

Contractor Pre-qualification Questionnaire

This document shall be used to determine qualifications of contractors who shall work under Anderson Engineering Co., Inc. (AECI). AECI shall use this document and the information provided therein for contractor selection.

Legal Company Name:	Industry Classification Code(s):
Company Address:	City:
State/Province:	Zip/Postal Code:
Country:	
HSSE Contact Person:	Phone No.(s):
	Fax Number:
Internet Access? (Yes / No)	Company Website:
If Yes, e-mail address:	
Please list any previous Company names used in the last 3 years:	

Trades/Areas of Expertise: _____

Description of work to be undertaken: _____

Work References

1) If your company has performed work for AECI in the past, provide the following:

Approximate completion date of work last performed: _____

Business Unit and Location where work was performed: _____

AECI Representative who was responsible for the project: _____

2) If your company has never performed work for AECI, please provide two references who may be contacted to provide information regarding past performance.

Company: _____ Contact Person: _____ Phone: _____

Name of Project and Value: _____

Company: _____ Contact Person: _____ Phone: _____

Name of Project and Value: _____

Section (1) Insurance Details

Insurance	Current Coverage		Copy Attached		Expiration Date
	Yes	No	Yes	No	
Workers Compensation					
Employers Liability					
General Liability					
Automobile Liability					
Excess Liability					
Professional Liability					
Contractor's Pollution Liability					

AECI expects that Contractors maintain the following insurance coverages with limits not less than the amount specified (final insurance values will be determined when contract is awarded):

- a. Worker's compensation with statutory limits;
- b. Employer's liability insurance with a limit not less than \$1,000,000 per accident;
- c. Commercial or general liability insurance including coverage for premises and operations, contractual liability, completed operations, with a combine single limit of not less than \$1,000,000 per occurrence for bodily injury, death, and property damage;
- d. Automobile liability insurance (including owned, non-owned, and hired vehicles) with limits as required by law or with a combined single limit for bodily injury, death, and property damage of not less than \$1,000,000 per occurrence, whichever is greater;
- e. Excess liability insurance above said employer's liability, commercial or general liability, and automobile liability insurance with a combined single limit for bodily injury, death, and property damage of not less than \$4,000,000 per occurrence/aggregate;
- f. Contractor's Pollution Liability coverage including Professional Liability with limits of at least \$5,000,000 per occurrence and \$5,000,000 in the aggregate.
- g. Anderson Engineering Co., Inc. and B.P., Atlantic Richfield Co. is to be named as *additionally insured* on the Certificate of Insurance with *subrogation waived*. **Include all necessary endorsements to the certificate for the aforementioned coverage's** (use form

CG 20 10,11-85 or equivalent for additional insured, and form CG 24 04,05-09 or equivalent for waiver of subrogation).

Section (2) HSSE Statistics

Provide the following HSSE statistics for all your company's operations. Refer to the HSSE statistic instructions below.

Instructions

(A) YEAR: As shown.

(B) Average # of Employees: List the average # of employees who worked during the year. An employee shall be defined as any person engaged in activities for an employer from whom direct payment for services is received. Include working owners and officers.

(C) Employee Hours: List the total number of hours worked during the year by all employees, including those in operating, production, maintenance, transportation, clerical, administrative, sales and all other activities.

(D) Number of Recordable Cases: List the total number of Recordable cases that occurred in that year. Recordable Cases include: Fatalities, Days Away From Work Cases, Restricted Work Cases and Medical Treatment cases as defined by OSHA Part 1904 Recording and Reporting Occupational Injuries and Illnesses: http://www.osha-slc.gov/recordkeeping/1904_record_report.pdf

(E) Incidence Rate of Recordable Cases:
$$\frac{\text{No. of Recordable Cases} \times 200,000}{\text{Employee hours}}$$

(F) Number of Days-Away-From-Work Cases: List the total number of Days-Away-From-Work cases that occurred during the year. A Days-Away-From-Work case will be defined as any Recordable Case that results in death or lost workdays with days away from work. For the purpose of this questionnaire, Recordable cases that result in days with restricted activity should not be added in this column. Only Recordable cases that result in one or more days away from work should be counted.

