

## VENDOR ASSESSMENT QUESTIONNAIRE



*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.*

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

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 <input type="checkbox"/> No <input type="checkbox"/> (if yes, provide details)			
Has your Company, its officers or principals filed any claims, lawsuits or arbitration proceedings within the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/> (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			

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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)	

### 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 <input type="checkbox"/> No <input type="checkbox"/> (if yes, provide all details)	

### 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

### SECTION F – PERSONNEL

<p>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)</p>	<p>Information should include:</p> <ul style="list-style-type: none"> <li>Name</li> <li>Professional or Trade body memberships</li> <li>Health and Safety, Environmental and Quality training received in the past 3 years</li> <li>Qualifications</li> <li>Practical experience &amp; knowledge of the work to be undertaken</li> </ul>
<p>Aboriginal and/or Torres Strait Islander employment</p>	<p>Does your company have an employment policy specifically targeting the support of Aboriginal and/or Torres Strait Islanders? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details on the number of currently employed staff identifying as Aboriginal and/or Torres Strait Islanders.</p> <p>Provide details on any engagement undertaken with Aboriginal and/or Torres Strait Islanders and any outcomes.</p>

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### SECTION G – QUALITY, HEALTH, SAFETY AND ENVIRONMENT (QHSE)

Does your Company have a Quality Management System?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is it certified to ISO 9001 or another Quality Management System standard?  Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/>
Does your Company have a Health & Safety Management System?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is it certified to ISO 45001, AS 4801 or OSHAS 18001, and / or accredited by the Australian Federal Safety Commissioner?  Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/>
Does your Company have an Environmental Management System?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is it certified to ISO 14001 or another Environmental Management System standard?  Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/>
		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 <input type="checkbox"/> No <input type="checkbox"/>
Detail any sustainability initiatives your company has adopted or planned? Provide information on any success to date or implementation timeline.	Yes <input type="checkbox"/> No <input type="checkbox"/> (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	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, provide all details)	

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prosecutions, for breaches of OHS / WHS legislation? Or does your Company have any such instances, penalties or prosecutions pending?				
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 <input type="checkbox"/> No <input type="checkbox"/> (if yes, provide all details)			
Has your Company had any work-related fatalities in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, provide all details)			
What are your Company accident, illness, and dangerous occurrence records for the past 3 years? Give details. Note:	<b>Year</b>	<b>20__</b>	<b>20__</b>	<b>20__</b>
<ul style="list-style-type: none"> <li>LTIFR = Lost Time Incident Frequency Rate</li> <li>TRIFR = Total Recordable Incident Frequency Rate</li> </ul>	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			

### SECTION H – INDUSTRIAL RELATIONS

Do you currently pay your workers according to an Industry Award or Enterprise Bargaining Agreement (EBA)?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please specify)	Is the Award or EBA current? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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### SECTION H – INDUSTRIAL RELATIONS

Are you willing to be audited during project execution to ensure that you are actually paying against your nominated Award or EBA?

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### SECTION I – HEAVY VEHICLE CHAIN OF RESPONSIBILITY

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

### SECTION J – MODERN SLAVERY

Modern slavery refers to various forms of exploitative and coercive practices that involve the severe abuse of human rights and personal freedom for economic gain or control. It encompasses situations where individuals are subjected to forced labour, human trafficking, debt bondage, child labour, and other forms of exploitation. Nacap requires all prospective suppliers and subcontractors to answer the following questions to assist us with our reporting requirements under the Modern Slavery Act 2018 (Cth):

Is your organisation subject to the Modern Slavery Act 2018(Cth)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer above is “Yes”, have you submitted a Modern Slavery Statement or equivalent for the relevant reporting period under that legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your organisation ever been publicly named as having not complied with the Modern Slavery Act 2018(Cth)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation have policies and processes to identify, investigate and remedy the risk and any instances of modern slavery within your organisation? (e.g. Supplier Code of Conduct, Human Rights Policy, Whistleblowing Policy, Complaints Management System)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation perform screening (prequalification) of all prospective Suppliers and Subcontractors to assess risks of Modern Slavery that may occur in its operations and supply chains?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are employees in your organisation trained on how to identify, assess and respond to Modern Slavery risks?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Does your organisation or major suppliers to your organisation, operate or have operations in any of the following countries:

- Bangladesh  Brazil  Cambodia  China  Democratic Republic of Congo  India  Indonesia  Mauritania  Mexico  Moldova  Myanmar  Nigeria  
 North Korea  Pakistan  Qatar  Russia  Thailand  Ukraine  United Arab Emirates  Vietnam  None of the countries specified

If you have checked any of the above countries, has your organisation carried out due diligence checks against those suppliers to investigate the risk of Modern Slavery?

Yes  No

Does your organisation supply the following products to Nacap?

- IT products (i.e. software programs)
- Office products (i.e. tea, coffee, pens, paper, cleaning products etc)
- Clothing and textile product manufacturing (i.e. PPE such as hard hats, boots, gloves, project marketing material such as sweatshirts, jackets and caps etc)
- Electronics (i.e. hardware such as printers, laptops and monitors)
- Construction products (i.e. steel and concrete etc)
- Beauty and Cosmetics (i.e. Sunscreen)
- Hospitality and Tourism (i.e. preferred hotels, restaurants and travel agencies etc)

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.....