

## PROCUREMENT

# WDC Civil Works Prequalification Application Category 5 – Service Location Radar

This is an application by (company's trading name): \_\_\_\_\_  
(the Respondent) to join the Waimakariri District Council (WDC) Civil Works Prequalification List.

Date of this application: \_\_\_\_\_

### Prequal Form 1 – Supporting Information Checklist

#### Task

- Complete all sections of the response form
- Identify the projects you require a reference for
- Request reference, and collate responses, from referees
- Make sure you that your email attachments are no greater than 8MB
- Arrange for the declaration to be signed
- Submit application via email to [IM@wmk.govt.nz](mailto:IM@wmk.govt.nz)

*Please note: The indicative timeframe for assessment is 10 working days*

**Please attach ALL of the following information to this form in order to be eligible for prequalification.**

#### Management

- Form 2 – About the respondent
- Organisational structure chart
- Form 3 - Key management and supervisory staff
- Form 4 – Specific / specialist plant

#### Capability

- Form 5 - Reference projects

Referee letters – Reference(s) are recommended for any projects other than those carried out for Waimakariri District Council

**Health and safety/environmental**

SiteWise accreditation (supply percent score if available) ( \_\_\_\_\_%)

IMPAC Prequal or alternative system

ISO 14001 accreditation

ISO 45001 accreditation

Form 6 - Contractor's Occupational Health and Safety Management Information Form

**Administration**

Form 7 - Insurance details

Information on Q/A Systems

ISO 9001 accreditation

## Background

This application is for the Service Location / Radar Category of the Waimakariri District Council's Civil Works Prequalification List.

Activities covered by this category include:

- Locating of Services (Radar, Sounding, etc.)
- Identification of Services (Paint Marking)

There is only one Tier in this category.

The intent of the category is to cover contractors who are able to carry out service location, by methods such as radar themselves, rather than those who subcontract it out. Not being qualified in this category will not prevent contractors from carrying out (or subcontracting) work of this type as part of a larger project, but it will prevent contractors from carrying out works that only involves this type of work, such as locating services and marking out.

## Prequal Form 2 – About the Respondent

Full legal company name (if different from page 1): \_\_\_\_\_

### Company addresses

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Business website: \_\_\_\_\_

### 1st contact person – our contact person for day-to-day enquiries/work requests

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2nd contact person – person with authority

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Prequal Form 3 – Key Staff

CV's can be supplied in addition to the information below, but this table is intended to cover essential staff. Insert information for as many additional staff as required, with a minimum of 2.

#### Service location staff – person 1

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

#### Service location staff – person 2

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

#### Service location staff – person 3

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

**Service location staff – person 4**

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

**Service location staff – person 5**

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

**Service location staff – person 6**

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

Position: \_\_\_\_\_

Qualifications (i.e. certificates or courses):

Years and types of experience:

## Prequal Form 4 – Specific/Specialist Plant

Plant or equipment lists can be supplied as attachments, but the information below is intended to cover specialist equipment related to the category.

### Service Location Plant 1

Description (e.g. radar unit/buggy): \_\_\_\_\_

Type: \_\_\_\_\_  
(e.g. Leica)

Capability: \_\_\_\_\_  
(e.g. able to locate 50mm diameter or greater services up to 1.5m deep)

Number (e.g. plant): \_\_\_\_\_

### Service Location Plant 2

Description (e.g. radar unit/buggy): \_\_\_\_\_

Type: \_\_\_\_\_  
(e.g. Leica)

Capability: \_\_\_\_\_  
(e.g. able to locate 50mm diameter or greater services up to 1.5m deep)

Number (e.g. plant): \_\_\_\_\_

### Service Location Equipment 1

Description (e.g. various equipment): \_\_\_\_\_

Type: \_\_\_\_\_  
(e.g. plant, chalk, metal detectors)

Number (e.g. multiple): \_\_\_\_\_

### Service Location Equipment 2

Description (e.g. various equipment): \_\_\_\_\_

Type: \_\_\_\_\_  
(e.g. plant, chalk, metal detectors)

Number (e.g. multiple): \_\_\_\_\_

## Prequal Form 5 – Example Projects

In order to confirm that your company has the capability, resources and experience to carry out projects to the level of complexity being applied for, please identify at least two projects for similar types of work.

