

**SECTION 1 – GENERAL INFORMATION**

1. ENTITY DETAILS			
Entity Name			
Head Office Address:	Telephone:		
	Mobile:		
	Facsimile:		
Postal Address:	Email:		
	Website:		
	ABN Number:		
Contact Person:	Date Established:		
2. SUPPLY CHAIN RELATIONSHIPS			
List any suppliers, sub-tier contractors you have standing contractual arrangements with or propose to enter subcontracts with which may be relevant to the scope of goods / services you propose to supply to EPSA.			
3. DIRECT EXPERIENCE AND CURRENT COMMITMENTS			
List other contracts with EPSA in the last 3 years:			
Goods / Services supplied	Project references (if applicable)	Date	Value (AU\$)
List key Goods / Services supplied to other customers in the last 3 years:			
Goods / Services Supplied	Client's Name / Project (if applicable)	Date	Value (AU\$)

<b>4. CAPABILITY STATEMENT</b>			
Provide resumes for key personnel who will be directly involved in delivering the goods / services and Project references / summary sheets demonstrating track record for delivering similar goods / services to other Customers. To the extent that you propose to provide project management, site supervision expertise in each disciplines provide the number of project management staff currently employed and their location (personal information included in resumes will be handled in accordance with EPSA Privacy Policy see <a href="http://www.energypower.com.au">www.energypower.com.au</a> .			
<b>QUESTIONNAIRE COMPLETED BY</b>			
Name:		Signature:	
Position:		Date:	

## SECTION 2 - QSE QUESTIONNAIRE

### EPSA'S APPROACH TO MANAGING SUBCONTRACTOR HSEQ ASPECTS

EPSA is committed to maintaining safe and healthy workplaces for its workers and to ensuring that all our operations are conducted to the required quality and in a manner that protects and preserves the environment and the communities in which we operate. EPSA is committed to achieving the following objectives:

- meet or exceed health, safety and environmental (HSE) standards expected by the community, Government and our workers.
- comply with relevant legislation, standards and codes of practice as the minimum level of performance; and
- continual improvement in Quality and HSE performance.

### INSTRUCTION FOR COMPLETION OF QUESTIONNAIRE AND SUBMISSION OF INFORMATION

- Abbreviations, 'N/A' (Not Applicable) or 'N/K' (Not Known) may be used for responses where relevant. Otherwise all answers not in the form of a written response should be given by ticking (✓) either Yes or No.
- Respondents may present required information in a consolidated submission if their management systems have been integrated to meet the requirements of standards ISO 9001, AS/NZ 14001 & AS/NZ 4801 or equivalent in accordance with AS/NZS 4581: 1999 Management System Integration – Guidance to Business, Government and Community Organisations.
- Complete the QSE Questionnaire as required and relevant to the proposed scope of works, services, goods to be supplied to EPSA.
- Ensure that documents and data required in addition to the QSE Questionnaire are included with your Quotation.
- As information is collated use the table as a checklist to ensure the submission is complete and mark with a tick (✓) the documents and data provided. Ensure documents and data are correctly referenced to the Questionnaire item number.
- Answer each question by placing a cross a tick (✓) in the Q, S or E box(es) as relevant or include information in the spaces provided.

\*Where Q, S or E questions are answered as 'Yes' or details are requested, submit the document required and complete the Document Submitted column.

QSE Question or Information	(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1 MANAGEMENT SYSTEMS &amp; CERTIFICATION</b>								
1.1	Has your Company achieved Third Party Certification of its Q, S or E Management Systems?							
1.2	Has your Company received Second Party certification or pre-qualification of its Q, S or E Management Systems?							
1.3	Does your Company have a Manual(s) describing your Q, S or E Management Systems?							
<b>2 MANAGEMENT COMMITMENT AND RESPONSIBILITY</b>								
2.1	Does your Company have Q, S or E policy statements?							
2.2	Does your Company have documented standard work procedures covering your scope of work?							
2.3	Does your Company have a procedure(s) for determining and reviewing the requirements related to the works or services to be provided?							
2.4	Does your Company have an organisational chart and a description of the Q, S & E responsibilities of senior management within your Company?							
2.5	Who is ultimately responsible for Q, S or E in your organisation and on your projects? List Position, Name, Experience and Qualifications for each.							
2.6	Does your Company develop project specific Q, S or E Management Plans?							
2.7	Does your Company have Q, S or E Objectives and Targets?							
2.8	If so, has your Company developed a programme(s) for the achievement of its Q, S or E objectives and targets?							
<b>3 COMPETENCY AND TRAINING</b>								
3.1	Does your Company establish the competence of your employees to conduct activities that affect the Q, S or E of the work or services provided by your organisation?							
3.2	Are formal certificates and qualifications checked for currency prior to commencement of employment and regularly reviewed thereafter?							

