

# Supplier Questionnaire

## SECTION 1 – GENERAL INFORMATION ENTITY DETAILS

Entity Name			
Head Office Address:		Telephone:	
		Mobile:	
		Facsimile:	
Postal Address:		Email:	
		Website:	
		ABN Number:	
Contact Person:		Date Established:	
1.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.			
2.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\$)

# TEMPLATE

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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>3.CAPABILITY STATEMENT</b>			
<p>Provide your Capability Statement or 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="https://www.energypower.com.au/privacy-policy/">https://www.energypower.com.au/privacy-policy/</a>).</p>			
<b>WORKERS INFORMATION</b>			
Total number of permanent employees			
Total number of seasonal or contract employees or otherwise in non-permanent employment			
Total number of workers provided through agencies, labour brokers, and/or outsourced labour companies			
<b>4.QUESTIONNAIRE COMPLETED BY</b>			
Name:		Signature:	
Position:		Date:	

## SECTION 2 - HSEQ QUESTIONNAIRE

EPSA's APPROACH TO MANAGING SUBCONTRACTOR Health, Safety, Environment and Quality (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 HSEQ performance.**

Additional information and access to our company Supplier Handbook can be found on our website:

<https://www.energypower.com.au/company/governance/for-suppliers/>

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, ISO 14001 & ISO45001 or equivalent.**
- **Complete the HSEQ Questionnaire as required and relevant to the proposed scope of works, services, goods to be supplied to EPSA.**
- **Ensure that documents and data required are included with your submission.**
- **Answer each question by placing a tick (✓) in the HSEQ box(es) as relevant or include information in the spaces provided.**

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1.HSE PERFORMANCE – Please provide HSE performance statistics for current and previous 2 years			
	YTD	1 Year Previous	2 Years Previous
Year			
Total exposure hours			
Reportable Incidents			
First Aid Injury (FAI)			
Medical Treated Injuries (MTI)			
Lost Time Injuries (LTI)			
Fatalities			
Total Recordable Injuries Frequency Rates (TRIFR)			
<b>Has your business been prosecuted or have proceeding pending for any HSE legislative breaches in the past 5 years? If yes, please provide details below?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

2.LEGAL COMPLIANCE				
Have you identified applicable legal and other requirements applicable to your business / scope of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide evidence i.e., Legal Compliance Register.  If no, describe how this process is managed.	
3.GENERAL HSEQ MANAGEMENT				
Do you have a current HSE Policy which has been signed by the CEO/Director? (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach.	
Do you have a HSEQ management plan (or Integrated System)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach a copy of the contents page(s).	
Have any of the systems been audited and certified by a 3rd party certification body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copies of applicable certification(s).	
Do you have a documented process to identify, manage and control hazards and risks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copies of contents page(s) of key procedures.	
Do you have documented procedure(s) for the reporting, investigation, follow-up, and prompt close out of incidents and near misses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide copy of contents page of key procedure.	
Does your business have a process for ensuring personnel are inducted, trained, licenced or otherwise deemed competent to undertake specific work activities? e.g., Training Matrix, TNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a copy of applicable system.	

Does your business have regular HSEQ meetings? E.g., Daily Pre-start, Toolbox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide copies of recent meetings.	
<b>4.SUBCONTRACTOR MANAGEMENT</b>				
Do you plan on using contractors (subcontractors) for this project and if so, do you have a written procedure for the assessment and management of your contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide a copy of the contents page(s) of procedure.  If you do not have a procedure, describe the process for engagement and management of subcontractors and attach.	
<b>5.HIGH RISK WORK / CONSTRUCTION WORK</b>				
Does your scope of work involve High Risk Construction Work (HRCW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the classes of HRW:  <u>And:</u>  Attach example Safe Work Method Statements for each HRCW category for review.	
<b>6.SPECIFIC HAZARD MANAGEMENT</b>				
Will you be operating plant on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach register of relevant plant, including registered/classified plant.	
Do you have a maintenance and inspection program in place for all plant/equipment (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide process of how plant is maintained.	
Will you be using electrical equipment on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide process of how equipment is maintained tested and tagged.	
Other introduced hazards that the company may introduce to EPSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	

