

APPENDIX B – SUBMISSION WORKBOOK

1. GENERAL CORPORATE INFORMATION / HISTORY

1.1 Registered Name: Provide the Registered name of the respondent

1.2 Date and Location Company Established: Provide the date and location company established

Date:	
Location:	

1.3 Parent Company: Provide the following information for the respondent's parent company

Name:	
Address:	
Phone Number:	
Fax Number:	
Website Address:	
Subsidiaries:	

1.4 Parent Company Relationship: Provide details of the authoritative and fiscal relationship between the respondent company, the parent company and affiliated companies

Is the parent company willing to provide a letter of guarantee of financial responsibility for any work awarded to the Respondent?

Yes No

1.5 Ownership: Check whether respondent's company is publicly or privately owned

- Publicly owned
- Privately owned

1.6 Type of Company: Check the appropriate type of company

- Proprietorship
- Limited Company
- Partnership
- Corporation
- Other

If other, provide details:

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1.7 Goods and Services Tax (GST) Registration Number: Provide Company’s GST Registration Numbers

GST Registration Number	
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1.8 Company Officers: Provide the following information for all company officers

<u>Title</u>	<u>Name</u>	<u>Years with Company</u>

1.9 Core Businesses: If applicable, list the other core businesses that the respondent is involved in, in descending priority. Attach additional sheets as required

<u>Other Core Business</u>	<u>No. of Years Providing Core Business</u>

1.10 Corporate Profile Attached Yes

Respondents are to attach a brief company history including prior company names. Additionally, a brief corporate profile is to be attached for any parties in a joint venture and any subcontractors.

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1.11 Relevant Corporate Experience and References

Please provide a list of relevant project references that demonstrate the respondent’s experience in the last five (5) years as outlined in Section 4 of the RFPQ.

Respondent Reference One:			
Client / Company Name:			
Representative for the Client:		Phone No.	
		Email Address:	
Location of Work:			
Nature / Scope of Work:			
Contract Dollar Value:			
Date and Length of Contract:			
Provide the names of Assigned Key Personnel:			

Respondent Reference Two:			
Client / Company Name:			
Representative for the Client:		Phone No.	
		Email Address:	
Location of Work:			
Nature / Scope of Work:			
Contract Dollar Value:			
Date and Length of Contract:			
Provide the names of Assigned Key Personnel:			

Respondent Reference Three:			
Client / Company Name:			
Representative for the Client:		Phone No.	
		Email Address:	
Location of Work:			
Nature / Scope of Work:			
Contract Dollar Value:			
Date and Length of Contract:			
Provide the names of Assigned Key Personnel:			

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1.12 Pipe Diameter Experience

Respondents should provide approximate length of mains inspected per diameter range within the past five (5) years. Also indicate the diameters that the respondent’s flushing and CCTV equipment can currently service.

Main Diameter Range	Approximate Total Length inspected in past 5 years (m)	Are you able to provide flushing and inspection Services for this diameter? (Yes/No)
150mm		
200-375mm		
400-900mm		
>900mm		

1.13 On-Call Services

Please indicate hours of regular operation and the hours the respondent would be available for on-call services. Please provide on-call contact information and notification/escalation process. Estimate average first contact response time and equipment/crew response time after initial contact.

Regular business hours: _____

On-call service hours: _____

Emergency contact information: _____

Emergency contact notification process (ex: cell – if so, who takes the call?, answering service, etc): _____

Average response time to reach on-call personnel: _____

Average response time of crew/equipment from notification to field: _____

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2. PERSONNEL

2.1 Management Structure: Provide an organizational chart of key staff that would be assigned to the project(s). This organizational chart is to indicate the on and off-site personnel, their roles and areas or levels of responsibility.

Respondents are also required to fill out the following table identifying key personnel that would be completing the work, the number of years of relevant project experience that each individual has in completing the work, a minimum of three (3) projects that the individual has worked on in the last five (5) years, along with associated project references for each selected prequalification category. If using subcontractors or joint proposal submissions please identify under the key personnel who is the prime consultant.

Key Personnel	Relevant Project Experience (including project main diameters)	Years of Relevant Experience	Project References

2.2 Organizational Chart Attached Yes

2.3 Professional Affiliations:

The respondent must provide the name and certificate number of at least one (1) PACP certified inspector performing the work.