QSE Question or Information	(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
3.3 Do you assess each individual's Q, S or E performance against their role and responsibilities?							N/A	N/A
3.4 Provide an outline of how your Company ensures that all of its employees are medically fit for the tasks they are to undertake?							N/A	N/A
3.5 Do you conduct Q, S or E inductions of your employees?								
3.6 Do you have a Q, S or E training scheme for your Managers & Supervisors?								
3.7 Do you have a Q, S or E training scheme for your employees?							N/A	N/A
3.8 Is your Company aware of the relevant Q, S or E Legislation, Standards and Codes of Practice applicable to its operations and activities?								
3.9 What arrangements does your Company for ensuring employees are aware of the requirements of legislation, standards & codes of practice applicable to their work?								
<b>4 RISK MANAGEMENT</b>								
4.1 Do you have a system to ensure Q, S or E issues are considered during design?							N/A	N/A
4.2 What arrangements does your Company have for ensuring actions from design reviews are followed up and closed-out?							N/A	N/A
4.3 Provide an outline or listing of your procedure(s) used for controlling risks.								
4.4 Does your Company have a procedure(s) for identifying and assessing the S or E hazards of your activities?	N/A	N/A					N/A	N/A

QSE Question or Information	(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
4.5 Does your Company conduct Job Safety Analyses (JSA) or similar?	N/A	N/A						
4.6 Does your Company conduct Hazard Operability (HAZOB) or Hazard Identification (HAZID) studies or similar?	N/A	N/A					N/A	N/A
4.7 If so, provide an outline of your procedures for ensuring actions from JSAs, HAZOBs and HAZIDs are followed up and closed-out. Attachment?	N/A	N/A						
4.8 Do you have a system to ensure safety in design, purchasing, fabrication and installation of plant and equipment?	N/A	N/A					N/A	N/A
4.9 Does your Company conduct hazard assessments of plant and equipment used, installed or operated by your Company?	N/A	N/A					N/A	N/A
4.10 Is a hazard register of equipment maintained?	N/A	N/A						
4.11 Does your Company have a procedure for the calibration & control of Q, S or E equipment required for the testing, monitoring & measuring activities?							N/A	N/A
4.12 Provide details of your arrangements for the inspection, testing, monitoring or measurement of the works to assess compliance with contract requirements.								
4.13 Does your company develop project specific Inspection and Test Plans (ITP's) to establish the conformance of your works and services?								
4.14 Does your Company undertake regular S or E workplace inspections?	N/A	N/A						
4.15 What arrangements does your Company have for ensuring actions from inspections are followed up and promptly closed-out?							N/A	N/A
<b>5 COMMUNICATION AND CONSULTATION</b>								
5.1 Do you communicate Q, S or E policy & requirements to your workforce?								
5.2 Do you conduct regular toolbox meetings or similar with your workforce?							N/A	N/A

