



WORKING ENVIRONMENTS LTD

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Tel: 023 8070 3344 email: enquiries@workingenvironments.co.uk

SUB-CONTRACTOR

PRE-QUALIFICATION QUESTIONNAIRE

Full trading name
(as shown on CIS)

.....

Email address

Data Protection

Under the Data Protection Act 1998 Working Environments is committed to protecting all information provided within this document and will NOT share this information with any third parties outside The Environmental & Process Engineering Group.

We will use the information to determine your suitability to provide us with goods and services appropriate to your business and our operations. We reserve the right to contact you periodically to update all or part of this information.

Introduction and background

Working Environments is looking to expand their current supply chain in order to compete for and win additional contracts in both the public and private sector.

Approved Suppliers List

Applicants are asked to complete the following pre-qualification questionnaire (PQQ). This is evaluated, and the highest scoring applicants are awarded places on the approved list. Several businesses on this list will be asked, on a rotational basis, to provide quotations and method statements for each piece of work.

1.0	DETAILS RELEVANT TO HEAD OFFICE		
1.1	Legal name of company		
Trading name(s) (of subsidiary companies if applicable)			
Address(es) – (Please attach locations directory if necessary)			
			Post code
Telephone		Facsimile	
Email		Website	
Trade activity (what is your core business?)			
Please provide details of membership of relevant trade or professional bodies:			
1.2	Company details		
Company registration no		UTR	
Date of incorporation		NI no (if applicable)	
VAT registration no		CIS/Company type	Sole trader / partnership / limited company
Please provide a copy of your VAT certificate		Please provide a copy of your HMRC CIS letter. Document (a)	
Please list the full names of any directors, company secretaries, partners, associates or other person occupying a position of authority or responsibility in your organisation			
Have any of the people named above been subject to bankruptcy, insolvency or receivership proceedings? If "Yes" please enclose details on a separate sheet of paper. Document (b)		Yes / No	
1.3	Finance		
Suppliers seeking entry to an approved/select list must demonstrate that they have a sound financial standing, appropriate to the level of contracts being sought. Failure to complete all relevant questions in this section, or failure to enclose supporting documentation, will result in your application being rejected.			
Please name the person in your organisation responsible for financial matters			
Please state their job title			
Please provide a financial reference from your bank. Document (c)		Details attached Yes / No	
Please enclose FULL copies of audited accounts and annual reports for the last three years. These should NOT be draft accounts. If you are unable to supply this information, please tell us why. Document (d) . This information will be used to assess the financial status of your organisation. In the case of a registered company, we may also run a credit check.		Details attached Yes / No	

If your organisation is a member of a group, please ensure that you enclose the accounts of your organisation only. If group accounts, only, are available, please enclose a separate statement of turnover for the individual company	Details attached Yes / No
Is the organisation a formal member of a larger trading group of other organisations?	Yes / No
If "Yes" would the group or the ultimate holding company be prepared to guarantee your company's performance as its subsidiary?	Yes / No / Not applicable
If yes above, please enclose: a. Name and address of ultimate holding company. Document (e) b. Names and addresses of all the other subsidiary organisations in the group c. Where a partnership, total number of partners in each organisation d. Where a partnership, the date when partner organisations were formed e. Full details of the structure of the group, indicating, for example, whether it is a partnership itself or a collection of separate partnerships sharing services	
Are the accounts you are submitting for a year ended more than 10 months ago?	Yes / No
If "Yes" above, is the organisation described in those accounts still trading? If "Yes" please enclose the following information, document (f) a. Statement of turnover since last set of published accounts b. Not available; details enclosed – Statement signed by person responsible for financial matters, setting out significant changes in financial position since last available balance sheet c. Not available; details enclosed	Yes / No
Please detail any pending litigious proceedings, outstanding claims, and any arbitration in which the organisation is involved. Document (g)	N/A / Details enclosed
If partnership or sole trader:	
Please give the full names (including all forenames) of all partners	

2.0	PAYMENT DETAILS	
2.1	Finance	
Is your account factored?	Yes / No	If your answer is "Yes" then do not complete this questionnaire any further as you will not be approved and please let Working Environments know
2.2	Bank details	
Bank account name:		
Name of bank:		
Account number:		
Sort code:		

