

Approved installer assessment

submission form



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Preface

The Approved Metador Installer (AMI) programme is purposed to accredit the bearer with a certification of compliance to Metador’s fitting requirements to provide assurance to the end user that the door is fit for purpose and operates in an optimal manner.

An AMI certified company will be passed leads from Metador within their geographical catchment, desired requirements of supply and fit and size of projects with a view to provide a complete service to the end user.

AMI accredited companies will have the expertise passed onto their installers of Metador Doorsets via on-site training provided to selected trainers within your company. Metador, on the completion of the below, will provide a selection of dates for a training day. Attendees will be equipped with training packs for onward guidance to fit Metador Doorsets as well as; a hands-on demonstration and presentation with useful tips, a complimentary lunch and factory tour.

Section A – Outlining details

(A – 1.0)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trading Company Name |  | Date of application | | | |  | |  | | |  | |  | |  | | |  | |  | |  | |
| Name of Applicant |  | Department |  | | | | | | | | | | | | | | | | | | | | |
| Signature |  | Role |  | | | | | | | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | |
| Telephone | + |  |  | |  | |  |  | |  | |  | |  |  | |  | |  | |  |

(A – 1.1)

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| Financial Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trading Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Trading Address: | | | | | | | | | | | | | | | | | | | | | | |
| Company Registration Number | | | | | | |  | | | |  | | |  | | |  | |  | | |  | | |  | | |  | Email | | | | | | | | | | | | | | | | | | | | | | |
| VAT Number | | |  |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | Telephone | | + |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| UTR Number |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | |  | | |  | | |
| Annual Turnover | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Website | | | | | | | | | | | | | | | | | | | | | | |
| Net Worth | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Number of Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Payment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank / Building Society Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Account Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Account Name | | | | | |  | | | | | | | | | | | | | | | |
| Sort Code | | | | | |  | |  | | - | |  | |  | | - | |  | |  | |
| Account Number | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |

(A – 1.2)

|  |  |  |
| --- | --- | --- |
| Basic Supply Capability | | |
| Services Offered  ­­ | Surveys assessing requirements for Doorsets | Yes / No |
| Installation of Doorsets, Steel or otherwise  Please specify += | Yes / No |
|  |
| Remedial Works  Please specify | Yes / No |
|  |
| Guarantees / Warranties  Please specify | Yes / No |
|  |
| ­­Outlining practices | Do you currently install Metador Doorsets? | Yes / No |
| If the above is yes, is this via purchase directly from Metador or on behalf of another company? |  |
| Do you have a preferred contract value? Please specify a range if it be so. |  |
| What currently, as an average, would be considered a typical number of doors to install on a single project? |  |
| What is your general quote lead time to your clients? |  |
| ­Please outline where you currently undertake work geographically. *Please state with most relevant generalisation (eg. SW postcode, Sussex counties, South East, England or all UK)* |  |
| Describe your follow up procedure |  |
| I am interested in supply and install enquiries only. |  |
| I am interested in install enquiries only. |  |
| I am interested in both supply/install work and install only enquiries. |  |

Section B – Qualifications

*We ask that you supply any copy of certificates that relate to the qualifications below.*

(B – 1.0)

|  |  |
| --- | --- |
| Third Party Approvals Held | |
| ISO 9001 | Yes / No |
| ISO 14001 | Yes / No |
| OHSAS 18001 | Yes / No |
| AS 9100 | Yes / No |
| TickIT | Yes / No |
| FIREAS | Yes / No |
| Other  Please specify | Yes / No |
|  |

(B – 1.1)

*Should either a ISO 9001 or alternative QA scheme not be held at present, please complete this section. If a QA accreditation is held, skip to B – 1.3.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you currently obtaining a Third-Party Approval? | Yes / No | | | | | | | | | | | | | | | | | | | | |
| If ‘yes’ to the above, what is the proposed date for audit? |  |  | |  | | |  | | |  | | |  | | |  | | |  | | |
| Please provide the contact in your company who is taking responsibility for the Third-Party approval audit. | Name: | | | | | | | | | | | | | | | | | | | | |
| Telephone | | + | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |
| Email | | | | | | | | | | | | | | | | | | | | |

(B – 1.2)

