



# SUPPLIER PREQUALIFICATION QUESTIONNAIRE

## TARTAN-SCM-FOR-1001



---

## Table of Contents

SUPPLIER PREQUALIFICATION.....	3
INSTRUCTIONS .....	4
1. GENERAL INFORMATION.....	5
2. ORGANIZATION .....	6
3. WORK HISTORY .....	7
4. HSE AND LOSS PREVENTION PERFORMANCE .....	8
5. QUALITY .....	12
6. REQUIRED DOCUMENTATION FOR SUBMITTAL.....	12

---

**SUPPLIER PREQUALIFICATION**

---

THIS QUESTIONNAIRE IS TO BE COMPLETED BY SUPPLIERS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO TARTAN CANADA CORPORATION, INCLUDING OPERATING SUBSIDIARIES; LML INDUSTRIAL CONTRACTORS LTD., ARC LINE CONSTRUCTION LTD., TARTAN INDUSTRIAL CONTRACTORS LTD. AND TARTAN INDUSTRIAL SERVICES LTD.. ("TARTAN").

PREQUALIFICATION **DOES NOT** IMPLY ANY COMMITMENT OR RIGHT TO WORK FOR TARTAN, IT SIMPLY PUTS YOUR COMPANY'S NAME AND DETAILS OF SERVICE OR SUPPLY ON OUR APPROVED SUPPLIER LIST.

THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF TARTAN.

COMPLETED QUESTIONNAIRE CAN BE EMAILED OR COURIERED TO:

Tartan Canada Corporation  
960, 401 – 9<sup>th</sup> AVE SW  
Calgary, AB  
T2P 3C5

Attention: Manager, Supply Management

Email: subcontractor@tartan.ca

Company Name: \_\_\_\_\_

The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company.

Information submitted and completed by:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS

We recognize that we have many different types of suppliers / contractors with different core competencies and skill sets. To effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Tartan is committed to ensuring fairness in our vendor selection process.

Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

<b>1. GENERAL INFORMATION</b>			
1. Company Name:		Telephone:	
Head Office Address:		Mailing/Courier Address:	
Province:	Postal Code:	Province:	Postal Code:
2. Officers President:		Years in Company:	
Vice President:			
Treasurer:			
3. How many years has your organization been in business under your present firm name?			
4. Parent Company Name:			
City:	Province:	Postal Code:	
Subsidiaries:			
5. Under Current Management Since (Date):			
6. Contact for Requesting Bids:			
Title:	Telephone:	Fax:	
7. GST Information for Company:			
Federal GST Registration #:			
8. Financial:			
Do you have a current audited financial statement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide Company last four (4) years financial audited statements.			
Annual Revenues (\$K):			
20__ : _____; If applicable, % of Annual Revenue from Tartan: _____			
20__ : _____; If applicable, % of Annual Revenue from Tartan: _____			
20__ : _____; If applicable, % of Annual Revenue from Tartan: _____			
20__ : _____; If applicable, % of Annual Revenue from Tartan: _____			

9. Bank Name:		Telephone:	
Street Address:		Years of business relationship:	
Province:	Postal Code:	Contact Name/Title:	Contact Telephone:

Would your firm be prepared to give approval, if formally requested in writing, to allow Tartan Canada Corporation to contact your banking institution directly, in order to confirm information such as credit rating and financial stability, if this was deemed necessary?

Yes  
 No  
 N/A

10. Insurance:  
Please provide a brief description of your insurance coverage. Certificates of Insurance are required to be submitted:

Auto: \_\_\_\_\_  
CGL: \_\_\_\_\_  
Other: \_\_\_\_\_

11. Litigation:  
Please describe any litigation now, or pending, with clients, subcontractors, suppliers or Government agencies.