QSE Question or Information	(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
5.3 Do you conduct pre-start briefings or shift handover meetings?							N/A	N/A
5.4 Provide details of your Company's Q, S or E meeting structures. Attachment?								
5.5 What arrangements does your Company have for ensuring actions from Q, S or E meetings are followed up and closed-out?							N/A	N/A
<b>6 SUBCONTRACTOR MANAGEMENT</b>								
6.1 Provide an outline of your Company procedures for the supervision of your employees and subcontractors.								
6.2 Does your company have a procedure for assessing and managing the Q, S or E competency of your own subcontractors?							N/A	N/A
6.3 What arrangements does your Company have for the Q, S or E induction of your subcontractors? Please submit documents.								
6.4 Who in management is responsible and accountable for the Q, S or E performance of your subcontractors?							N/A	N/A
<b>7 INCIDENTS, NON-CONFORMANCE, CORRECTIVE &amp; PREVENTIVE ACTION</b>								
7.1 Is there a procedure(s) for the reporting, investigation, follow-up and prompt close out of non-conformance with specified requirements, incidents and injuries?								
7.2 Does senior management have responsibilities in Q, S or E non-conformance and incident reporting and investigation?								
7.3 Is there a procedure(s) for the implementation and close out of actions to prevent recurrences of non-conformances or incidents?								

QSE Question or Information		(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
		Yes	No	Yes	No	Yes	No	Yes	No
7.4	Provide details of your Company's Quality & Environmental Record for the past year. Attachment?			N/A	N/A				
7.5	Provide details of your Company's safety and Environmental record for the last three years as well as including Injury Statistics (e.g. Number of; Lost Time Injuries (LTI), Medical Treatment Injuries (MTI) and Restricted Duty Injuries (RDI); LTI Frequency Rates (LTIFR), MTI Frequency Rates (MTIFR); LTI Duration Rates etc) Include Fatalities. Include details of serious Environmental incidents. Attachment?	N/A	N/A						
7.6	Has your Company had a serious Environmental incident or Fatality or Permanent Disablement Injury in the last 5 years involving direct employees or subcontractor employees, if yes please provide brief details (subject to legal privilege constraints).								
7.7	Has your Company ever had any of the following issued under any OHS or WHS legislation; - Prosecutions - Improvement Notices - Prohibition Notices - Enforceable Undertakings If Yes, please submit details.								
7.8	Does your Company develop project specific emergency response plans?	N/A	N/A						
7.9	Does your Company conduct regular emergency drills/exercises?	N/A	N/A					N/A	N/A
7.10	Provide details of your Workers Compensation Insurance rating and ANZIC code for the previous three years. Attachment?	N/A	N/A			N/A	N/A		
<b>8 AUDIT</b>									
8.1	Does your Company conduct regular Q, S or E audits?								
8.2	What arrangements does your Company have for ensuring actions from audits are followed up and promptly closed-out?							N/A	N/A



QSE Question or Information		(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>9 MANAGEMENT REVIEW &amp; IMPROVEMENT</b>									
9.1	Does your Company conduct regular reviews of its Q, S or E Management System(s)?	9.2	9.3	9.4	9.5	9.6	9.7		
9.8	What arrangements does your Company have for ensuring actions from management reviews are followed up and promptly closed-out?							N/A	N/A
<b>10 PROCEDURES</b>									
10.1	Does your Company have a procedure for the control of documents and data required for Q, S & E Management in your organisation?								
10.2	Does your Company have procedures for the management of Q, S & E records?								
10.3	Does your Company have procedures to ensure equipment is registered, checked, tested and maintained to ensure compliance with appropriate standards prior to mobilisation to site.								
10.4	Does your Company have procedures in place to ensure materials are transported, handled and stored in a safe and secure manner?	N/A	N/A					N/A	N/A
10.5	Does your Company have procedures in place to ensure the safe storage, handling, transport and disposal of hazardous substances?	N/A	N/A					N/A	N/A
<b>11 AWARDS &amp; ACHIEVEMENTS</b>									
11.1	Has your Company received any significant Q, S or E awards or any significant Q, S or E achievements?								
<b>12 OCCUPATIONAL HEALTH</b>									
12.1	Does your Company undertake Health testing and surveillance?	N/A	N/A			N/A	N/A		
12.2	Do you have Restricted Duties available for injured employees?	N/A	N/A			N/A	N/A	N/A	N/A
12.3	Does your Company conduct regular assessments of manual handling tasks? Attach sample.	N/A	N/A			N/A	N/A		

