



**Kuwait Oil Tanker Company (S.A.K)**  
A Subsidiary of Kuwait Petroleum Corporation

## **COMPANIES PREQUALIFICATION APPLICATION**

**Companies Pre-qualification Committee (CPC)**



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## **APPLICANT'S COVERING LETTER**



## A. Applicant's Covering Letter

Head of Vendor Evaluation Team (VET)  
KUWAIT OIL TANKER CO. S.A.K.  
A Subsidiary of Kuwait Petroleum Corporation  
Shuwaikh Administrative Area,  
Jamal Abdul Nasser Street, Block 4,  
Head Office – 1<sup>st</sup> Floor  
P.O. BOX 810, SAFAT 13009  
Kuwait

Dear Sir,

### **Subject: Pre-qualification Application**

1. We submit our completed pre-qualification questionnaire along with the additional information required. We request to be included in the company's list of tenders for the following category.  
  
.....
2. We acknowledge that the company has absolute discretion in the selection of applicant and is not required to provide any reason / justification should it decide not to include our company on the above referred lists.
3. The authorized signatory of this questionnaire guarantees the truth and accuracy of all statements and answers to interrogatories hereinafter made and that any depository, vendor, or other agency herein named is hereby authorized to supply the Kuwait Oil Tanker Company or its agents with any information to verify the statements made and attached hereto.
4. Subject prior notification, we consent to any authorized representative of the Company making any necessary visit to our Offices, facilities and work in progress for the purposes of satisfactorily evaluating our submission. In the event of such visits taking place, we shall provide whatever assistance necessary to the Company's authorized representatives, in order to assist them in the evaluation of our application.
5. We hereby, authorize KOTC representatives to visit, seek opinion and inquire about us from previous and current clients (stated as references herein) for the purposes of pre-qualification. By this, we authorize referenced clients to divulge required information to KOTC.



6. We hereby, authorize KOTC representatives to visit and seek opinion from Applicant's bankers for the purposes of pre-qualification. By this, we authorize referenced bankers to divulge required Information to KOTC.
7. We hereby, undertake to immediately notify the KOTC of any significant changes in our corporation legal. Financial, organizational and capabilities status that may affect ability to perform the works as specifies under the categories applied for.

Name & Title of Authorized Signatory .....

.....

Signature .....

Company Name .....

Company Seal .....

Note:-

- Attached copy of our Company Power of Attorney for Authorized signatory.



## **COMPANIES PRE-QUALIFICATION APPLICATION**



## B. Companies Pre-Qualification Application

Company Name .....

Factory Address .....

Registered Office Address .....

Established Since .....

Geographical Market Area .....

Contact Person(s)

Name .....

Title .....

Telephone No. .... Fax No. ....

E-mail .... Website .....

Please have this form signed by an authorized Director of the Company.

Notes:-

- All information supplied by the Applicant or, after approval by the Applicant, obtained by reference from a bank or previous client shall be treated as strictly confidential.
- The request to issue this document does not constitute a commitment on the part of KOTC
- Attach copy of your Company Power of Attorney for Authorized signatory.

### NOTES

1. The Vendor General, Finance and QA Questionnaires and the Annex Questionnaires are designed to allow applicants to demonstrate their capability of fulfilling KOTC requirements in supplying particular Product Class(es) / Sub-class(es).
2. The General, Finance and QA Questionnaires are to be completed by all applicants. Annex Questionnaires may be completed depending on the product type of the Applicant and the relevant KOTC Product Class(es) / Sub-class(es).
3. The questionnaires are designed to allow most of the answers to be filled in directly on the form. We recommend that you read the instructions and questions carefully and be brief but complete with your answers. General leaflets that give an impression of the activities and organization of your company will be welcome.
4. All information and data must be provided in the English language.