(G) Incidence rate of Days-Away-From-Work cases:
$$\frac{\text{No. of Days-Away-From-Work Cases} \times 200,000}{\text{Employee hours}}$$

(H) Number of Days Away from work: List the total number of Days-Away-From-Work experienced by all employees during the year. For the purposes of this questionnaire, lost workdays with restricted activity should not be added in this column. Only Recordable cases that result in one or more days away from work should be counted.

(I) Severity Rate:
$$\frac{\text{Total number of Days-Away-From-Work} \times 200,000}{\text{Employee Hours}}$$

(J) Number of Fatalities: List the total number of fatalities that result from occupational injuries or illnesses. Deaths that occur in the workplace but are not the result of occupational injuries or illness should be included.

(K) Vehicle Accident Rate:
$$\frac{\text{Total Vehicle Accidents} \times 1,000,000 \times 1.61}{\text{Total Kilometers Driven}}$$

(L) Total number of vehicle accidents: List the total number of vehicle accidents that occurred during the year for all vehicles operated by your employees. A vehicle accident is defined as an accident involving a motor vehicle resulting in injury, or loss/damage, or harm to the environment, irrespective of whether the accident was preventable or non-preventable.

Excludes circumstances where: 1) vehicle was legally parked, 2) travel is to or from the driver's

normal place of work and home (i.e. commuting), 3) minor wear and tear, 4) vandalism or theft.

(M) Total kilometers (km) driven: List total kilometers driven for all vehicles operated by your employees.

(N) Worker's Compensation Industry Factor: Please provide a letter from your Insurance carrier.

Section (2) HSSE Statistics – Data Entry:

(A) Reporting year	2015	2014	2013	2012	2011
(B) Average Number of Employees					
(C) Total annual man hours worked for this reporting entity (for all customers, not just AECI)					
(D) Number of Recordable Cases					
(E) Incident Rate of Recordable Cases					
(F) Number of Days-Away-From-Work Cases					
(G) Incident Rate of Days-Away-From-Work Cases					
(H) Number of Days-Away-From-Work					
(I) Days-Away-From-Work Severity Rate					
(J) Number of Fatalities					
(K) Vehicle Accident Rate					
(L) Total number of Vehicle Accidents					
(M) Total miles driven					
(N) Worker's Compensation Industry Factor					
(O) Please provide a copy of your company's Incident Notification summaries (OSHA 300a or similar). Please provide a letter from your insurance carrier indicating your worker's compensation industry factor.					
(P) Please provide comments and/or clarification on the above data as appropriate					

Section (3) Regulatory Compliance

(1)	<p>Has your company received any HSSE related WorkSafe (or equivalent authority) breaches, notice of violations ("NOVs"), improvement notices, prohibition notices or citations within the past 3 years? <i>(do not include contested citations later dismissed)</i></p> <p>If yes, please provide the following information: Number of breaches, citations or NOVs: _____ Date(s) of above breaches, citations or NOVs: _____ Agency issuing breaches, citation or NOVs: _____ Nature of breaches, citations or NOVs: _____ Have these breaches, citations or NOVs been resolved? _____ Comments and/or clarifications on above data (if any): _____</p>	Yes	No
(2)	<p>Does your company have a program for determining, which HSSE regulations apply to your company's work activities?</p> <p>If "Yes", please provide details:</p>	Yes	No
(3)	<p>Does your company have a procedure for identifying people who must know about or be trained regarding HSSE regulations?</p> <p>If "Yes", please provide details:</p>	Yes	No
(4)	<p>Does your company have a process for managing subcontractor HSSE compliance with regulations?</p> <p>if "Yes", please provide details:</p>	Yes	No