If none, please indicate so:

**2. ORGANIZATION**

1. Form of Business:                       Sole Owner                       Partnership                       Corporation

2. Percent Owned (please indicate by each owner):

<p>3. Describe Services Performed:</p> <p><input type="checkbox"/> Construction  <input type="checkbox"/> Construction Design  <input type="checkbox"/> Original Equipment Manufacturer and Installer  <input type="checkbox"/> Project Maintenance  Material Supply</p>	<p><input type="checkbox"/> Equipment Service  <input type="checkbox"/> Original Equipment Manufacturer and Maintenance  <input type="checkbox"/> Service Work (e.g., janitorial, clerical, etc.)  <input type="checkbox"/> Manpower and Resources  <input type="checkbox"/> Other: Specify:</p>
--	--

4. Describe additional services performed:

5. List other types of work within the services you normally perform that you contract to others including brokers:

6. Describe your company's Aboriginal strategy including: workforce content (as a %), previous experience, Agreements, Partnerships, Memorandums of Understanding (MOU's), or other similar relationship signed with an Aboriginal Supplier or Service Provider:

7. Do you evaluate your sub-contractors HSE program?     Yes    No    N/A  
Explain evaluation process utilized:

8. Attach a list of major equipment (e.g., cranes, JLG's, forklifts) your company has available for work and the method of establishing competency to operate.

9. Describe any affiliations with labor organizations.

10. Largest Job During the Last 3 Years			
11. Your Firm's Desired Project Size:	Maximum(\$):	Minimum(\$):	

**3. WORK HISTORY**

1. Major jobs in progress:

Customer/Location	Type of Work	Size (\$M)	Customer Contact	Telephone

2. Major jobs completed in the past 3 years:

Customer/Location	Type of Work	Size (\$M)	Customer Contact	Telephone

4. HSE AND LOSS PREVENTION PERFORMANCE				
1. From last 3 years (including sub-contractors)	201__	201__	201__	
# of fatalities:				
# of lost time incidents:				
# of medical treatment cases:				
# of recordable environmental incidents:				
2. Do you have a modified work program? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A	N/A	
3. Please list your past 3 years' Recordable (TRIR) Incidents Rate and include those of any sub-contractors you are planning to use on this project.				
4. Hours (including sub-contractors) worked in the last 3 years:	Hours	Field		
		Total		
5. COR Audit Results <input type="checkbox"/> BC <input type="checkbox"/> AB <input type="checkbox"/> SK	Internal %	___%	___%	___%
	External %	___%	___%	___%
6. Do your stats include Sub-Contractor Incidents and exposure hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Provide proof of current WCB insurance coverage:				
8. Please list your overall Worker's Compensation Rating for the past three years. Please attach company's WCB summary.	Industry Rate:	Industry Rate:	Industry Rate:	
	Company Rate:	Company Rate:	Company Rate:	
9. Have you received a government issued stop work order or equivalent in the last three years?  <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____  Have you been issued any order from regulatory agencies, if so describe: _____				
10. Highest ranking HSE Practitioner in your organization: (please attach HSE training, education profile and certifications i.e. resume) Title: _____ Telephone: _____ Fax: _____				