5. Please submit two sets of Product Catalogues, if applicable.
6. Please ensure you have all of the following attachments and supplementary documents as you are unlikely to be able to complete the questionnaires without them.
  - Product Class(es) / Sub-class(es)
  - Annex Questionnaires
7. Please ensure that your application includes the relevant attachments listed in Section 8.
8. Please submit completed applications along with all relevant Annex Questionnaires, attachments (Section 8), Product Catalogues and any supporting documentation to:

Head of VET Team  
KUWAIT OIL TANKER CO. S.A.K.  
A Subsidiary of Kuwait Petroleum Corporation  
Shuwaikh Administrative Area,  
Jamal Abdul Nasser Street, Block 4,  
Head Office – 1st Floor  
P.O. BOX 810, SAFAT 13009, Kuwait

9. All companies who are qualified may be removed from the KOTC Approved Manufacturers List if any one of the below applies:
  - No response to requests for quotations or tenders on three consecutive occasions without adequate explanation.
  - Pre-Qualification data is older than 3 years.
  - Company are identified through KOTC's Performance Measurement System as not performing to KOTC requirements.
  - KOTC HSE violation.
  - Failure to submit updated details / information as and when requested by KOTC.
10. The following documents are to be attached along with your application if you are a local contractor:
  - a) Copy of Article of Memorandum issued by Ministry of Justice (Attachment No.19)
  - b) Copy of Company License issued by Ministry of Commerce & Industry (Attachment No.20)
  - c) Copy of Central Tender Committee (C.T.C) registration card for the current year (Attachment No.21)
  - d) Copy of Kuwait Chamber of Commerce (K.C.C) registration card for the current year (Attachment No.22)
11. The following documents are to be attached by International contractors having local agents in Kuwait:
  - a) Documents listed under point No.11 are required from the appointed local agent.
  - b) Copy of valid agency certificate issued by Ministry of Commerce & Industry (Attachment No.23).
  - c) Copy of agency agreement (Attachment No.24)





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### ANNEX QUESTIONNAIRES

Annex 01 - Pre-Qualification Questionnaire - Shipyard

Annex 02 - Pre-Qualification Questionnaire – Agents & Freight Forwarders

Annex 03 - Pre-Qualification Questionnaire – Manning

Annex 04 - Pre-Qualification Questionnaire – Bunker Fuel Oil Analysis

Annex 05 - Pre-Qualification Questionnaire – Riding Squad

Annex 06 - Pre-Qualification Questionnaire – Marine Lubricants

Annex 07 - Pre-Qualification Questionnaire – Marine Chemicals

## GENERAL PART



## 1. STRUCTURE AND ORGANISATION

1.1 Name and data of Parent Company, ultimate Holding Company, subsidiary Companies or branch offices (if any) and local (Kuwaiti) Agent (if applicable):

- a) Name of Parent Company .....
- Registered office address .....
- Postal Code ..... P.O.Box .....
- City ..... Country .....
- Telephone ..... Telefax .....
- E-mail ..... WWW .....
- b) Name of Holding Company .....
- Registered office address .....
- Postal Code ..... P.O.Box .....
- City ..... Country .....
- Telephone ..... Telefax .....
- E-mail ..... WWW .....
- c) Name of Subsidiary Company and / or Branch Office .....
- Registered office address .....
- Postal Code ..... P.O.Box .....
- City ..... Country .....
- Telephone ..... Telefax .....
- E-mail ..... WWW .....
- (continue on an attached sheet if necessary)
- d) Name of Local (Kuwaiti) Agent (if applicable)\* .....
- (Please attach valid local agency certificate)
- Registered office address .....
- Postal Code ..... P.O.Box .....
- City ..... Country .....
- Telephone ..... Telefax .....
- E-mail ..... WWW .....

1.2 Does your Company established before three (3) years.

- ☐ Yes
- ☐ No

1.3 Approximate number of years' experience in your particular market sector



- ☐ < 3  
☐ < 5

- ☐ < 10  
☐ > 10 namely .....

**1.4 Total number of employees:**

Office Staff:

- ☐ < 10  
☐ < 50  
☐ < 100

- ☐ < 250  
☐ < 500  
☐ > 500 namely.....

Skilled Workers:

- ☐ < 10  
☐ < 50  
☐ < 100

- ☐ < 250  
☐ < 500  
☐ > 500 namely.....

