

CONTRACTOR QUESTIONNAIRE

Company Name: _____
 Contact Name & Position: _____
 Address: _____
 Phone No.: _____ Fax No.: _____

Do you have a Management System in accordance with either of the following? Yes / No
 If yes, please circle appropriate systems:

ISO9001: 2000	ISO14001: 1996	AS/NZS 4801:2001	Safety Map	5 Star (DMV)	Other
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If Yes, Accredited Organisation Name: _____
 Certification Number: _____

Are you planning or in the process of implementing a formal management system or other system elements? Yes / No

If yes, please indicate which of the above or other system(s) you are implementing: _____

If yes, what is your approximate time frame for implementation? _____

If No, do you agree to adopt elements of Andrew Walter Constructions (AWC) Management Systems when supplying services: Yes / No

Are you prepared to allow representatives of AWC to conduct an assessment and/or audit of your company prior to the award of a contract: Yes / No

Are the main processes you use to manufacture install, and/or design documented? Yes / No

Does your supply to AWC involve the use of subcontractors? Yes / No

Do you have an assessment procedure for approving your subcontractors: Yes / No
 If yes, please explain this procedure or attach if appropriate: _____

All suppliers and subcontractors may be assessed every year, if your company undertakes any significant changes, that may affect Andrew Walter Constructions, please indicate as soon as possible. Any recent changes can be outlined below:

Please Note

As a contractor you are required to provide current copies of your Workers Compensation, Public Liability Insurances, as well as copies of all appropriate licences, please return completed questionnaire and copies of insurance policies and licences.

I have read and understand that I am required to adhere to all AWC policies and procedures

Signed: _____ Date: _____