	YES	NO	N/A
<p>16. Medical:</p> <p>Do you conduct medical examinations for:</p> <ul style="list-style-type: none"> <li>• Pre-Employment</li> <li>• Replacement Job Capability</li> <li>• Pulmonary</li> <li>• Respiratory</li> </ul> <p>Do you have personnel trained to perform First Aid and CPR?</p> <p>Describe how you will provide first aid and other medical services for your employees while on site: _____</p> <p>Specify who will provide this service: _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<p>17. How frequently are site safety meetings held:</p> <ul style="list-style-type: none"> <li>• Field Supervisors: _____</li> <li>• Employees: _____</li> <li>• New Hires: _____</li> <li>• Sub-Contractors: _____</li> </ul> <p>Are the safety meetings documented?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Personal Protection Equipment (PPE):</p> <ul style="list-style-type: none"> <li>• Is applicable PPE provided for employees?</li> <li>• Do you have a program to assure that PPE is inspected and maintained?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>19. Deficiencies:</p> <ul style="list-style-type: none"> <li>• Do you have a corrective action process for addressing individual health and safety performance deficiencies?</li> </ul> <p>If yes, please describe: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20. Inspection and Audits:</p> <ul style="list-style-type: none"> <li>• Do you conduct inspections to monitor compliance with your established standards? Frequency of documented (planned) inspections: Management: _____ Supervision: _____ Frequency of documented inspections by a qualified Safety Practitioner: _____</li> <li>• Do you conduct safety program audits?</li> <li>• Are corrections of deficiencies documented?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>21. Equipment and Materials:</p> <ul style="list-style-type: none"> <li>• Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?</li> <li>• Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?</li> <li>• Do you maintain operating equipment in compliance with regulatory requirements?</li> <li>• Do you maintain the applicable inspection and maintenance certification records for operating equipment?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>22. Safety and Loss Prevention Program</b> <ul style="list-style-type: none"> <li>Do you have a HSE Orientation Program for workers, sub-contractors, and supervisors?</li> <li>How long is the orientation program? _____ Minutes/Hours</li> <li>Does your company provide instruction on the following:</li> </ul>	YES	NO	N/A																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">SUPERVISORS</th> <th colspan="3" style="text-align: center;">WORKERS</th> </tr> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>			SUPERVISORS			WORKERS			YES	NO	N/A	YES	NO	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORS			WORKERS																																																																		
YES	NO	N/A	YES	NO	N/A																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
<b>23. Training Records</b> <ul style="list-style-type: none"> <li>Do you have environmental, health and safety training records for your employees?</li> <li>Will the records be available on site for periodic evaluation?</li> <li>Do the training records include the following: <ul style="list-style-type: none"> <li>Employee Identification</li> <li>Date of Training</li> <li>Name of Trainer</li> <li>Method used to verify understanding</li> </ul> </li> <li>How do you verify understanding of training? (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Written Test   <input type="checkbox"/> Oral Test   <input type="checkbox"/> Performance Test</li> <li><input type="checkbox"/> Job Monitoring   <input type="checkbox"/> Other (List)_____</li> </ul> </li> </ul>	YES	NO	N/A																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
<b>24. Craft Training:</b> <ul style="list-style-type: none"> <li>Have employees been trained in appropriate job skills?</li> <li>Are employees job skills certified where required by regulatory or industry consensus standards?</li> <li>List crafts that have been certified:</li> </ul>	YES	NO	N/A																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
<b>25. Sub-Contractors:</b> <ul style="list-style-type: none"> <li>Do you use environmental, health and safety performance criteria in selection of your sub-contractors?</li> <li>Do you evaluate the ability of your sub-contractors to comply with applicable safety and loss prevention requirements as part of the selection process?</li> <li>Do you require that your sub-contractors have a written Safety and Loss Prevention Program?</li> <li>Do you include your sub-contractors in: <ul style="list-style-type: none"> <li>Safety and Loss Prevention Orientation</li> <li>Environmental, Health &amp; Safety Meeting</li> <li>Inspections</li> </ul> </li> </ul>	YES	NO	N/A																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		

26. Additional Comments:

### 5. QUALITY

1. Quality Requirements:	YES	NO	N/A
• Do you have a Quality Policy or Statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have Welding Controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a Document Control Process in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a Material Control Process in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does your company have training available for QA/QC staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a RFI process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a NCR process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a CAR/PAR process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a Preservation of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does your company have a process for measuring control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have control records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have Project Quality Planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are there set Roles and Responsibilities for Quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Will you have a QA/QC representative available, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 If your company is QMS registered or certified, please confirm by whom, and include your valid certificate.			

### 6. REQUIRED DOCUMENTATION FOR SUBMITTAL

Please provide copies of the following items with the completed Questionnaire:

**ORGANIZATION:**

Certificate of Insurance

**HSE:**

Safety Management System

WCB Clearance Letter

Most Recent COR Certification

**QUALITY:**

Uncontrolled Copy of the Quality Manual

Current Certifications (ISO 9001, CWB Letter of Validation, ABSA AQP#, TSASK QCP#)