3.0	HOLDING COMPANY (if applicable)		
Company name			
Company registration no		Post code	
Please note: Working Environments reserve the right to review your audited accounts via Companies House or other financial/credit services provider			
I confirm that to the best of my knowledge the information provided in Section 1.0, 2.0 and 3.0 above is current and correct			
Sub-contractor signature		Print name	
Position (must be a Director/Partner)		Print name	
Date			

4.0	STAFF
Please indicate below the number of staff employed directly this financial year:	
Area	Number of employees
Management	
Supervision (Engineers)	
Operations (Site Managers)	
Manufacturing	
Other	
Total staff	
In order for us to assess the skills within your organisation, please provide details of relevant, recognised qualifications held by your employees and management. Document (h)	

5.0	CONTACT DETAILS Attach additional list if needed		
Full name	Position	Mobile no	Email

6.0	SUB-CONTRACTOR TYPE (Please tick as appropriate)			
Labour, plant and materials	<input type="checkbox"/>	Labour and plant ONLY	<input type="checkbox"/>	Labour ONLY (incl. Small tools)
Labour, plant and materials with design	<input type="checkbox"/>	Labour and plant ONLY with design	<input type="checkbox"/>	Labour agency
If you include design you MUST provide professional indemnity insurance (see Section 12.0)				

What is the largest project undertaken?		Value	£
<p>Ability to deliver</p> <p>Sub-contractors must demonstrate that they have the ability and experience to fulfil any orders and contractual obligations that they may be given, to the standard expected by Working Environments. An element of this would be the employment of suitably qualified and experienced staff.</p> <p>Please indicate the categories of work for which your organisation wishes to be considered as a supplier, and the maximum total annual contract values that your organisation considers itself equipped to handle.</p> <p>In estimating the “maximum value” of work that your company can handle, you should consider issues such as your cash flow, number of staff and general infrastructure. Usually this is a maximum of 20% of your turnover but can be more dependent on contract values and repetitive works.</p>			
Categories of work you wish to be considered for			
Maximum value you consider your organisation equipped to handle			

7.0	COMMERCIAL	
Rebates to be paid to Working Environments for volume of work for financial period 1 October to 30 September (payment to be made by 31 October)		
0 – £2,000		%
£2,000 – £10,000		%
£10,000 – £50,000		%
£50,000 – £100,000		%
£100,000 – £200,000		%
£200,000 – £300,000		%
£300,000+		%
Has your organisation suffered financial deductions in respect to any contract in the last five years? These may be liquidated and ascertained damages, any kind of financial penalty, or retention of money that would otherwise have been paid. If “Yes” please enclose details. Document (i)		Yes / No
Has your organisation ever had a contract terminated or your employment determined under the terms of the contract? If “Yes” please enclose details. Document (j)		Yes / No
Has your organisation ever been unsuccessful in seeking to have a contract renewed, due to failure to perform to the terms of the contract? If “Yes” please enclose details. Document (k)		Yes / No
Have any of your organisation’s contracts ended early due to default on your organisation’s part? If “Yes” please give details. Document (l)		Yes / No
Please state any operations that your organisation would normally let to sub-contractors.		
Please indicate the proportion of this work normally sub-let		

8.0	EMPLOYMENT AND EQUAL OPPORTUNITIES	
How does your organisation assess the suitability and competence of potential employees?		
Job descriptions	Yes / No	
Application forms	Yes / No	
References	Yes / No	
Qualifications	Yes / No	
Inspection of previous work	Yes / No	
Trial period before confirmation of employment	Yes / No	
Personal recommendation	Yes / No	
Candidate specification	Yes / No	
Others – please specify	Yes / No	
The above information is required to ensure that you have good internal employment procedures, as it is your staff who will be delivering any contract. If you do not have any of the above documentation, please provide alternative information on how you assess suitability of employment		
Does your organisation comply with the Immigration, Asylum and Nationality Act 2006?	Yes / No	
Does your organisation keep full, up-to-date records of all employees?	Yes / No	
Do you run, or are you willing to run, DBS (Disclosure and Barring Service) checks on all your workers, including employees and sub-contractors, who may, in the course of their duties, come into contact with vulnerable groups? Vulnerable groups include the elderly, young people and people with a physical or mental disability	Already run Yes / No Willing to run Yes / No Not applicable Yes / No	
Are you willing to supply names of all relevant workers to Working Environments?	Yes / No	
Working Environments seeks to ensure that all organisations on its approved/select lists demonstrate compliance with all relevant employment and equal opportunities legislation.		
Does your organisation comply with the Equality Act 2010 with regards to age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation?	Yes / No	
Working Environments seeks to ensure that all organisations on its approved/select lists demonstrate compliance with the Modern Slavery Act 2015.		
Please confirm you are aware of the Modern Slavery Act 2015 and that you have processes in place to reduce the risk of slavery or human trafficking taking place within your organisation and supply chain	Yes / No	

