



SUBCONTRACTOR PREQUALIFICATION

PART A – GENERAL QUESTIONNAIRE

A1 COMPANY DETAILS																			
Company Name: _____ Street _____ _____ Postal _____ _____ Contact _____	Telephone: _____ Mobile: _____ Facsimile: _____ Email: _____ Website: _____ ABN Number: _____ Date Established: _____																		
A2 COMPANY STRUCTURE																			
Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Provide names of Company Executives (where applicable):																			
Names of major shareholders / partners / sole owner: _____ _____ _____ _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: left;">Name:</th> <th style="width: 40%; text-align: left;">Position Title:</th> </tr> </thead> <tbody> <tr> <td>Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sales:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Construction:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Engineering:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Finance:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name:	Position Title:	Manager:	_____	_____	Sales:	_____	_____	Construction:	_____	_____	Engineering:	_____	_____	Finance:	_____	_____
	Name:	Position Title:																	
Manager:	_____	_____																	
Sales:	_____	_____																	
Construction:	_____	_____																	
Engineering:	_____	_____																	
Finance:	_____	_____																	
A3 PARENT COMPANY AND ASSOCIATES																			
Company Name _____ Street Address: _____ _____ Postal Address: _____ _____ Contact Person: _____	Telephone: _____ Mobile: _____ Facsimile: _____ Email: _____ Website: _____ ABN Number: _____ Date Established: _____																		
Provide names of Company Executives (where applicable):																			
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: left;">Name:</th> <th style="width: 40%; text-align: left;">Position Title:</th> </tr> </thead> <tbody> <tr> <td>Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Assist Mgr:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Finance:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name:	Position Title:	Manager:	_____	_____	Assist Mgr:	_____	_____	Finance:	_____	_____	Provide company names of Australian representative (if any): _____ _____ _____						
	Name:	Position Title:																	
Manager:	_____	_____																	
Assist Mgr:	_____	_____																	
Finance:	_____	_____																	
Provide names of associated companies / subsidiaries (if any): _____ _____ _____	Provide company names of other locations representative (if any): _____ _____ _____																		



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A4 DISCIPLINES AND CATEGORIES

Please nominate the goods and services your Company provides. Indicate your primary business lines only, for which you have industry references.

Construction

Earthworks / Roads / Piling:	<input type="checkbox"/>	Precast	<input type="checkbox"/>
Concrete:	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Roads / Bitumen	<input type="checkbox"/>	Building / Architectural:	<input type="checkbox"/>
Piling	<input type="checkbox"/>	Structural:	<input type="checkbox"/>
Shoring	<input type="checkbox"/>	Mechanical / Piping:	<input type="checkbox"/>
Drainage	<input type="checkbox"/>	Electrical / Instrumentation:	<input type="checkbox"/>
Other (please describe):			

Services / Support Trades:

Engineering / Design / Architecture:	<input type="checkbox"/>
Technical Services / NDT / Inspection:	<input type="checkbox"/>
Transport / Heavy Lift / Logistics:	<input type="checkbox"/>
Insulation / Fireproofing:	<input type="checkbox"/>
Coatings / Painting:	<input type="checkbox"/>
Site set up / Fencing / Utilities:	<input type="checkbox"/>

A5 E-COMMERCE

Is your company capable of handling the following transactions electronically?

Tendering	Y <input type="checkbox"/>	N <input type="checkbox"/>	Preferred	_____
Invoicing	Y <input type="checkbox"/>	N <input type="checkbox"/>	Preferred	_____
Payments	Y <input type="checkbox"/>	N <input type="checkbox"/>	Preferred	_____

Other e-commerce products, such as applications for handling technical information (please specify):

A6 INSURANCE DETAILS *(this information is essential in order to become an approved subcontractor)*

Public & Products Liability	Company:	Expiry Date:
	Policy No.	Value Insured:
Workers Compensation	Company:	Expiry Date:
	Policy No.	Value Insured:
Motor Vehicle	Company:	Expiry Date:
	Policy No.	Value Insured:
Professional Indemnity <i>(if applicable)</i>	Company:	Expiry Date:
	Policy No.	Value Insured:
Personal Accident	Company:	Expiry Date:
<i>(Sole Traders Only)</i>	Policy No.	Value Insured
Income Protection:	YES/NO	

Copies of all Certificates of Currency must be attached to the submitted questionnaire