**1.5 Please submit following documents:**

Attachment No. 1: Organization Chart of your Company (incl. names of key personnel)

Attachment No. 2: Organization Chart of Parent Company (incl. names of key personnel)

**Notes:**

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**2. SCOPE OF SERVICES**



2.1 Please state the Product Class(s) and Sub-Class(s) which you are applying for:  
(Please refer to VET Index)

Product Class	Product Sub-class											

2.2 Please indicate your CORE business groups (Maximum two (2) fields).

- |                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Shipbuilding        | <input type="checkbox"/> Manufacturing               |
| <input type="checkbox"/> Ship Repair         | <input type="checkbox"/> Consultancy                 |
| <input type="checkbox"/> LPG Bottling        | <input type="checkbox"/> Manning                     |
| <input type="checkbox"/> Marine Supplies     | <input type="checkbox"/> Agents & Freight Forwarders |
| <input type="checkbox"/> Other, namely ..... |                                                      |

2.3 Please indicate your groups of work IN ADDITION to your core business (exclude fields selected in question no. 2.2).

- |                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Shipbuilding        | <input type="checkbox"/> Manufacturing               |
| <input type="checkbox"/> Ship Repair         | <input type="checkbox"/> Consultancy                 |
| <input type="checkbox"/> LPG Bottling        | <input type="checkbox"/> Manning                     |
| <input type="checkbox"/> Marine Supplies     | <input type="checkbox"/> Agents & Freight Forwarders |
| <input type="checkbox"/> Other, namely ..... |                                                      |

2.4 Please indicate the activities normally performed with OWN resources to support 2.2 and 2.3

- |                                                        |                                                 |
|--------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Research & Development        | <input type="checkbox"/> Inspection             |
| <input type="checkbox"/> Laboratory Facilities         | <input type="checkbox"/> Expediting             |
| <input type="checkbox"/> Quality Assurance and control | <input type="checkbox"/> Engineering and Design |
| <input type="checkbox"/> Other, namely .....           |                                                 |

**Notes:**

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### 3. REFERENCES

- 3.1 Please submit data as indicated in Attachment No. 3 of recently completed or current purchase orders performed for or in combination with KOTC which are related to the product(s) you are applying for.
- 3.2 Please submit data as indicated in Attachment No. 3 covering purchase orders with oil & gas / petrochemical industries (current and past 5 years) which are related to the product(s) you are applying for. Also indicate there if you have any objection to KOTC contacting any of these clients. (copy of purchase orders to be attached showing owner's name, location, value, duration and a short description is mandatory).
- 3.3 Please submit data as indicated in Attachment No. 3 covering purchase orders (Value > KD10,000) other than oil & gas / petrochemical industries (current and past 5 years) which are related to the product(s) you are applying for. Also indicate there if you have any objection to KOTC contacting any of these clients. (copy of purchase orders to be attached showing owner's name, location, value, duration and a short description is mandatory).

#### 3.4 Claims and Suits

If the answer to any of the questions is "YES", please attach details in Attachment No. 4.

	<u>Yes</u>	<u>No</u>
a) Has your company ever failed to complete any Work awarded to it?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are there any judgments, claims, arbitration proceedings or suits pending against your company or its officers?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has your company filed any law suits or requested arbitration with regards to construction Contracts within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

#### Notes:

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### 4. PROCUREMENT AND CONTRACTING



4.1 Does your Company prequalify Sub-vendors.

☐ Yes

Please submit a copy of your relevant procedure (Attachment 5).

☐ No

4.2 Does your Company maintain a list of approved Sub-vendors

☐ Yes

☐ No

4.3 Please advise if you have any long-term supply agreements, partnering agreements, alliance agreements or single source supply agreements with any Sub-vendors

☐ Yes

Please submit details (Attachment 6).

☐ No

4.4 Does your Company expedite sub-vendors

☐ Yes

Please submit a copy of your relevant procedure (Attachment 7). ☐ No

4.5 Does your Company inspect sub-vendors

☐ Yes

Please submit a copy of your relevant procedure (Attachment 8).