Please provide name and certificate number of any other professional affiliations held by an employee.

2.4 Subcontractors: State whether the respondent has and maintains a registry or list of subcontractors

Yes No

If yes, provide a breakdown of roles and responsibilities to be assigned to subcontractors. Include past experience with identified subcontractors.

Subcontractor Name:	
Roles and Responsibilities to be Assigned:	
Past Project Experience with Subcontractor:	

Subcontractor Name:	
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3. HEALTH, SAFETY AND ENVIRONMENTAL INFORMATION

3.1 Health and Safety Program. Provide details of respondent(s) health and safety program inclusive of program to train seasonal staff. Attach additional sheets as required.

Copy of Table of Contents from respondent’s Health and Safety Manual attached. Yes

3.2 Regulatory Warnings, Stop-Work Orders or Citations. Provide incident and resolution details of any health, safety or environment-related regulatory warnings, stop-work orders or citations issued to the respondent within the last three (3) years. Attach additional sheets as required.

3.3 Safety Performance. Respondents are to complete the following table:

	2014	2015	2016	2017	2018
Number of Fatalities					
Number of Lost Time Incidents					
Number of Medical Aid Injuries					
Number of Hours Worked					
Number of Near Misses					
	2014	2015	2016	2017	2018
Recordable Injury Incident Rate # Recordable Injuries / Total Employee Hours per Year					
Lost Time Injury Severity Rate # Total Days Lost x 200,000/ Total Employee Hours per Year					
Workers’ Compensation Rating (or equivalent)					

3.4 WCB Employer Report Card. Attach copy of WCB Employer Report Card (see link to sample document):

https://www.wcb.ab.ca/assets/pdfs/employers/lcr_samples/sa_employerreportcard.pdf

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5.4 Liens. In the past three (3) years, has the respondent had any liens filed and settled on any of their projects?

Yes No

If yes to the above, please identify the initiators of the lien, date(s), amount(s), and if the lien has been settled. The County may consider other sources.

5.5 Mediations, Arbitrations, or Court Actions. Provide details of any mediations, arbitrations or court actions in progress with the County by the company or its officers.

- Mediations, arbitrations, or court actions in progress at present Yes No
- Details of mediations, arbitrations, or court actions are attached Yes No

5.6 Receivership or Bankruptcy. Provide details of any receivership or bankruptcy actions involving the respondent.

5.7 Proof of Insurability: Respondents must provide a certificate of insurance or a letter of insurability from a licensed insurance broker confirming the respondent's ability to obtain the insurance detailed in PART 4 – RFPQ PARTICULARS of the RFPQ document.

Proof of Insurability Attached Yes

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5. SUBMISSION REQUIREMENTS CHECKLIST

<u>Reference</u>	<u>Submission Attachements</u>	<u>Attached</u>
RFPQ Section 2.4.1 (a)	Appendix A: Submission Form	<input type="checkbox"/>
RFPQ Section 2.4.1 (b)	Appendix B: Prequalification Submission Workbook (Completed)	<input type="checkbox"/>
RFPQ Section 2.4.1 (c)(i)	COR, SECOR or TLC	<input type="checkbox"/>
RFPQ Section 2.4.1 (c)(ii)	Pipeline Assessment & Certification Program (PACP) Certification	<input type="checkbox"/>
Appendix B - Section 2.2	Organizational Chart	<input type="checkbox"/>
Appendix B - Section 2.3	Professional Affiliations	<input type="checkbox"/>
Appendix B - Section 2.5	Fee Schedule	<input type="checkbox"/>
Appendix B - Section 3.1	Safety Program	<input type="checkbox"/>
Appendix B - Section 3.1	Table of Contents from Safety Manual	<input type="checkbox"/>
Appendix B - Section 3.2	Regulatory Warnings, Stop-Work Orders or Citations	<input type="checkbox"/>
Appendix B - Section 3.4	Workers' Compensation Board (WCB) Clearance Letter	<input type="checkbox"/>
Appendix B - Section 3.4	WCB Employer Report Card	<input type="checkbox"/>
Appendix B - Section 3.5	Environmental Policy	<input type="checkbox"/>
Appendix B - Section 3.6	Environmental Operational Procedures	<input type="checkbox"/>
Appendix B - Section 5.7	Proof of Insurability	<input type="checkbox"/>