



# LTR Lifts and Escalators Limited

## SUB CONTRACTOR QUESTIONNAIRE – LIFT INSTALLATION / MAINTENANCE

### Section 2

Does your company hold ISO9000 registration YES  NO   
 If Yes, enclose a copy of your certificate and go to section 3

Do you intend applying for ISO9000 registration YES  NO   
 If so, when do you plan to be assessed, date: \_\_\_\_\_

Does your company operate within a documented quality system YES  NO

Is a copy of the Quality manual available for our inspection YES  NO

Are Management Reviews of the quality system held regularly YES  NO

Are customer requirements accurately documented and reviewed YES  NO

Are customer complaints documented and investigated YES  NO

Are internal audits of the quality system carried out regularly YES  NO

Are appropriate actions taken to prevent recurrence of non-conformances YES  NO

Are you willing for LTR to carry out an on-site assessment of your company YES  NO

### Section 3

What items of measuring equipment do you use:

	Calibrated?			Calibrated?	
Multimeter	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rule	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Clampmeter	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Square	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Megger	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Spirit Level	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tacho	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Door Closing Force Guage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tape measure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Plumbing/Boning Set	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others, please list below	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

It is required by our approved quality system that all items of measuring equipment are calibrated.  
**Please supply copies of certificates for these items that have been calibrated.**  
 LTR can arrange calibration at cost, if required.

### Section 4

What portable electric tools do you use:

	PAT tested?			PAT tested?	
Drill 230v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Jigsaw 110v	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Drill 110v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Welder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hilti 230v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Soldering iron	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hilti 110v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Transformer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Angle grinder 230v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Extension leads 230v	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Angle grinder 110v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Extension leads 110v	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Jigsaw 230v	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Lead lamp	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others, list below	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

The Provision and Use of Work Equipment Regulations require that tools are maintained in a safe condition.  
 Portable Appliance Testing (PAT) is an acceptable method of meeting this requirement.  
**Please supply copies of records for these items that have been PAT tested.** LTR can test at cost, if required.

**SUB CONTRACTOR QUESTIONNAIRE – LIFT INSTALLATION / MAINTENANCE**

**Section 5**

What items of lifting tackle do you use:

	Safety examined?			Safety examined?	
Chain block	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fibre slings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chain slings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rope slings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others, list below	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

The Lifting Operations and Lifting Equipment Regulations require that all lifting tackle be regularly examined. **Please supply copies of Safety Examination certificates for those items that have been examined.**  
**Note.** Safety examinations may be a condition of your liability insurance.

**Section 6**

What items of Personal Protective Equipment (PPE) do you provide and maintain:

<input type="checkbox"/> Safety harness	<input type="checkbox"/> Gloves	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Overalls
<input type="checkbox"/> Fluorescent vest	<input type="checkbox"/> Electrical lockout kit	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Dust mask
<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> First aid kit	<input type="checkbox"/> Safety glasses
<input type="checkbox"/> Ear protection	<input type="checkbox"/> Residual current device	<input type="checkbox"/> Other, List below	

**Note:** It is a requirement of the Health and Safety at work, etc Act 1974 that necessary PPE shall be supplied and maintained by the employer.

**Section 7**

Qualifications and Experience

**CSCS Skills Cards - I understand that to Major Contractors Group construction sites is restricted to those persons who hold a relevant CSCS Skills Card.**

Please Specify CSCS Card Details: \_\_\_\_\_

Are you NVQ 3 Qualified YES  NO  if yes, Please specify \_\_\_\_\_

Are you NVQ 4 Qualified YES  NO  if yes, Please specify \_\_\_\_\_

How many years experience do you have in the lift industry? Please specify \_\_\_\_\_

Please detail safety training undertaken by those that will work on LTR projects:

Please detail any other training or qualifications that would be relevant to LTR Project Work

**Please provide all supporting documentation, references and certificates for above qualifications**

**CHECKLIST**

**Please ensure that copies of the following documents are returned with your completed form:**

		<b><u>LTR use only</u></b>
<b>1a.</b> Public & Employees Liability insurance cert(s)	YES/NO/N.A.	Acceptable _____
<b>1b.</b> Health and Safety policy, where applicable	YES/NO/N.A.	Acceptable _____
<b>1c.</b> Copy of CIS Card	YES/NO/N.A.	Acceptable _____
<b>2.</b> ISO9000 certificate, where applicable	YES/NO/N.A.	Acceptable _____
<b>3.</b> Calibration certificate(s)	YES/NO/N.A.	Acceptable _____
<b>4.</b> Portable Appliance Testing records	YES/NO/N.A.	Acceptable _____
<b>5.</b> Lifting tackle safety examination certificate(s)	YES/NO/N.A.	Acceptable _____
<b>6.</b> CSCS Card Copy	YES/NO/N.A.	Acceptable _____
<b>7.</b> Other Qualification Certificate(s)	YES/NO/N.A.	Acceptable _____

**I have checked the information given in this questionnaire and declare it to be true and accurate.**

**I confirm that all work carried out on behalf of LTR Lifts and Escalators Ltd shall be completed by competent persons, in accordance with the Health and Safety at Work, etc Act 1974 and any other regulations that may apply.**

Print name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_