☐ No

4.6 Does your Company competitively tender the award of purchase orders and / or contracts?

☐ Yes (Please submit a copy of your relevant procedure)

☐ No

4.7 Please advise if you would be willing to place Sub-orders and/ or Sub-contracts with KOTC approved suppliers.

☐ Yes

☐ No

**Notes:**

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**5. FINANCIAL DATA AND COMMERCIAL TERMS**



5.1 Please provide **audited statements** of your company for the latest three (3) years which should include the following as a minimum (Attachment No. 9):

- ☐ Auditor Report
- ☐ Balance Sheet
- ☐ Income Statement / Profit and Loss Statement
- ☐ Cash Flow Statements
- ☐ Notes of Accounts

**Notes:**

1. All Financial Statements, Auditor Report, Balance Sheets, Income Statements / Profit and Loss Accounts, Statement of Cash Flows & Notes of Accounts shall be certified by a qualified auditing firm and **prepared in accordance with International Financial Reporting Standards (IFRS), OR Generally Accepted Accounting Principles (GAAP) in English Language.** Agencies or Organizations who fail to comply with the required financial information will not be considered.
2. The Vendors / Contractors who are unable to provide the above information due to the small size of the organization shall fulfill the following:
  - a. The Vendor / Contractor (Local / International) companies should have been established at least three years prior submitting for KOTC pre-qualification.

**Notes:**

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**6. QUALITY MANAGEMENT, HEALTH, SAFETY, SECURITY AND ENVIRONMENT**



6.1 Does your company have a written QMHSSE Program?

It is anticipated the program would include, but not be limited to, the following elements:

- Management commitment and expectations
- Employee participation including their training
- Accountabilities and responsibilities for managers, supervisors and employees
- Resources for meeting QMHSSE requirements
- Periodic QMHSSE performance appraisals
- Hazard and risk recognition and control

- ☐ Yes, please provide a copy of the index of your QMHSSE program (Attachment 10)  
☐ No

6.2 Which national or international rules and regulations is your QMHSSE Program based on or does your company comply with? .....

6.3 Does your Company have a Certificate according to ISO 9001?

- ☐ Yes ..... Certifying Institute: .....  
Please submit a copy of certificate of certifying institute (Attachment No. 11).  
☐ No

6.4 Is your company certified to ISO 14001 EMS standards?

- ☐ Yes, please attach valid copy of certificate (Attachment 12)  
☐ No

6.5 Is your company OHSAS 18001 certified?

- ☐ Yes, please attach valid copy of certificate (Attachment 13)  
☐ No

6.6 Is your company familiar with the requirements of the Kuwait Environment Public Authority (EPA)?

- ☐ Yes  
☐ No

6.7 Does your Company have its own Quality Assurance organization for Engineering & Design, Fabrication, Installation and Servicing?

- ☐ Yes  
☐ No

6.8 Does your Company have its own Quality Control organization for Engineering & Design, Fabrication, Installation and Servicing?

- ☐ Yes  
☐ No

6.9 Please provide an organization chart of your QMHSSE Department including names of key personnel (Attachment 14)

6.10 Provide details of your company QMHSSE performance over the last three years by completing OSHA 300 & 300A forms and Attachment No.15





6.11 How do you ensure your contract and subcontract staff are aligned to QMHSSE targets? (Attachment No.16)

6.12 Is QMHSSE incorporated in your work preparation / planning program?

- ☐ Yes, please attach description of process (Attachment No.17)
- ☐ No

6.13 Please complete the Contractor QMHSSE Qualification form in Attachment No.18

6.14 If your Company is not certified, please answer the questions below:

Does your Company:	Records available			
	Yes	No	Yes	No
a) Define management responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Understand basic quality principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Conduct internal quality audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Conduct contract/order reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Operate any process controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Inspect/test the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Calibrate/control test and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Identify inspection and test status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Control non-conforming activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Carry out corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Procedures for handling, storage, packing and delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Maintain records of training/staff selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Control purchase/subcontract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.15 How many years does your company keep information / data for purchased equipment

**Notes:**

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## 7. LIST OF ATTACHMENTS

- Please mark appropriate tick boxes
- Please mark appropriate tick boxes
- Please add relevant attachments at your choice
- Please mark each attachment with number as listed below

