



Building Engineering Services Competence Accreditation Ltd,  
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## NICEIC MCS Installer Scheme for HVCA members - Wind Turbine

Please answer the following questions to indicate your business' current level of compliance with the scheme requirements and once completed return to the above address.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Office Address	Installation Address

**1** Have the qualified supervisor and installers got the following qualifications:

	Please tick: YES NO	
PART P REGISTRATION (IF APPLICABLE)		
RECOGNISED WIND TURBINE COURSE		
WORKING AT HEIGHTS		
MANUAL HANDLING		
COSHH		

Please provide details:

**2** How many installers are there working on installing the chosen environmental technology /technologies?

More than 10  Less than 10

**3** Does the company hold copies or have access to the building regulations or other relevant standards?

Yes  No

Please provide details:

**4** Does the company complete certification as detailed in building regulations or other relevant standards?

Yes  No

Please provide details:

**5 Does the company have public liability insurance and employers liability insurance (as appropriate)?**Yes  No 

Please provide details:

Copy of certificate or evidence of application attached? Yes  No **6 Has a Quality Management system been implemented, specific to the company applying for MCS registration and in accordance with the MCS 001 document?**Yes  No 

Please provide details:

**7 Does the Quality Management System cover record keeping, health and safety, training, appointment of staff, complaints procedure, validation of test equipment, sub-contractor agreements?**Yes  No 

Please provide details:

**8 Does the company have and maintain suitable tools and equipment for all installation work covered?**Yes  No 

Please provide details:

**9 Has the company completed an installation according to the MIS standards that could be made available for the arranged inspection date?**Yes  No 

Please provide details:

**10 Does the company have membership with or comply to a Consumer Code of Practice?**

Please provide details:

Copy of certificate or evidence of application attached? Yes  No **Regions of the UK undertaking work in:**

Eastern Region	<input type="checkbox"/>	North West	<input type="checkbox"/>	Yorkshire Humberside	<input type="checkbox"/>
East Midlands	<input type="checkbox"/>	South East	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>
London	<input type="checkbox"/>	South West	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
North East	<input type="checkbox"/>	West Midlands	<input type="checkbox"/>	Wales	<input type="checkbox"/>

**11 Are you currently registered with BESCA?**Yes  BESCA Registration Number  No 

Please complete and return this Pre-Inspection Questionnaire, so that we can allocate an inspection date and agree it with you. We cannot allocate an inspection date without this.