*This questionnaire has been compiled to assist Nacap in determining the capabilities of your Company to supply goods and/or services to our current project(s) or project(s) we are tendering.*

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| **SECTION A – COMPANY DETAILS** | | | |
| Registered Company Name (and Trading Name if different to Registered Name) | | Australian Business Number | Date of Registration or Incorporation |
| Registered Company Address | City/Suburb | Country (if not Australia) | Post Code |
| Mailing Address (if different from Registered Company Address) | City/Suburb | Country (if not Australia) | Post Code |
| Website | Details of Aboriginal and/or Torres Strait Islander ownership (% owned) | | Main Telephone |
| Contact Person (Name and Position) for Bidding | Contact Person email | | Contact Person Telephone |

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| **SECTION B – LEGAL & INSURANCE** |  | | | |
| Are there any judgements, claims, lawsuits, arbitration or mediation proceedings currently pending or outstanding against your Company, its officers, or principals? | Yes  No  (if yes, provide details) | | | |
| Has your Company, its officers or principals filed any claims, lawsuits or arbitration proceedings within the last 3 years? | Yes  No  (if yes, provide details) | | | |
| Have any owners/directors of the company been the subject of bankruptcy in the past 5 years? If so, provide details of the business involved at that time. | Yes  No  (if yes, provide details) | | | |
| Please summarise your Company’s current insurances and attach certificates of currency for each of the nominated policies | Public liability | Plant and vehicles | Professional Indemnity | Marine Cargo |
| Single event coverage ($) |  |  |  |  |
| Aggregate coverage ($) |  |  |  |  |
| Expiration date |  |  |  |  |
| For any of the above listed policies your Company does not hold, please state why |  | | | |
| Please provide a summary of your company’s Workers Compensation insurance (and attach certificate of currency) |  | | | |

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| **SECTION C – RECENT PROJECT RECORD (please provide for your Company’s last 2 completed projects)** | | | | | | | |
| Name of Client | | Name of Principal (if different from Client) | | Client Representative Name and Contact Phone Number | | | |
| Project Name and Location | | | | Your Company’s Scope of Work | | | |
| Original Contract Price  **$** | Total Value of Change Orders  **$** | | Final Contract Price  **$** | | Approximate Completion Date | | Was Extension of Time Applicable? |
| Name of Client | | Name of Principal (if different from Client) | | Client Representative Name and Contact Phone Number | | | |
| Project Name and Location | | | | Your Company’s Scope of Work | | | |
| Original Contract Price  **$** | Total Value of Change Orders  **$** | | Final Contract Price  **$** | | Approximate Completion Date | | Was Extension of Time Applicable? |
| Were any penalties imposed, or liens or stop notices filed, against your Company, in relation to any of the above projects? | | | | | | Yes  No  (if yes, provide all details) | |
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| **SECTION D – REFEREES (provide details of at least 3 contacts from your previous suppliers and customers)** | | |
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| **SECTION E – CURRENT PROJECT DETAILS (please complete for all existing projects; attach further pages if currently executing more than 2 projects)** | | |
| Name of Client | Name of Principal (if different from Client) | Client Representative Name and Contact Phone Number |
| Project Name and Location | | Your Company’s Scope of Work |
| Approximate Contract Price  **$** | | Approximate Completion Date |
| Name of Client | Name of Principal (if different from Client) | Client Representative Name and Contact Phone Number |
| Project Name and Location | | Your Company’s Scope of Work |
| Approximate Contract Price  **$** | | Approximate Completion Date |

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| **SECTION F – PERSONNEL** | |
| Please provide a summary C.V. providing evidence of competence for each of the managers and supervisors that will directly interface with our project (in particular those with QHSE responsibilities) | Information should include:   * Name * Professional or Trade body memberships * Health and Safety, Environmental and Quality training received in the past 3 years * Qualifications * Practical experience & knowledge of the work to be undertaken |
| Aboriginal and/or Torres Strait Islander employment | Does your company have an employment policy specifically targeting the support of Aboriginal and/or Torres Strait Islanders? Yes  No  Provide details on the number of currently employed staff identifying as Aboriginal and/or Torres Strait Islanders.  Provide details on any engagement undertaken with Aboriginal and/or Torres Strait Islanders and any outcomes. |