QSE Question or Information	(Q)uality		(S)afety		(E)nvironment		*Document Submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
12.4 Does your Company undertake pre-employment testing and screening for Alcohol and other drugs?	N/A	N/A			N/A	N/A	N/A	N/A
12.5 Does your Company monitor the Fitness for Work of your employees?	N/A	N/A			N/A	N/A	N/A	N/A

QUESTIONNAIRE COMPLETED BY	
Name:	Signature:
Position:	Date:

## SECTION 3 - FINANCE QUESTIONNAIRE

1. PRICING/TERM INFORMATION				
Is your offer to supply the goods and/or services greater than \$1M	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the proposed contract term for the delivery of goods and/or services greater than 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. GENERAL INFORMATION				
What is the Company's annual turnover				
Have you attached audited Financial Statements with a balance date of not more than twelve months ago and copies of the last two years annual reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(If you are unable to provide, please explain why not.)				
Value of Net Tangible Assets:	Financial Year		AU\$	
Net Profit After Tax:	Financial Year		AU\$	
Annual Turnover / Sales:	Financial Year		AU\$	
Maximum Value of Bank guarantees in support of performance:	Capacity (AU\$)			
	Currently (AU\$)			
3. COMPANY STATUS				
Do you have incorporated status	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If 'no' provide details of status (i.e. sole trader, partnership, Trustee, government agency)				
If 'yes' provide details of company incorporations including: place of incorporation, list of current directors, main shareholders, immediate and ultimate parent company if applicable, related bodies corporate (a copy of ASIC relational company extract may be provided).			Provide information in attachments	
Are you registered for GST	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List authorised representatives / directors				
4. FINANCIAL PERFORMANCE				
Provide details for the following:				
any significant loan capital including the rights and terms of payment				
significant mortgages and charges				
Contingent liabilities (indemnities and guarantees) capital commitments and expenditures authorised but not contracted				

Particulars of any petition, claim, action, judgement or decision that might adversely affect your ability to provide the service	
any related party transactions	
<b>5. INSURANCES</b>	
Have you provided certificates of currency for the following insurances:	
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public / Product Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <insert any other insurances required>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. CONFLICT OF INTEREST</b>	
Will any conflicts of interest exist now or in the future between you and EPSA or its affiliates Cat Dealers and any other organisation should you be engaged to provide the goods and/or services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any circumstances or relationships that constitute a conflict of interest relating to your response or your potential obligations under the contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' to any of the above, attach details (including how you will deal with any conflicts of interest that may arise from your relationship with EPSA or its affiliates Cat Dealers and other parties)	
<b>7. COMPLETED BY</b>	
Company:	
Name & Title:	
Signature:	
Date	

## SECTION 4 - HUMAN RESOURCES QUESTIONNAIRE

1. SERVICES		
If you are providing a service, does it include construction works (e.g. civil works, electrical works, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'no' to the above, continue to section 4.		
2. EBA		
Provide details of all your current Enterprise Bargaining Agreements including details of relevant unions and the expiry dates.		
3. INDUSTRIAL RELATIONS COMPETENCY AND PERFORMANCE HISTORY		
Do you have processes and strategies in place to resolve industrial relation disputes or minimise the impact of industrial relation disputes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in any industrial relation disputes in the last two years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' to any of the above, attach details.		
4. COMPANY PROFILE		
Does your company employ more than 10 employees (both field and administration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how many people do you employ:		
Have you attached a brief description of the Company's history (e.g. trading history, size, location and brief description of primary business)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached 3 references (excluding EPSA) from present Australian based customers whom you provide similar goods and/or services to, which are most relevant to this project / work? Include name and contact details of the referees together with a description of the services performed and an indication of the size/volume of the work performed for that customer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. KEY PERSONNEL		
Have you attached the organisational structure for the team of individuals who will be responsible for delivering the goods and/or services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached details of key personnel to be used for this project / work including resumes (e.g. name, position, role in the provision of the work, skills / experience held by the individuals and the company in relation to the delivery of the goods and/or services).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. COMPLETED BY		
Company:		
Name & Title:		
Signature:		
Date		