9.0	ANNUAL TURNOVER (Last 3 years)	Current financial year (forecast) 20.....	Last year 20.....	Previous year 20.....
Annual turnover		£	£	£
Average value of typical works		£	£	£

10.0	KEY CLIENTS		
Please indicate your five largest clients and an indication of the value of business in the last year:			
Client name		Value of business last year	

11.0	QUALITY, SAFETY, HEALTH AND ENVIRONMENTAL MANAGEMENT SYSTEMS (Please tick as appropriate)				
Relevant standards	Certification			Documentation	
ISO 9001					
ISO 14001/ BS 8555 / EMAS					
OHSAS 18001					
OTHER					
If your management system has external accreditation, i.e. BSI, please attach a copy of the certificate of registration. Document (m)					

12.0	INSURANCE
Please find attached an insurance questionnaire, (Appendix B), which MUST BE completed by your insurer or broker only . Document (n)	
When returning this document please attach an original copy of your insurance schedule on your insurer's / broker's letter headed paper	

13.0	SUB-CONTRACTOR SHE COMPETENCE ASSESSMENT	
Who is ultimately responsible for health and safety?		
Who is responsible for management of health and safety?		
Can you supply accident statistics for the last three years? If "Yes" please provide details. Document (o)		Yes / No / Details enclosed
Please provide details of the number of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and any fatalities over the past three years and the actions taken as a result of any fatalities. Document (p)		N/A / Details enclosed
Have you received any Improvement/Prohibition notices in the last		Yes / No

three years? If “Yes” please provide details. Document (q)	
In the last three years, has your organisation been the subject of formal investigation for breaches of statutory duty of care? If “Yes” please provide details. Document (r)	Yes / No
In the last three years has any court made any finding of breach of statutory duty of care against your organisation? If “Yes” please provide details. Document (s)	Yes / No
Please provide details of membership of relevant trade or professional bodies. Document (t)	N/A / Details enclosed
If you are registered with CHAS/Safe Contractor/Building Confidence/OHSAS 18001 please provide a copy of your certificate/s and go straight to section 14.0. Document (u)	Yes / No
Please provide details of arrangements for accessing competent health and safety advice (e.g. in-house safety officer, safety consultant, through trade organisation). Document (v)	N/A / Details enclosed
Please provide details of how employees are trained in relation to the health, safety and welfare aspects of their work activities (copies of example training records etc). Document (w)	
Please provide details of arrangements for providing employees with personal protective equipment	
Please provide details of arrangements for supervising employees and appointing sub-contractors, where used	
Please provide details of how information on Working Environments’ work and site rules will be provided to employees and sub-contractors	
Do you have a health and safety policy? If “Yes” please enclose a copy. Document (x)	Yes / No
Do you have an environmental policy? If “Yes” please enclose a copy. Document (y)	Yes / No
Is it your policy to comply with the statutory duty of care in respect of waste management, imposed by the Environmental Protection Act 1990?	Yes / No
Please provide an example risk assessment covering task or area of work you could be carrying out for Working Environments. Document (z) If you employ less than five persons and do not have written arrangements, you should be able to describe how you achieve the above	
Please provide an example of a method statement covering a task or area of work you would be carrying out for Working Environments. Document (aa) If you employ less than five persons and do not have written arrangements, you should be able to describe how you achieve the above	
Please provide an example of a COSHH assessment covering a task or area of work you would be carrying out for Working Environments. Document (ab) If you employ less than five persons and you do not have written arrangements, you should be able to describe how you achieve the above	
Does your organisation recycle any of its waste? If “Yes” please provide details. Document (ac)	Yes / No