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A7 EXPERIENCE AND CURRENT COMMITMENTS

Has your company worked in an operational Refinery, Chemical or Oil and Gas processing Yes No
 Has your company performed work as a Contractor for Hannas? Yes No

List Contracts with Hannas in the last 3 years (please provide the following information):

Project Name	Contract Scope.	Date	Value (AU\$)	Client Representative

List the relevant Contracts in the last 3 years with other Clients (please provide the following information):

Project Name	Contract Scope	Date	Value (AU\$)	Client Representative

Indicate the types of contracts under which your company is willing to work:

Lump Sum: Unit Rates: Cost Plus:
 Cost plus Fixed Fee / Incentive: Alliance Other (Describe): _____

What do you think will be the most significant influences on your market in the next twelve months?

A11 MAIN SUBCONTRACTORS

List the main Subcontractors used and the disciplines/categories they provide:

PART B – HSE MANAGEMENT

Question or Information	Health & Safety		Environment		Submit Document
	Yes	No	Yes	No	
B1. MANAGEMENT SYSTEMS & CERTIFICATION					
Has your Company achieved Third Party Certification of its HS and/or E Management Systems?					YES
Has your Company received Second Party certification or pre-qualification of its HS or E Management Systems?					YES
Does your Company have a Manual(s) describing your HS and/or E Management Systems?					Provide Overview

B2. HSE PERFORMANCE			
Please complete the following table (include all Company employees, and contractor and subcontractor employees):			
Last 3 Years	No. Fatalities	No LTI's	Hours Worked

B3. REGULATORY
List all Health and Safety Regulatory Authority citations (fines and convictions) received company-wide/subsidiaries in the last five (5) years:
List all environmental prosecutions (including "on the spot" fines) received company-wide/subsidiaries in the last five (5) years:



SUBCONTRACTOR PREQUALIFICATION

Question or Information	Health & Safety		Environment		Submit Document
	Yes	No	Yes	No	
B4. MANAGEMENT COMMITMENT AND RESPONSIBILITY					
Does your Company have HSE policy statements?					Attach
Does your Company have documented standard work procedures covering the scope of work performed?					Provide a List
Who is ultimately responsible for HSE in your organisation and on your projects?					N/A
Does your Company develop project specific HSE Management Plans?					N/A
B5. COMPETENCY AND TRAINING					
Do you conduct HSE inductions for your employees?					N/A
Do you conduct regular toolbox meetings or similar with your workforce?					N/A
Do you conduct pre-start briefings or shift handover meetings?					N/A
Is your Company aware of the relevant HSE Legislation, Standards and Codes of Practice applicable to its operations and activities?					N/A
B6. RISK MANAGEMENT					
Does your Company conduct Job Safety Analyses (JSA) or similar?					N/A
Does your Company conduct hazard assessments of plant and equipment used, installed or operated by your Company?					N/A

PART C – QUALITY MANAGEMENT

Question or Information			Submit Document
	Yes	No	
C1 QUALITY MANAGEMENT			
Has your Company achieved Third Party Certification of its Quality Management Systems?			N/A
Does your Company have a Manual(s) describing your Quality Management Systems?			N/A
Does your Company have documented standard work procedures covering your scope of work?			N/A
Does your Company have an organisational chart and a description of the Quality responsibilities of senior management within your Company?			Attach
Does your Company develop project specific Quality Management Plans?			N/A
Does your company develop project specific Inspection and Test Plans (ITP's) to establish the conformance of your works and services as well as quality control checklists?			Example



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PART D – INDUSTRIAL RELATIONS

Question or Information			Submit Document
	Yes	No	
1. IR MANAGEMENT			
Employee Relations Policy / Procedures. Provide a copy of your organisation's employee relations / industrial relations policy and relevant procedures. Please provide information on such matters as right of entry, grievance settlement dispute procedure, reporting processes.			Attach
Industrial Instruments / Agreements. List the industrial Awards, Certified Agreement(s), Australian Workplace Agreements (AWA's), that cover work at your fabrication facilities or sites and the expiry dates of these agreements			Attach

QUESTIONNAIRE (CERTIFICATION) COMPLETED BY:

Name: _____	Signature _____
Position: _____	Date: _____

The above signatory certifies that they are an authorised representative of the company and that the responses presented herein (including attachments) are true and accurate to the best of their knowledge.