*Processes evaluation. Please provide any copies of the below if available.*

|  |  |
| --- | --- |
| Quality policy. | Yes / No |
| Procedures for managing sales enquiries and contracts. | Yes / No |
| Procedures for controlling design activities. | Yes / No |
| Procedures for selecting suppliers and purchasing. | Yes / No |
| Procedures for receiving and storing incoming material, including customer supplied. | Yes / No |
| Procedures for production planning and control. | Yes / No |
| Procedures for in process and final inspection and test. | Yes / No |
| Procedures for calibrating inspection, measuring & testing equipment. | Yes / No |
| Procedures for controlling non-conforming materials. | Yes / No |
| Procedures for analysing defect information e.g. vendor rejects, in-house rejects and customer feedback | Yes / No |
| Procedures for handling customer complaints. | Yes / No |
| Procedures for ensuring staff competency. | Yes / No |
| Procedures for ensuring records associated with the customer orders are maintained. | Yes / No |

(B – 1.3)

|  |  |
| --- | --- |
| CIS registered? | Yes / No |
| Do all of your installers hold valid CSCS Cards? | Yes / No |

(B – 1.4)

Trade references

*Please outline products and services provided, names and addresses.*

|  |  |
| --- | --- |
| Company Name |  |
| Email address |  |
| Telephone |  |
| Address |  |
| Services Provided |  |
|  | |
| Company Name |  |
| Email address |  |
| Telephone |  |
| Address |  |
| Services Provided |  |

Section C – Training requirement assessment

*As part of the Metador Installer programme, installers from an approved company should receive relevant training and resources that delivers the most efficient and effective package to our client.*

(C – 1.0)

Existing Installers

|  |  |
| --- | --- |
| Total number of doorset installers |  |
| Number of installers with experience in fitting Metador doorsets |  |
| How may persons require training in view of providing onward demonstration to regional installers within your company? |  |

(C – 1.1)

Maintaining Training

|  |  |
| --- | --- |
| What is your procedure for installation performance review? |  |
| How often are audits on an installer’s performance carried out? |  |

Section D – Ongoing client Support

(D – 1.0)

|  |  |
| --- | --- |
| Describe your procedure for customer aftercare should there be additional work related to the instillation required. |  |
| Should a site, in which you fitted a Metador product, come directly to Metador with an aftercare requirement, do you grant Metador the right to issue a request to visit the site to ensure the client receives sufficient care? Describe a desired procedure. |  |

Section E – Agreement to Conditions

(E – 1.0)

|  |  |
| --- | --- |
| I understand that for my company’s installers to be certified AMI’s, each are required to receive training from a person who has conducted training at Metador. |  |
| I understand that proper fitting of a Metador doorset ensures longevity and maximum performance to whatever aspect the doorset is specified. |  |
| I understand that faults with the function of a doorset caused by improper fitting will not be the responsibility of Metador to remedy. |  |
| I understand that while Metador is willing to provide resource and support to ensure doorsets are correctly installed, we are unable to provide our own installers to site for pre or post manufacturing. |  |
| I understand that Metador requires evidential installation photographs of leads passed to my company to be made available for reference and auditing purposes. I will provide these. |  |
| I understand that Metador may, with reasonable notice, require retraining of installers should changes in installation requirements change or otherwise. |  |
| I understand that Metador will provide feedback on installations, either on request or at random and advisories must be adhered to going forward. Failure to do so may jeopardise my company’s classification as an Approved Metador Installer. |  |
| I understand that Metador reserves the right to withdraw the certification should install concerns not be addressed in a timely manner. |  |

(E – 1.1)

Additional Comments and Signoff

|  |  |
| --- | --- |
| Please note any additional comments right, marking the section number it relates to. |  |
| Applicant’s Signature |  |
| Applicant’s Full Name |  |
| Applicant’s Role |  |
| Metador Acc. Manager |  |
| Signature |  |

(E – 1.2)

Metador AMI Submission Review

|  |  |  |  |
| --- | --- | --- | --- |
| Approved / Not Approved | | | |
| Date Reviewed |  | Approval Personnel |  |
| Classification (Circle)  TI 1 TI 2 PSI 1 PSI 2 | | Approval Signature |  |