What arrangements will the company make for disposal of any controlled waste as a result of the work? Please provide details. Document (ad)	
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14.0	TRADE REFERENCES	Companies for whom you have previously provided services in the last year	
(1) Name and Address			
Telephone no		Contact name	
Facsimile no		Email address	
(2) Name and Address			
Telephone no		Contact name	
Facsimile no		Email address	
(3) Name and address			
Telephone no		Contact name	
Facsimile no		Email address	

15.0	MANAGING GAS SAFETY (if applicable)	
GasSafe registration number		
Valid until		
Please provide a copy of your GasSafe registration certificate Document (ae)		
How many gas engineers do you employ?		
How many gas engineers to you employ as sub-contractors?		
How many gas engineers to you employ as agency staff?		
Enter gas works types in approximate % terms:		
a) Domestic		%
b) Industrial and commercial		%
c) Servicing and maintenance/breakdowns		%
d) Landlord gas safety checks		%

e) Installation of appliances	%
In the last 3 years has your organisation been subjected to any prohibition/enforcement notices? If yes, please provide details. Document (af)	Yes / No
Name the person in your organisation undertaking supervision and quality control checks (gas specific installation)	
Do you have a quality control system in place?	Yes / No
Do you have quality control auditors who are competent and have been adequately trained	Yes / No
Do you have a procedure to check all types of gas work?	Yes / No

APPENDIX A

(To be completed by ALL sub-contractors) Document (ag)