No Description	Attached	Available		Applicable
	Y	Y	N	N
1) Organization Chart of your Company (incl. names of key personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Organization Chart Parent Company (incl. names of key personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) References (Copy as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Claims and suits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Sub-vendor Prequalification Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Long-term supply agreements, partnering agreements, alliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) agreements or single source supply agreements with any Sub- vendors or Sub-contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Sub-vendor Expediting Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Sub-vendor Inspection Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Latest three (3) years financial audited statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Index QMHSSE Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Copy of Quality System Certificate ISO9001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Copy of Quality System Certificate ISO14001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Copy of Quality System Certificate OHSAS 18001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) QMHSSE department organization chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) QMHSSE performance using OSHA 300 & 300A forms and attachment No.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Commitment of contract / subcontract staff to QMHSSE targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Description of how QMHSSE incorporated in the work preparation / planning program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Contractor QMHSSE Qualification form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Copy of Articles of Memorandum issued by Ministry of Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Copy of Company License issued by Ministry of Commerce & Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Copy of Central Tender Committee (C.T.C) registration card for the current year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Copy of Kuwait Chamber of Commerce (K.C.C) registration card for the current year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Copy of valid agency certificate issued by Ministry of Commerce & Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Copy of agency agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Attachment No. 3 to General Part



**REFERENCE PROJECTS**

(Please copy as required and mark as extra pages)

Attachment No. 3 for Question No.: 3.1 ☐ 3.2 ☐ 3.3 ☐ (Please tick applicable box)

1. Owner's name .....  
 Location .....  
 Short description of the project .....  
 .....  
 .....  
 .....  
 .....  
 Consultant / Engineering Contractor .....  
 Size of (your) Contract (in US\$) .....  
 Product Class / Sub-class .....  
 Total man hours spent ..... Duration.....months, Year of completion.....  
 Peak Manpower .....Supervision / Labor Ratio.....
  
2. Owner's name .....  
 Location .....  
 Short description of the project .....  
 .....  
 .....  
 .....  
 .....  
 Consultant / Engineering Contractor .....  
 Size of (your) Contract (in US\$) .....  
 Product Class / Sub-class .....  
 Total man hours spent ..... Duration.....months, Year of completion.....  
 Peak Manpower .....Supervision / Labor Ratio.....
  
3. Owner's name .....  
 Location .....  
 Short description of the project .....  
 .....  
 .....  
 .....  
 .....  
 Consultant / Engineering Contractor .....  
 Size of (your) Contract (in US\$) .....  
 Product Class / Sub-class .....  
 Total man hours spent ..... Duration.....months, Year of completion.....  
 Peak Manpower .....Supervision / Labor Ratio.....



Attachment No. 15 to General Part  
WORKSITE QMHSSE PERFORMANCE INDICATORS

Please provide the following information:

	Performance indicators	LY-2	LY-1	Last Year <sup>(LY)</sup>
A	Number of Lost Workday Cases (LWC)			
B	Number of Medical Treatment Cases (MTC)			
C	Number of Restricted Work Cases (RWC)			
D	Number of Permanent Partial Disabilities (PPD) Plus Permanent Total Disabilities (PTD)			
E	Number of Fatalities (FAT)			
F	Total work Site Exposure Hours			
G	Frequency Rate (FR) as calculated below for:			
	FR for LTI: $(A+D+E) \times 200,000/F$			
	FR for RMC: $9B+C) \times 200,000/F$			
	FR for TRC: $(A + B + C + D + E) \times 200,000/F$			

The different types of injuries can be explained and described as follows:

Type	Description	LTI	RMC	TRC
1	First Aid Case (FAC)			
2	Medical Treatment Case (MTC)		●	●
	Restricted Work Case (RWC)		●	●
3	Lost Workday Case (LWC)	●		●
4	Permanent Total Disability (PTD)	●		●
	Permanent Partial Disabilities (PPD)	●		●
	Fatality	●		●

Note: For definitions please see the following page



**Definitions:**

**Fatality (FAT)**

Death resulting from an accident, within 30 days of the occurrence of the accident.

**First Aid Case (FAC)**

Anyone-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even though provided by a physician or registered professional personnel.

**Lost Workday Case (LWC)**

Any work injury other than a Permanent partial disability which renders the injured person temporarily unable to perform any regular job or restricted work on any working day after the day on which the injury was received.

**Medical Treatment Case (MTC)**

Any work injury that involves neither lost workdays nor restricted workdays but which requires treatment by, or under the specific order of a physician, registered personnel, or lay persons (Le. non-medical personnel). Medical treatment does not include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional employees.