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| **SECTION G – QUALITY, HEALTH, SAFETY AND ENVIRONMENT (QHSE)** | |  | | | | | |
| Does your Company have a Quality Management System?  Yes  No | If yes, is it certified to ISO 9001 or another Quality Management System standard?  Yes  No  (if yes, please attach certificate) | | | | Is your Company willing to adopt and comply with Nacap’s Quality Control Procedures in the absence of your own?  Yes  No | | |
| Does your Company have a Health & Safety Management System?  Yes  No | If yes, is it certified to ISO 45001, AS 4801 or OSHAS 18001, and / or accredited by the Australian Federal Safety Commissioner?  Yes  No  (if yes, please attach all relevant certificates) | | | | Is your Company willing to adopt and comply with Nacap’s Health and Safety Management Plans and Policies?  Yes  No | | |
| Does your Company have an Environmental Management System?  Yes  No | If yes, is it certified to ISO 14001 or another Environmental Management System standard?  Yes  No  (if yes, please attach certificate) | | | | Is your Company willing to adopt and comply with Nacap’s Environmental Management Plan and policies and/or the Principal’s Construction Environmental Management Plan?  Yes  No | | |
|  | |  | Is your Company willing to allow an authorised representative of Nacap to access the Company’s premises for the purpose of assessing your Company’s QHSE Management System and Procedures and previous performance in providing services within the construction industry? Yes  No | | | | |
| Detail any sustainability initiatives your company has adopted or planned? Provide information on any success to date or implementation timeline. | | Yes  No  (if yes, provide all details) | | | | | |
| Describe your Company’s procedures for enquiring about the Health and Safety and Environmental performance of your potential subcontractors and suppliers prior to engaging them | |  | | | | | |
| Describe your Company’s reviewing and monitoring procedures to ensure compliance with site safety rules | |  | | | | | |
| In the past three years, has your Company incurred any OHS / WHS Prohibition Notices or Enforceable Undertakings, or had any prosecutions, for breaches of OHS / WHS legislation? Or does your Company have any such instances, penalties or prosecutions pending? | | Yes  No  (if yes, provide all details) | | | | | |
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| In the past three years, has your Company incurred any Prohibition Notices or Enforceable Undertakings, or had any prosecutions, in relation to Environmental legislation? Or does your Company have any such instances, penalties or prosecutions pending? | | Yes  No  (if yes, provide all details) | | | | | |
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| Has your Company had any work-related fatalities in the last 5 years? | | Yes  No  (if yes, provide all details) | | | | | |
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| What are your Company accident, illness, and dangerous occurrence records for the past 3 years? Give details.  Note:   * LTIFR = Lost Time Incident Frequency Rate * TRIFR = Total Recordable Incident Frequency Rate | | **Year** | | **20\_\_\_\_** | | **20\_\_\_\_** | **20\_\_\_\_** | |
| Total man hours worked (H) | |  | |  |  | |
| Number of Lost Time Injuries (LTI), including fatalities if any | |  | |  |  | |
| Number of Alternative Work Injuries (AWI) | |  | |  |  | |
| Number of Medical Treatment Injuries (MTI) | |  | |  |  | |
| LTIFR = LTI x 1,000,000 / H | |  | |  |  | |
| TRIFR = (LTI + AWI + MTI) x 1,000,000 / H | |  | |  |  | |

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| **SECTION H – INDUSTRIAL RELATIONS** | | | |
| Do you currently pay your workers according to an Industry Award or Enterprise Bargaining Agreement (EBA)? | Yes  No  (if yes, please specify) | Is the Award or EBA current? | Yes  No |
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| Are you willing to be audited during project execution to ensure that you are actually paying against your nominated Award or EBA? | Yes  No | | |
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| **SECTION I – HEAVY VEHICLE CHAIN OF RESPONSIBILITY** |

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| Does the organization have an understanding of the CoR obligations it holds and a process to ensure all workers are made aware of their role in the chain of responsibility? | Yes  No |

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorises the references identified herein to provide any additional information requested by Nacap that it may be required to complete its pre-qualification and/or evaluation process.

Name………………………………………………………………………………….….. Position……………………………………………………………………………….………………

(must be an authorised member of staff)

Signature………………………………………………………………………….….… Date………………………………………………………….............................................