Please tick the region or postcode area within which you are able to competitively operate		
<input type="checkbox"/> <u>UNITED KINGDOM</u>	<input type="checkbox"/> <u>EAST</u>	<input type="checkbox"/> <u>GREATER LONDON</u>
<input type="checkbox"/> England	<input type="checkbox"/> CB Cambridge	<input type="checkbox"/> E East
<input type="checkbox"/> Scotland	<input type="checkbox"/> IP Ipswich	<input type="checkbox"/> N North
<input type="checkbox"/> Wales	<input type="checkbox"/> NR Norwich	<input type="checkbox"/> NW North West
<input type="checkbox"/> Channel Islands	<input type="checkbox"/> PE Peterborough	<input type="checkbox"/> SE South East
<input type="checkbox"/> <u>NORTH EAST ENGLAND</u>	<input type="checkbox"/> <u>HOME COUNTIES</u>	<input type="checkbox"/> SW South West
<input type="checkbox"/> DH Durham	<input type="checkbox"/> AL St. Albans	<input type="checkbox"/> W West
<input type="checkbox"/> DN Doncaster	<input type="checkbox"/> BR Bromley	<input type="checkbox"/> <u>INNER LONDON</u>
<input type="checkbox"/> HU Humberside	<input type="checkbox"/> CM Chelmsford	<input type="checkbox"/> e.g. Camden/ City of Westminster, Hammersmith and Fulham; Islington; Kensington and Chelsea; Lambeth; Southwark; Tower Hamlets
<input type="checkbox"/> LN Lincolnshire	<input type="checkbox"/> CO Colchester	<input type="checkbox"/> <u>CHANNEL ISLES</u>
<input type="checkbox"/> NE Newcastle-upon-Tyne	<input type="checkbox"/> CR Croydon	<input type="checkbox"/> BY Alderney
<input type="checkbox"/> SR Sunderland	<input type="checkbox"/> CT Canterbury (Kent)	<input type="checkbox"/> GY Guernsey
<input type="checkbox"/> TS Cleveland	<input type="checkbox"/> DA Dartford	<input type="checkbox"/> GY Herm
<input type="checkbox"/> YO Yorkshire	<input type="checkbox"/> EN Enfield	<input type="checkbox"/> GY Sark
<input type="checkbox"/> <u>NORTH WEST ENGLAND</u>	<input type="checkbox"/> GU Guildford	<input type="checkbox"/> JE Jersey
<input type="checkbox"/> BB Blackburn	<input type="checkbox"/> HA Harrow	<input type="checkbox"/> <u>WALES</u>
<input type="checkbox"/> BD Bradford	<input type="checkbox"/> HP Hemel Hempstead	<input type="checkbox"/> CF Cardiff
<input type="checkbox"/> BL Bolton	<input type="checkbox"/> IG Ilford	<input type="checkbox"/> LD Llandrindod Wells (Powys)
<input type="checkbox"/> LA Cumbria	<input type="checkbox"/> KT Kingston-upon-Thames	<input type="checkbox"/> LL Llanduno
<input type="checkbox"/> CH Chester	<input type="checkbox"/> LU Luton	<input type="checkbox"/> NP Newport
<input type="checkbox"/> CW Crewe	<input type="checkbox"/> ME Medway (Kent)	<input type="checkbox"/> SA Swansea
<input type="checkbox"/> FY Fleetwood	<input type="checkbox"/> MK Milton Keynes	<input type="checkbox"/> SY Shrewsbury
<input type="checkbox"/> HD Huddersfield	<input type="checkbox"/> RH Redhill (Surrey)	<input type="checkbox"/> <u>SCOTLAND</u>
<input type="checkbox"/> HG Harrogate	<input type="checkbox"/> RM Romford	<input type="checkbox"/> AB Aberdeen
<input type="checkbox"/> HX Halifax	<input type="checkbox"/> SG Stevenage	<input type="checkbox"/> DD Dundee
<input type="checkbox"/> L Liverpool	<input type="checkbox"/> SL Slough	<input type="checkbox"/> DG Dumfries
<input type="checkbox"/> CA Carlisle	<input type="checkbox"/> SS Southend-on-Sea	<input type="checkbox"/> EH Edinburgh
<input type="checkbox"/> LS Leeds	<input type="checkbox"/> TN Tunbridge Wells (Kent)	<input type="checkbox"/> FK Falkirk
<input type="checkbox"/> M Manchester	<input type="checkbox"/> TW Twickenham	<input type="checkbox"/> G Glasgow
<input type="checkbox"/> OL Oldham	<input type="checkbox"/> UX Uxbridge	<input type="checkbox"/> IV Inverness
<input type="checkbox"/> PR Preston	<input type="checkbox"/> WD Watford	<input type="checkbox"/> KA Kilmarnock
<input type="checkbox"/> S Sheffield	<input type="checkbox"/> <u>SOUTH</u>	<input type="checkbox"/> KW Kirkwall (Orkney)
<input type="checkbox"/> SK Stockport	<input type="checkbox"/> BH Bournemouth	<input type="checkbox"/> KY Kirkcaldy
<input type="checkbox"/> WA Warrington	<input type="checkbox"/> BN Brighton	<input type="checkbox"/> ML Motherwell
<input type="checkbox"/> WF Wakefield	<input type="checkbox"/> GL Gloucester	<input type="checkbox"/> PA Paisley
<input type="checkbox"/> WN Wigan	<input type="checkbox"/> OX Oxford	<input type="checkbox"/> PH Perth
<input type="checkbox"/> <u>MIDLANDS</u>	<input type="checkbox"/> PO Portsmouth	<input type="checkbox"/> TD Galashiels
<input type="checkbox"/> B Birmingham	<input type="checkbox"/> RG Reading	
<input type="checkbox"/> CV Coventry	<input type="checkbox"/> SN Swindon	
<input type="checkbox"/> DE Derby	<input type="checkbox"/> SO Southampton	
<input type="checkbox"/> DY Dudley	<input type="checkbox"/> SP Salisbury	
<input type="checkbox"/> HR Hereford	<input type="checkbox"/> <u>SOUTH WEST</u>	
<input type="checkbox"/> LE Leicester	<input type="checkbox"/> BA Bath	
<input type="checkbox"/> NG Nottinghamshire	<input type="checkbox"/> BS Bristol	
<input type="checkbox"/> NN Nuneaton	<input type="checkbox"/> DT Dorchester	
<input type="checkbox"/> ST Stafford	<input type="checkbox"/> EX Exeter	
<input type="checkbox"/> TF Telford	<input type="checkbox"/> PL Plymouth	
<input type="checkbox"/> WS Walsall	<input type="checkbox"/> TA Taunton	
<input type="checkbox"/> WR Worcester	<input type="checkbox"/> TQ Torquay	
<input type="checkbox"/> WV Wolverhampton	<input type="checkbox"/> TR Truro (Cornwall)	

