PHOTOGRAPHY |
| 32 | PHOTOGRAMMETRY |
| 33 | GEOPHYSICS |
| 34 | GEOLOGY AND GEOTECHNICS |
| 35 | HYDROLOGY |
| 36 | CADASTRAL INFORMATION |
| 37 | INFORMATION ON POSTAL ADDRESSES |
| 38 | REAL ESTATE MANAGEMENT AND CONSULTANCY |
| 39 | CIVIL ENGINEERING |
| 40 | ELECTRICAL ENGINEERING |
| 41 | MECHANICAL ENGINEERING |
| 42 | ENGINEERING SIGNALLING, TELECOMMUNICATIONS |
| 43 | THERMOGRAPHIC INSPECTIONS |
| 44 | OTHER FACILITIES |
| 45 | ELECTRICAL INSTALLATIONS |
| 46 | ELECTRICAL INSTALLATIONS OFFICES |
| 47 | HYDRAULIC INSTALLATIONS |
| 48 | OFFICE EQUIPMENT MAINTENANCE |
| 49 | OFFICE MAINTENANCE AND CLEANING |
| 50 | MODELS |
| 51 | ELECTRICAL CONSTRUCTION MACHINERY |
| 52 | OFFICE SUPPLIES |
| 53 | BUILDING MATERIALS |
| 54 | ELECTRICAL MATERIALS |
| 55 | NOISE MEASUREMENT |
| 56 | OFFICE FURNITURE AND EQUIPMENT |
| 57 | AIR NAVIGATION |
| 58 | ANCILLARY WORKS |
| 59 | ADVERTISING |
| 60 | INSURANCE |
| 61 | AUXILIARY OFFICE SERVICES (PHOTOCOPYING, COURIER SERVICES, WASTE REMOVAL, ...) |
| 62 | QUALITY, ENVIRONMENT AND OCCUPATIONAL RISK PREVENTION SYSTEM |
| 63 | REAL ESTATE AND LAND APPRAISALS AND VALUATIONS |
| 64 | SURVEYING, MAPPING |
| 65 | TRANSLATIONS |
| 66 | URBAN PLANNING, SPATIAL PLANNING, PLANNING |
| 67 | SURVEILLANCE AND SECURITY |
| 68 | TRAINING |
| 69 | RAILWAY MAINTENANCE AND EQUIPMENT |
| 70 | SUPPLY OF FENCING, SIGNS, PANELS, ETC. |
| 71 | TRANSPORTATION ENGINEERING |
| 72 | TRANSPORT COMPANIES (TRAVEL, REMOVALS, CARS...) |
| 98 | NOT APPLICABLE |
| 99 | ORGANISATIONS, FOUNDATIONS, ASSOCIATIONS, ... |