



**OAMPS PETROCHEMICAL
INSURANCE**

SPILLAGE RESPONSE SCHEME

**SERVICE PROVIDER
QUESTIONNAIRE**

Company:

1. Organisation Details

Registered Company Name				
Registered Number				
Registered Office				
Telephone Number				
Fax Number				
E-mail Address				
Website				
Other Trading Name(s)				
Legal Form of Organisation	plc	Ltd co.	Partnership	other
VAT Registration Number				

2. Insurance Details

Employers and Public Liability Insurance

Insurer	
Certificate Number (please attach copy)	
Expiry Date	
Limit of Indemnity	

Professional Indemnity Insurance

Insurer	
Certificate Number (please attach copy)	
Expiry Date	
Limit of Indemnity	

3. Health & Safety, Quality and the Environment

Please indicate if you have the following and attach relevant documentation	Yes Copy attached	No
Quality Assurance Policy/System		
Health & Safety Policy		
Environmental Policy/Management System		

4. Response Capabilities

Please confirm your 24hr emergency response telephone number	
UKSpill/ISAA Accreditation number (please attach copy)	
Accreditation Levels	
Date Response Capability Established	
Waste Carrier License Number (please attach copy)	

Main Response Location

Depot Name	
Depot Address	
Postcode	
Telephone Number (to be used as single point of contact with company)	24hr
	Office hours
Fax Number	
Main Contact	
Mobile telephone no.	

Number of trained responders at this location	
What formal training have these personnel received relevant to spillage response?	Please attach separate schedule detailing individuals, courses and dates.
How often is training refreshed	

Additional Response Locations

Depot Location	
Postcode	
Number of trained responders at this location	
What formal training have these personnel received relevant to spillage response?	Please attach separate schedule detailing individuals, courses and dates.
How often is training refreshed	

Depot Location	
Postcode	
Number of trained responders at this location	
What formal training have these personnel received relevant to spillage response?	Please attach separate schedule detailing individuals, courses and dates.
How often is training refreshed	

Depot Location	
Postcode	
Number of trained responders at this location	
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Depot Location	
Postcode	
Number of trained responders at this location	
What formal training have these personnel received relevant to spillage response?	Please attach separate schedule detailing individuals, courses and dates.
How often is training refreshed	

Please photocopy this page if further locations exist.

For each location please now make an entry in the capability table overleaf using the following codes:

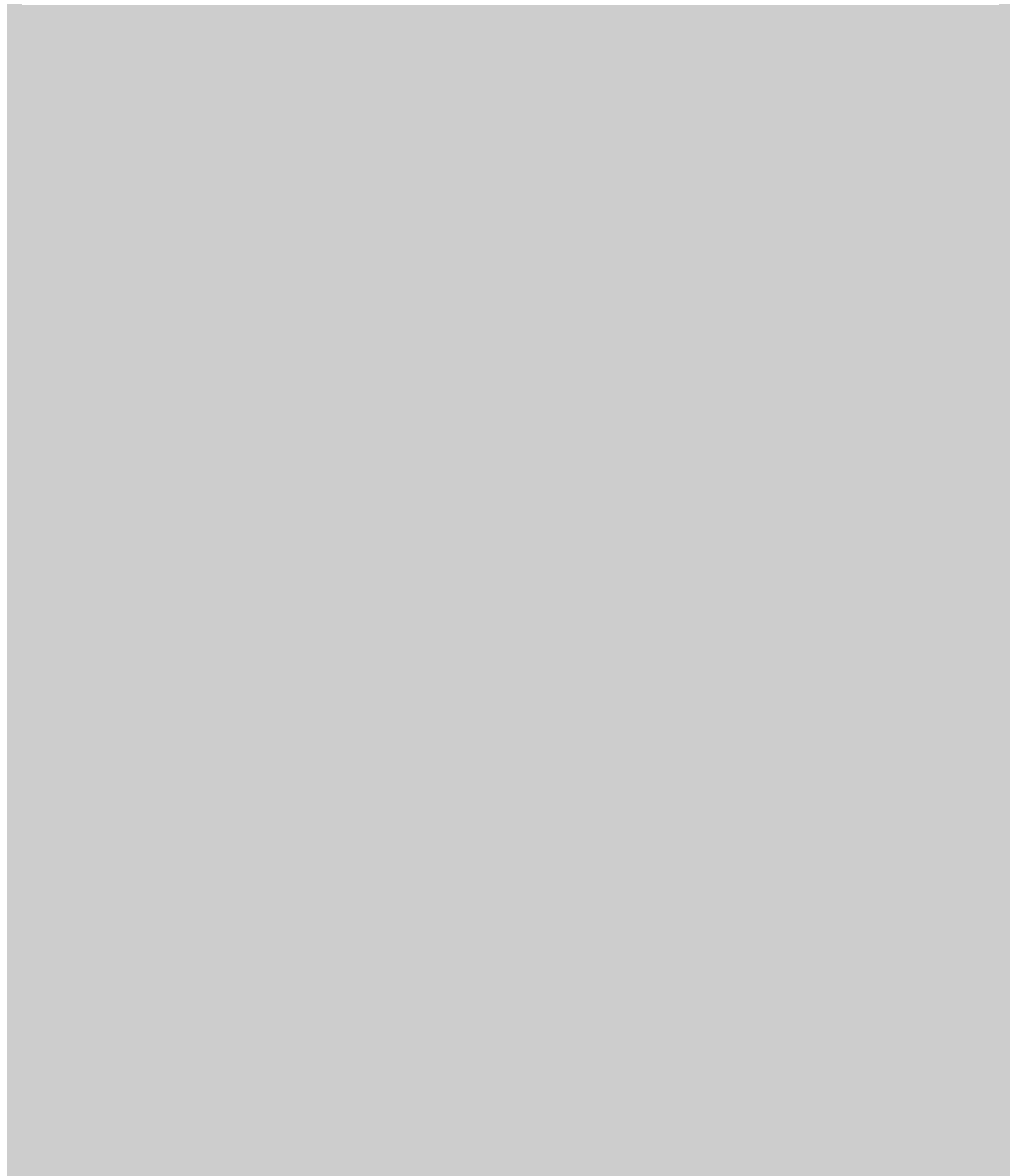
Code	Activity Description
1	Spillage Response - Oil & non-hazardous materials
2	Spillage Response – Hazardous materials
3	Tanker Rollover – Product Transfer only
4	Tanker Rollover – Product Transfer & Tanker
5	Tanker Rollover – Vehicle recovery
6	Retail Petrol Station Crossover Product uplift –pumping & tanker
7	Retail Petrol Station Crossover Product uplift –pumping only
8	Petroleum Regulation Tanker
9	Vacuum tanker
10	Jetting
11	Remediation of contaminated land
12	Remediation of contaminated groundwater
13	Treatment/disposal of liquid wastes
14	Oil Tank Installation (provide certificate of competency)
15	Dig out contaminated soils (under OHES direction)
16	Landscaping/reinstatement works
17	Skip supply & disposal

Please note it is important that you complete the capability table based on your own **in-house** response capabilities using your own personnel, plant and materials. Subcontracting of services is **not** permitted under this scheme. Our scheme endeavours to have a responder on site within a **maximum of 2hrs** from being notified of an incident, this must be bourn in mind when completing the capability table.

Please provide any supporting literature relating to response capabilities and information pertaining to specialist equipment/vehicles held at each response location.

Your company will be requested to attend an incident by OHES/OAMPS staff acting on the delegated authority of insurers. At the time of mobilisation an order number will be provided together with invoicing details authorising specific emergency works. It is essential that no unauthorised works are carried out and that OHES are kept updated throughout the emergency response to any incident.

Please outline your general approach to responding to incidents with regards to mobilisation of appropriate labour and equipment and risk assessment methodology.



5. Schedule of Rates

Please supply an up to date schedule of rates to include labour (hourly rate), plant and materials for your **emergency** response to incidents.

Should you wish to be considered for further remedial works following the initial emergency response please supply a separate **standard** schedule of rates for labour, plant and materials for carrying out planned remedial works.

6. Additional Comments

Please feel free to provide any additional information which you consider of importance or which has not been covered fully in the questionnaire.

Thank you for taking the time to complete this questionnaire. Please return with any attachments to Julie Shaw, OAMPS (UK) Ltd, Windsor House, High Street, Esher, Surrey, KT10 9RY.

Completed by:.....

Position:.....

Date:.....