APPENDIX B

**SUB-CONTRACTOR INSURANCE QUESTIONNAIRE
Document (n)**

Please arrange for this Questionnaire to be completed by your Insurers/Insurance Brokers and returned to Working Environments for the attention of the sender

Employers' Liability	
Name of insured:	
Name of insurer:	
Policy number:	
Limit of indemnity:	£
Excess:	£
Expiry date:	/ /

Public Liability	
Name of insured:	
Name of insurer:	
Policy number:	
Limit of indemnity:	£
Excess:	£
Expiry date:	/ /
Indemnity to principal clause included (delete as appropriate):	YES / NO
What scope of works does the policy cover?	
Please list exclusions or warranties on policy (use a separate page if necessary):	

Professional Indemnity Liability	
Name of insured:	
Name of insurer:	
Policy number:	
Limit of indemnity:	£
Excess:	£
Expiry date:	/ /

Please provide copies of certificates when returning questionnaire.

We are insurers/insurance brokers acting for the above insured. We confirm that the foregoing details are accurate and that these policies are subject to no special terms, conditions and exceptions other than those referred to above. We also confirm that all premiums due to date have been paid.

Signed: _____ Dated: _____

Print name: _____ Broker name: _____

APPENDIX C – Checklist of enclosed documents

M: This document is mandatory for approval

O: This document is optional for approval

DOCUMENTS REQUIRED					
Sub-contractors		M/O	Included	Not included	N/A
a	CIS registration letter	O			
b	Bankruptcy, insolvency or receivership details, if applicable	O			
c	Financial reference from bank	O			
d	Audited accounts – (Check via financial / credit services agency if required)	M			
e	Holding company details, if applicable	O			
f	Further accounts details if year ended more than 10 months ago	O			
g	Litigious proceedings, outstanding claims, arbitration details, if applicable	O			
h	Qualifications and training records	M			
i	Financial deductions, LADs, penalties in respect to a contract, if applicable	O			
j	Details of contract terminated, if applicable	O			
k	Details of failure to renew contract, if applicable	O			
l	Details of contracts ended early due to default, if applicable	O			
m	Accreditation certificate/s	O			
n	Appendix B (insurance questionnaire)	M			
o	Accident statistics for past three years	M			
p	Fatalities and number of incidents reportable under RIDDOR and details	M			
q	Improvement/Prohibition notices in last three years, if applicable	O			
r	Details of formal investigation for breaches of statutory duty of care, if applicable	O			
s	Details of court finding of breach of statutory duty of care, if applicable	O			
t	Details of membership of relevant trade or professional bodies	M			
u	Health and safety accreditation certificate/s	O			
v	Details of arrangements for accessing competent health and safety advice	O			
w	Details of how employees are trained in relation to health, safety and welfare	O			
x	Health and Safety Policy	M			
y	Environmental Policy	O			
z	Sample risk assessments	M			
aa	Sample method statements/safe systems of work	M			
ab	Sample COSHH assessment	M			
ac	Details of waste recycling, if applicable	O			
ad	Details for disposal of controlled waste, if applicable	O			
ae	GasSafe registration certificate	M			
af	Prohibition/enforcement notices with regards to gas safety	O			
ag	Appendix A (postcode locations)	M			
PLEASE USE THE ABOVE LIST TO ENSURE THAT YOU HAVE INCLUDED ALL DOCUMENTS AND THEN SIGN AND DATE THE DECLARATION OVERLEAF					

When you have completed the questionnaire, please read and sign the following.

Please note: This undertaking should be signed by you the applicant, or a partner or authorised representative in his or her own name, and on behalf of the organisation.

I/we certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions and undertakings requested in the questionnaire. I/we understand that false information could result in my/our exclusion from any Working Environments approved/select list.

Signed (your name)	
For and on behalf of (name of organisation)	
Date	

Please return the completed questionnaire, along with supporting documents to:

Working Environments
Monza House, Unit 4
Third Avenue
Millbrook Trading Estate
Southampton
SO15 0LD

Email: bobbiewalden@workingenvironments.co.uk

You are advised to retain a copy of this questionnaire for your records.

WORKING ENVIRONMENTS INTERNAL USE ONLY			
Approved by:		Approved by:	
Signature:		Signature:	
Approved date:			
Review date:			