

# SUPPLIER PREQUALIFICATION QUESTIONNAIRE



# DSB-VPQ-01

| Rev | Date | Prepared | Checked | Approved |
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| Document No.   | : | DSB-SPQ-01                              | Version: 1.0 |
| Effective Date | : | August 4, 2014                          |              |

## 1.0 INTRODUCTION

### **Purpose of this questionnaire**

Companies that want to have a business relationship with the D.S. Brown Company (DSB) are initially pre-qualified to determine to what extent they have the necessary experience and the required capability to execute work or to provide goods and services in a safely and in an environmentally sound matter.

In order to enable DSB to pre-qualify your company and to maintain updated key information about your company, you are requested to complete this questionnaire.

### **Instructions to this questionnaire**

Please provide all information requested and refrain from such answers as “refer to manual” etc. This general questionnaire is sent to companies of various disciplines. Where you feel that a question is not relevant to your scope of work, please indicate “not applicable (N/A)” and provide information, which you feel is relevant to your particular work.

**Please be advised that all required information must to be provided in English.**

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## 2.0 GENERAL INFORMATION

### 2.1 Company Information

A. Provide the following details of your company:

Name:

Location:

Mailing Address:

Registered Address:

Chamber of Commerce

Registration:

Telephone No.:

Fax No.:

Name / job title of

Contact Person(s):

Email address of Contact

Person(s):

B. Type of company:

- Limited:  \_\_\_\_\_
- Unlimited:  \_\_\_\_\_
- Joint Venture:  \_\_\_\_\_
- Consortium:  \_\_\_\_\_
- Other:  \_\_\_\_\_

C. If other than a corporation, provide names of principals and describe the organization.

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D. Provide a narrative of your company including the following information as a minimum:

- Types of activities covered.
- Whether there has been a change in ownership within the past three years. If so, describe the circumstances, the date of change and any restructuring of company management resulting from such a change.
- World coverage.

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E. Indicate sector / industry experience:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Civil Works | <input type="checkbox"/> Coatings           | <input type="checkbox"/> Fabrication   |
| <input type="checkbox"/> Machining   | <input type="checkbox"/> Marine             | <input type="checkbox"/> Offshore      |
| <input type="checkbox"/> Oil & Gas   | <input type="checkbox"/> Plant Construction | <input type="checkbox"/> Steel Cutting |
| <input type="checkbox"/> Other:      |   |  |

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F. Provide details of your main customers, main activities and main products from the last three years:

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G. Provide a list of references:

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H. Indicate total number of employees of organization:

- |                                  |                                    |                                |
|----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> <25     | <input type="checkbox"/> 51 - 100  | <input type="checkbox"/> 500 + |
| <input type="checkbox"/> 25 - 50 | <input type="checkbox"/> 101 - 500 |                                |

Indicate also the total numbers of employees in the following departments/areas:

| <u>Department</u>     | <u>No. of employees</u> | <u>Department</u> | <u>No. of employees</u> |
|-----------------------|-------------------------|-------------------|-------------------------|
| Controls / Scheduling | <hr/>                   | Engineering       | <hr/>                   |
| Fabrication           | <hr/>                   | Health & Safety   | <hr/>                   |
| Machinists            | <hr/>                   | Production        | <hr/>                   |
| Project Manager       | <hr/>                   | Site Construction | <hr/>                   |
| Welders               | <hr/>                   | Quality Assurance | <hr/>                   |
| Quality Control       | <hr/>                   |                   |                         |

I. Enclose Company Organization Chart(s) describing the company's structure.

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J. Provide details of your ultimate parent company:

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**2.2 Financial Information**

A. Provide details of your company's current financial situation. This should include the annual reports of the last three years, accompanied by a declaration of the accountant and/or auditor.

Also, provide the following information:

- Dun & Brad sheet (D-U-N-S) No. : \_\_\_\_\_
- Financial Responsibility is assumed by (name/title) : \_\_\_\_\_

B. For group holdings equivalent information (see A; only most recent annual report) related to the group as a whole should be included.

**2.3 Insurance Information**

A. State the limit of Third Party Liability Insurance normally provided in respect of the work your company contracts.

Currency: \_\_\_\_\_ Value: \_\_\_\_\_

*Please provide a copy of your company's Certificate of Liability Insurance.*

B. Does your company maintain any other insurance in respect of the work your company contracts? If so, please indicate type of insurance and coverage.

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### 3.0 QUALITY MANAGEMENT / HEALTH, SAFETY AND ENVIRONMENT INFORMATION

#### 3.1 Quality Management System Information

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • Do you have a documented and implemented quality management system, which confirm to the requirements of the ISO 9001 series or an equivalent standard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is a Quality Plan written for each contract?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your company have written procedures / instructions for:   |                          |                          |                          |
| – Internal audits?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Management of Non-conformities?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Management of Corrective Actions?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Personnel training?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quality Management responsibility is assumed by (name/title) :  |                          |                          |                          |

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*Please provide a copy of:*

- *Your certificate(s);*
- *The Quality Policy (signed by your senior executive);*
- *The Quality Manual;*
- *An index of your Quality Procedures (including effective date);*
- *Organization chart of your quality organization, the place of the quality organization in the corporate organization.*