**Permanent Partial Disability (PPD)**

Any work injury which results in the complete loss, or permanent use, of any member or part of the body or any permanent impairment of functions of parts of the body, regardless of any pre-existing disability of the injured member or impaired body function.

**Permanent Total Disability (PTD)**

Any work injury which incapacitates an employee permanently and results in termination of employment.

**Restricted Work Case (RWC)**

Any work injury that results in a work assignment after the day the accident occurred that does not include all the normal duties of the person's regular job. The restricted work assignment must be meaningful and pre-established or a substantial part of a regular job.



**ATTACHMENT NO.18 QMHSSE QUALIFICATION FORM**

**1. DOES YOUR QUALITY MANAGEMENT, HEALTH, SAFETY, SECURITY & ENVIRONMENTAL PROGRAM ADDRESS THE FOLLOWING SUBJECTS?**

	YES	NO	N/A		YES	NO	N/A
CORPORATE QMHSSE POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE FIRST AIDERS / DRIVERS AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A CORPORATE QMHSSE ADVISOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE QMHSSE INSPECTIONS HELD BY SUPERINTENDENTS / CONSTRUCTION MANAGERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES CORPORATE MANAGEMENT PERFORM QMHSSE INSPECTIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS THERE A PROCEDURE FOR INCIDENT INVESTIGATION, REPORTING AND REGISTRATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE AN ACTION PLAN WITH REGARD TO QMHSSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS INFORMATION DISTRIBUTED ABOUT HAZARDOUS SUBSTANCES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS A CORPORATE RISK ANALYSIS / EVALUATION BEEN MADE IN REGARD TO OCCUPATIONAL HEALTH AND SAFETY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE REGULAR INSPECTIONS BEING HELD FOR e.g. <ul style="list-style-type: none"> <li>• HAND TOOLS</li> <li>• SCAFFOLDING &amp; LADDERS</li> <li>• PERSONAL PROTECTION EQUIPMENT</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THE NECESSARY PERSONAL PROTECTION EQUIPMENT AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE MEDICAL CONTROL SYSTEMS IN PLACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOUR PERSONNEL HAVE A SAFETY CERTIFICATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOES YOUR PLAN ADDRESS HOUSEKEEPING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS QMHSSE A NORMAL SUBJECT FOR EVERY WORK RELATED MEETING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOES YOUR PLAN ADDRESS TRANSPORT SAFETY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A QMHSSE PROMOTION PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE TOOLBOX MEETINGS REGULARLY HELD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. IS THERE A CORPORATE QMHSSE TRAINING PROGRAM IN PLACE FOR:**

- NEW HIRES? ☐ YES ☐ NO
- UPDATE, MAINTAIN and IMPROVEMENT? ☐ YES ☐ NO



**ATTACHMENT NO.18 QMHSSE QUALIFICATION FORM**

3. IS THERE A PROCEDURE FOR (JOB / TASK) RISK ANALYSIS PRIOR TO START OF WORK?  
☐ YES ☐ NO

4. HOW ARE INCIDENT / ACCIDENT RECORDS AND INCIDENT / ACCIDENT SUMMARIES REPORTED?  
HOW OFTEN ARE THEY REPORTED?

YES	NO		MONTHLY	QUARTERLY	ANNUALLY	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	TOTALED FOR ALL COMPANY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	TOTALED BY PROJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	SUB TOTALED BY SUPERINTENDNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	SUB TOTAL BY SUPERVISOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ARE INCIDENT / ACCIDENT REPORT SUMMARIES SENT TO THE FOLLOWING WITHIN YOUR COMPANY?  
HOW OFTEN ARE THEY REPORTED?

YES	NO		MONTHLY	QUARTERLY	ANNUALLY	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	PROJECT MANAGER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CONSTRUCTION MANAGER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CORPORATE MANAGER OF CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	MANAGING DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. HOW ARE THE COSTS OF INDIVIDUAL INCIDENTS / ACCIDENTS KEPT? HOW OFTEN ARE THEY REPORTED?

YES	NO		MONTHLY	QUARTERLY	ANNUALLY	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	COSTS TOTALED FOR ALL COMPANY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	COSTS TOTALED BY PROJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	SUB TOTALED BY SUPERINTENDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	SUB TOTALED BY SUPERVISOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>