7. TECHNICAL DATA /WORK PROCESSING				
Do you have the required shop manuals and specifications to perform the process scope of work required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
Do you have a documented system to ensure the technical data is current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
Do you have a system to control working copies to manuals to ensure they are revised with the masters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
Do you have procedures to obtain, verify and incorporate customer specifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
Do you have procedures for performing final inspection and return-to-service equipment and tooling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
Do you have quarantine processes/ areas for rejected parts and materials awaiting disposition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details.	
8. OTHER				
If required, are you willing to work under the EPSA IMS Management System whilst on EPSA operated sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please provide your Management System for approval.	
7. 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 12 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.		
5. INSURANCES		
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

6. CONFLICT OF INTEREST			
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)			
7. COMPLETED BY			
Name:		Signature:	
Position:		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. Enterprise Bargaining Agreements (EBA)		
Provide details of all your current EBAs including details of relevant unions and the expiry dates.	Click here to enter text.	
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 business 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

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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			
Name:		Signature:	
Position:		Date:	

### SECTION 5 – MODERN SLAVERY

1. GENERAL			
Does your business have policies and processes to identify, investigate and remedy the risk and any instances of modern slavery within your business and within your supply chain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
Do you provide training to your workers on modern slavery risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your business comply with all applicable laws in all locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. SUPPLY CHAIN MANAGEMENT			
Does your business conduct due diligence for modern slavery risks on your suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
Does your business require your suppliers to conduct due diligence for modern slavery risks on their suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your business engage third party intermediaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
What action does your business take if modern slavery practices are suspected?	Please describe		
Will any of the products and or services involved in this EPSA purchase be sourced or manufactured from overseas? If so, please list countries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
3. CHILD LABOUR			
Does your business comply with the United Nations ILO Conventions that prohibit the worst forms of child labour, hazardous child labour and minimum age for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your business undertake checks to ensure child labour is not being used within your business or by your suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe

4. FORCED LABOUR, BONDED LABOUR, HUMAN TRAFFICKING			
Does your business have a policy or process that prohibits modern slavery including all forms of forced labour, bonded labour and human trafficking in its operations and in those of its suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
Are any original identity related documents of workers retained? (e.g., passports, birth certificates, national identity cards).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are workers required to lodge any 'security deposits' (this could include financial or personal property) or pay any recruitment fees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your business deduct wages, impose monetary fines, and/or withhold pay or pay entitlements of workers? This includes fines for misconduct and poor production.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. EMPLOYMENT CONDITIONS			
Are all workers provided with a written contract in a language they understand, where terms of employment including wage rates and hours of work are clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where accommodation is provided to workers (for example, dormitories, hostels or other forms of shared accommodation), are regular checks conducted to ensure that the living conditions are adequate and meet legal requirements (for example, fire safety, space, temperature, lighting, sanitary facilities, privacy, ventilation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
Where accommodation is provided, are workers free to leave at will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are workers free to lawfully resign their employment without restriction or penalty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are workers paid their legal pay entitlements, on time and provided with pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

slips clearly showing how wages have been calculated and details of any deductions?			
6. GRIEVANCE AND REDRESS MECHANISMS			
Do workers have mechanisms to anonymously raise concerns related to labour conditions or workplace grievances and access appropriate remedy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe how these mechanisms are monitored and remedy is provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please describe
7. COMPLETED BY			
Name:		Signature:	
Position:		Date:	

Please submit the completed questionnaire with supporting documentation to your EPSA engaged contact.

## SECTION 6 – EPSA APPROVAL

REVIEWED AND APPROVED			
Name:		Signature:	
Position:		Date:	
Comments:			