Section (4) HSSE Programs

1. HSSE Policies and Management			
(1)	<p>Has your company developed and implemented a formal HSSE Program (procedures, work instructions, manuals etc)?</p> <p>If "Yes", please upload - a PDF electronic copy of the program</p>	Yes	No
(2)	<p>Does your company have a clearly written safety or OHS policy endorsed by upper management?</p> <p>If "Yes", please provide details:</p>	Yes	No
(3)	<p>Are roles and responsibilities for OHS within the company defined in the OHS Policy or HSSE Program?</p> <p>If "Yes", please provide details:</p>	Yes	No
(4)	<p>Does your company have a documented security policy?</p> <p>If "Yes", please provide details:</p>	Yes	No
(5)	<p>Does your company have a documented environmental policy?</p> <p>If "Yes", please provide details:</p>	Yes	No
(6)	<p>Does your company have a "Code of Conduct" in place which reflects your company's values and standards?</p> <p>If "Yes", please provide details:</p>	Yes	No

2. Safe Work Practices and Procedures			
(1)	Does your company have a documented policy/procedure for the management of drugs and alcohol within the workplace? If "Yes", please provide details:	Yes	No
(2)	Does your company have a documented policy/procedure for the management of employee fatigue within the workplace? If "Yes", please provide details:	Yes	No
(3)	Does your company have a documented policy/procedure for driving safety? If "Yes", please provide details:	Yes	No
(4)	Does your company have a documented policy/procedure for the correct use, maintenance and storage of Personal Protective Equipment (PPE)? If "Yes", please provide details:	Yes	No
(5)	Does your company have a documented policy/procedure for the management/engagement of contractors/sub-contractors? If "Yes", please provide details:	Yes	No
(6)	Does your company have a documented Return to Work or Rehabilitation Policy? If "Yes", please provide details:	Yes	No
(7)	Does your company have a formalized observation or other type of behavioral safety program? If "Yes", please provide details:	Yes	No
(8)	Does your company have a written procedure in place for communicating and ensuring that all personnel and subcontractors understand their obligations to stop work that is unsafe? If "Yes", please provide details:	Yes	No
(9)	Does your company have an injury case management procedure or program? If "Yes", please provide details:	Yes	No
(10)	Does your company have a management of change process? If "Yes", please provide details:	Yes	No
(11)	Does your company have a documented procedure for reporting, investigating and following up HSSE incidents? If "Yes", please provide details:	Yes	No
3. Training and Competency			
(1)	Does your company have procedures for the identification of HSSE training needs for all personnel? If "Yes", please provide details:	Yes	No

(2)	Does your company have an induction program and on-going HSSE training for all personnel? If "Yes", please provide details:	Yes	No
(3)	Can your company demonstrate that relevant staff possesses the necessary competencies to undertake specific functions or high risk tasks? If "Yes", please provide details:	Yes	No
(4)	Are site supervisors provided with HSSE training? If "Yes", please provide details:	Yes	No
(5)	Does your company provide defensive driving training? If "Yes", what type of training is it? Does it include behind the wheel training? If "Yes", please provide details:	Yes	No
(6)	Does your company have a written "fitness-for-duty" program, which includes assessment of the physical capabilities of personnel to perform specific tasks? If "Yes", please provide details:	Yes	No
4. Hazard and Risk Management			
(1)	Does your company ensure that mobile plants and vehicles are certified and maintained fit for purpose? If "Yes", please provide details:	Yes	No
(2)	Does your company have a program/schedule for the maintenance of plant, equipment, and safety equipment/systems? If "Yes", please provide details:	Yes	No
(3)	Does your company have a documented procedure for hazard identification? If "Yes", please provide details:	Yes	No
(4)	Does your company conduct Job Safety Analysis (JSA) prior to the commencement or recommencement of any work? If "Yes", please provide details:	Yes	No
(5)	Does your company have a documented procedure for Risk Assessment? If "Yes", please provide details:	Yes	No
(6)	Has your company assessed high risk activities such as energy isolation, ground disturbance, confined space entry, working at heights, and lifting operations having regard to the likelihood and consequence of an incident occurring? If "Yes", please provide details:	Yes	No
(7)	Does your company have a process for the safe handling, storage, transfer, and transport of hazardous substances and dangerous goods? If "Yes", please provide details:	Yes	No