#### 3.2 Health, Safety and Environment (HSE) Information

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| • Do you have a documented and implemented HSE management system, which confirm to the requirements of the ISO series or an equivalent standard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is a HSE plan written for each contract?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your company have written procedures / instructions for:  |                          |                          |                          |
| – Internal audits?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Management of Non-conformities?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Management of Corrective Actions?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Personnel training?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Drug and Alcohol Abuse?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Describe the frequency of your company's Drugs and Alcohol testing of personnel:<br>Test new hires, random, and with any workplace accidents   |                          |                          |                          |

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- Provide details of the courses that your company personnel receive for Safety Induction / Training Program related to their work? Please advise frequency and content of these programs:  
\_\_\_\_\_

- HSE Management responsibility is assumed by (name/title) :  
\_\_\_\_\_

*Please provide a copy of:*

- *Your certificate(s);*
- *The HSE Policy (signed by your senior executive);*
- *An index of your HSE Procedures (including effective date);*
- *Organization chart of your HSE organization, the place of the HSE organization in the corporate organization.*

## 4.0 TECHNICAL INFORMATION

### 4.1 Procurement Information

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • Does your company have written procedures/instructions for: |                          |                          |                          |
| – Purchasing Management?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Suppliers Qualification?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Inspections at (Sub) Supplier's Shop?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Expediting at (Sub) Supplier's Shop?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Control of Received Products?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are inspections at (Sub) Suppliers carried out?             |                          |                          |                          |
| – Intermediate  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Final Acceptance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Periodically  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Occasionally  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are inspections (partially) performed by agencies?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Main agencies used for Inspection Activities:  
\_\_\_\_\_

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**4.2 Workshop Information**

A. Please provide the following workshop information:

- Machine Capacities (lathe):
  - Diameter : \_\_\_\_\_
  - Length : \_\_\_\_\_
  - Weight : \_\_\_\_\_
  - Mill table size : \_\_\_\_\_
  
- Cranes:
  - Capacity : \_\_\_\_\_
  - Number of cranes : \_\_\_\_\_
  
- Please provide workshop limitations:
  - Maximum overall Dimension (m) : \_\_\_\_\_
  - Maximum liftable Weight (Tons) : \_\_\_\_\_

B. Please provide a list of Welding Equipment:

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C. Please provide personnel certification information (welders, etc):

| Type | Number | Agency |
|------|--------|--------|
|      |        |        |
|      |        |        |
|      |        |        |

D. Company Qualifications:

- Please indicate if you company has the following qualifications
  - ASME       API       CESI       TÜV       other

*Please attach a copy of the qualification(s).*



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- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • Does your company have written procedures/instructions for: |                          |                          |                          |
| – Production management?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Manufacturing control?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Welding materials controls?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Identification, traceability, marking?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Have special processes been qualified?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach a list of welding qualification procedures.

| <u>Employed Special Process</u> | <u>Applied Standard</u> | <u>Qualification Agency</u> |
|---------------------------------|-------------------------|-----------------------------|
| Welding                         | _____                   | _____                       |
| Protective Coating              | _____                   | _____                       |
| Non-Destructive Tests           | _____                   | _____                       |
| Cleaning & Pickling             | _____                   | _____                       |
| Heat Treatment                  | _____                   | _____                       |
| Painting                        | _____                   | _____                       |
| Other                           | _____                   | _____                       |

- Employed in-house Non-Destructive Tests:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Liquid penetrant | <input type="checkbox"/> Eddy Current    | <input type="checkbox"/> Magnetic Particle |
| <input type="checkbox"/> Radiography      | <input type="checkbox"/> Ultrasonic Test | <input type="checkbox"/> Leak Test         |
| <input type="checkbox"/> Other            |  |  |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Number of certified NDT operators:

| NDT Type | Number | Agency | Level |
|----------|--------|--------|-------|
| _____    | _____  | _____  | _____ |
| _____    | _____  | _____  | _____ |
| _____    | _____  | _____  | _____ |

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • Does your company have written procedures/instructions for: |                          |                          |                          |
| • Inspection and testing?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Calibration of equipment?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the tested materials identified?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are tests partially carried out by subcontractors?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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E. Handling, Storage, Packaging and Delivery:

- Load Capacity (Tons): \_\_\_\_\_
- Railway connection:       by side-track     with road trailer     with truck
- From station: \_\_\_\_\_
- Availability of docks:       Internal                       External
- Number and size of docks: \_\_\_\_\_
- Waterways: \_\_\_\_\_
- Length of Quayside available: \_\_\_\_\_
- Draft / height / width limitations: \_\_\_\_\_

**5.0 SUBCONTRACTOR SELECTION AND MANAGEMENT**

- A. Outline your procedure and criteria for subcontractor selection, and explain how the selected subcontractor(s) are managed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. List all subcontractors / suppliers whom you have longstanding relationships and/or master service agreements with.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6.0 RISK MANAGEMENT**

- Does your company have an implemented risk management system in place? If so, describe how risk management takes place in your company; i.e. how are risks identified, mitigated and tracked.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 7.0 CURRENT AND FUTURE WORKLOAD

- Provide a histogram of the total resources (employees and shop capacity) and available resources of your company for the current period and for a two (2) year look ahead.

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## 8.0 VALIDATION

Company Name :  
Name :  
Position :  
Date :

Signature : \_\_\_\_\_