(8)	Does your company develop site specific health and safety plans (HASP) for projects? If "Yes", please provide details:	Yes	No
(9)	Does your company hold on-site (tailgate/toolbox/pre-tour) safety meetings? If "Yes", please provide details:	Yes	No
5. Health and Safety Monitoring and Measurement			
(1)	Does your company formally audit their HSSE system and procedures? If "Yes", please provide details:	Yes	No
(2)	Does your company have a field HSSE inspection/verification program at defined intervals? If "Yes", please provide details:	Yes	No
(3)	Does your company have a pre-employment/periodical medical surveillance program for relevant staff? If "Yes", please provide details:	Yes	No
(4)	Does your company have an effective means of analyzing OHS trends and keeping management informed? If "Yes", please provide details:	Yes	No
(5)	Does your company have a process to ensure all reported hazards and incidents (including near misses and dangerous acts) are promptly Investigated and where required, corrective actions Implemented?	Yes	No
(6)	Does your company verify that subcontractors meet or exceed your HSSE and training requirements? If "Yes", please provide details:	Yes	No
6. Consultation, Communication and Reporting			
(1)	Are all workplace incidents (injuries, illnesses, security breaches, environmental incidents and dangerous occurrences) including near miss incidents reported and recorded? If "Yes", please provide details:	Yes	No
(2)	Does your company have scheduled, documented employee safety meetings? If "Yes", please provide details:	Yes	No
(3)	Can your company demonstrate staff involvement and consultation on HSSE matters? If "Yes", please provide details:	Yes	No
(4)	Does your company's management actively communicate HSSE expectations, monitor HSSE performance, and develop plans for continuous improvement? If "Yes", please provide details:	Yes	No

(5)	How does your company overcome inherent challenges to HSSE protection with respect to language barriers?		
	Please provide details:		
7. Emergency Management			
(1)	Does your company have a documented emergency management/response plan?	Yes	No
	If "Yes", please provide details:		
(2)	Are your employees trained in fire awareness, i.e. use of fire extinguishers etc.?	Yes	No
	If "Yes", please provide details:		
(3)	Are your employees trained in first aid procedures?	Yes	No
	If "Yes", please provide details:		

Section (5) HSSE Training

Please respond to **ALL** items with "Yes" or "No"

Do not leave any items unanswered (Estimated Percentage of Employees should reflect the percentage of employees who will perform services for AECI and are required by your company to have the training - not the percentage of the total number of employees In your organization.):

1) Does your company provide HSSE Training?

Yes No

Safety and Environmental Programs and Training	Type of Instruction (School-certified, on-site instructor, safety meeting, video, on the job, etc.)	Estimated Percentage of Employees Receiving Training	Frequency of Training for Individual Employees (I-Initial A-Annual B-Bi-Annual P-Periodic)	Individual Employee Training Documented Yes/No
Defensive Driving/Vehicle Safety				
Hazard Recognition Training				
Drug Awareness				
Emergency Response				
Fire Extinguisher Training				
First Aid/CPR				

Hazard Communication (Employee Right to Know)				
New Employee Orientation				
Personal Protective Equipment				
Incident Reporting and Investigation				

2) Does your company maintain documentation that includes all HSSE regulatory required training and other MSSE training required by your company? Yes No

If "Yes", please provide details:

3) Does your company maintain a training matrix that defines who will receive specific training courses and the intervals at which re-training is required? Yes No

If "Yes", please provide details:

4) Does your company have a process to identify, which personnel are current in their training? Yes No

If "Yes", please provide details:

5) Does your company have a written plan for training personnel and subcontractors in project specific requirements prior to commencing work on the project? Yes No

If "Yes", please provide details:

Section (6) Drug and Alcohol Program

(1)	Does your company have a written policy statement which includes a drug and/or alcohol test and management of drug and alcohol within the workplace? If "Yes", please upload a PDF electronic copy of the policy statement.	Yes	No
(1a)	If "Yes" was answered above, please include with this questionnaire some form of verification that all workers who will perform work for AECI have successfully completed a drug test within the past 12 months.		
(2)	Does your company have a documented process to identify and manage the use of drugs and alcohol within the workplace, that addresses the following:		

	(2.1) Identifies both illicit, prescription, and any other drug which may affect the ability of the employee to undertake their duties?	Yes	No
	(2.2) Instructs staff of requirements for being fit for work including advice on use of prescription medications?	Yes	No
	(2.3) Advises staff of the signs of alcohol/drug usage and addiction?	Yes	No
	(2.4) Provides staff with instructions as to their responsibilities to report observations?	Yes	No
	(2.5) Provides instructions for supervisors/management on the course of action (assistance and/or discipline) to undertake in order to manage drug and alcohol issues.	Yes	No
(3)	Check the circumstances in which your company's employees may be subject to drug/alcohol screening. Employment (pre-hire) Probable Cause Periodic Random Post Accident Other		
(4)	Check the percentage of employees that are drug tested per year. None 10% 25% 50% 100% Other		
(5)	Check the percentage of employees that are alcohol tested (while on the job) per year. None 10% 25% 50% 100% Other		
(6)	Does your company conduct medical physicals for: Pre-employment Pulmonary Function Respiratory Protection		

Section (7) Competency Documentation

(1)	Has your company provided adequate documentation (both for the company and employees) that shows you are technically capable of completing this type of work (resumes, company info, etc.)? If yes, please provide a copy of the respective documentation.	Yes	No
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This questionnaire is not a binding contract. The engagement of the supplier/contractor will be dependent upon the execution of a service contract or MSA along with compliance of requirements as communicated to the supplier/contractor.

Certification by Supplier:

Name: _____

Signature: _____

Date: _____

Section (8) AECI Evaluation of Competency, Insurance, HSSE, and Drug & Alcohol Programs (to be completed by AECI Personnel)

Contractor meets essential HSSE requirements and criteria:	Yes	No
Contractor advised of information required to meet criteria:	Yes	No
Evaluation Completed by:	Date:	
Comments:		



AECI Evaluation Criteria (to be completed by AECI Personnel)

Yes No N/A

Section (1) Insurance Details: Have all the questions been answered 'Yes'?

Section (1a): Do the insurances meet AECI's minimum requirement?

All insurance certificates are to be kept in the project file. If the insurance requirements cannot be met, the Principal in Charge will need to be consulted.

Section (2) HSSE Statistics: Is the data satisfactory according to the Contractor HSSE Management & Assurance Gate?

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Section (3) Regulatory Compliance: Have all the questions been answered satisfactorily?

Section (4) HSSE Programs: Have all the questions been answered 'Yes'?

Section (5) HSSE Training: Has the Supplier answered yes and provided the documentation?

Section (6) Drug & Alcohol Program: Has the Supplier answered yes and provided the documentation?

Section (7) Competency Documentation: Has the Supplier answered 'Yes', provided documentation, and signed and dated the form?

Once the Supplier has provided all the information requested, the Project Manager shall seek approval from Anderson Management to engage the Supplier. Upon signing, it is agreed that the contractor/supplier is qualified to perform work on behalf of AECI and its clientele. This questionnaire is not a binding contract. The engagement of the supplier/contractor will be dependent upon the execution of a service contract or MSA in addition to compliance with requirements as described in this document, and in the AECI Contractor Pre-qualification Review Form (to be attached).

Project Manager Name: _____

Project Manager Signature: _____

Date: _____

Anderson Management Name: _____

Anderson Management Signature: _____

Date: _____