*Note: Please supply additional evidence such as photos or approved diagrams as an attachment.*

### Project Data

#### Project #1

Project name: \_\_\_\_\_

Project description:

*(Note: Enter a description of what work was undertaken by the Respondent on this project, identifying how it is relevant to the project classification and complexity being applied for.)*

Level of involvement:

Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

Contract value: \_\_\_\_\_

Referee: \_\_\_\_\_

(i.e. name of the person providing you with a reference for this project)



**Project #2**

Project name: \_\_\_\_\_

Project description:

*(Note: Enter a description of what work was undertaken by the Respondent on this project, identifying how it is relevant to the project classification and complexity being applied for.)*

Level of involvement:

Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

Contract value: \_\_\_\_\_

Referee: \_\_\_\_\_

(i.e. name of the person providing you with a reference for this project)

**Project #3**

Project name: \_\_\_\_\_

Project description:

*(Note: Enter a description of what work was undertaken by the Respondent on this project, identifying how it is relevant to the project classification and complexity being applied for.)*

Level of involvement:

Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

Contract value: \_\_\_\_\_

Referee: \_\_\_\_\_

(i.e. name of the person providing you with a reference for this project)

**Project #4**

Project name: \_\_\_\_\_

Project description:

*(Note: Enter a description of what work was undertaken by the Respondent on this project, identifying how it is relevant to the project classification and complexity being applied for.)*

Level of involvement:

Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

Contract value: \_\_\_\_\_

Referee: \_\_\_\_\_

(i.e. name of the person providing you with a reference for this project)

## Prequal Form 6 – Contractor’s Occupational Health and Safety Management Information Form

### Health and Safety Policy and Management Commitment

Do you have a written Health and Safety Management Plan (which will remain in force and not be cancelled during this contract) that meets the general requirements of the Health and Safety at Work Act 2015?    Yes    No

### Health and Safety Training

Do you have a health and safety manual, including written working practices and health and safety instructions, which are available to all staff?    Yes    No

### Hazard Identification and Management

Do you have a system to identify, isolate, minimise and, where possible, eliminate significant hazards throughout the duration of this contract?    Yes    No

### Health and Safety Records

Supply your organisation’s health and safety record for each of the last five years.

Lost time injury accident rate/100,000 man hours: \_\_\_\_\_ / 100,000

Have you or your company been prosecuted by an enforcement authority (including OSH) and been convicted (found guilty) in the last five years?    Yes    No

## Prequal Form 7 – Insurance Details

### Insurance

Please give details of all insurances your business holds and send us a copy of each certificate and schedule.

Note: We may not include you on a tender list if you do not provide insurance details.

You must fill in this section. You will also need to give us the details again every year when you renew your insurance (this is compulsory).

### Employer's liability

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Value of cover: \_\_\_\_\_ Excess for each claim: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Maximum liability per claim: \_\_\_\_\_

### All Risks

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Value of cover: \_\_\_\_\_ Excess for each claim: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Maximum liability per claim: \_\_\_\_\_

### Other specialist business-related insurance

Type: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Value of cover: \_\_\_\_\_ Excess for each claim: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Maximum liability per claim: \_\_\_\_\_

### Public Liability

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Value of cover: \_\_\_\_\_ Excess for each claim: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Maximum liability per claim: \_\_\_\_\_

## Prequal Form 8 – Our Declaration

### Respondent's declaration

#### Collection of further information:

The Respondent/s authorises the Buyer to:

- a. collect any information about the Respondent, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client
- b. use such information in the evaluation of this application.

The Respondent/s agrees that all such information will be confidential to the Buyer.    Agree    Disagree

#### Requirements:

I/We have read and fully understand the nature and extent of the Buyer's requirements. I/We confirm that the Respondent/s has the necessary capacity and capability to fully meet or exceed the requirements and will be available to deliver throughout the relevant contract period.    Agree    Disagree

#### Conflict of interest declaration:

The Respondent warrants that it has no actual, potential or perceived conflict of interest in submitting this application. Where a conflict of interest arises during the procurement process the Respondent will report it immediately to the Buyer's point of contact.    Agree    Disagree

#### Details of conflict of interest

If you think you may have a conflict of interest, briefly describe the conflict and how you propose to manage it. If no conflict exists, write 'not applicable'.

### Declaration

I/We declare that in submitting the application and this declaration:

- a. the information provided is true, accurate, complete and not misleading in any material respect
- b. the application does not contain intellectual property that will breach a third party's rights
- c. I/We have secured all appropriate authorisations to submit this application, to make the statements and to provide the information in the application.

I/We understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the application registration may result in elimination from further participation in the Prequalification Application process and may be grounds for termination of any contract awarded as a result of the Prequalification Application.

By signing this declaration, the signatory below represents, warrants and agrees that he/she has been authorised by the Respondent/s to make this declaration on its/their behalf.

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you are giving your authority for this application to proceed.

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

Full name: \_\_\_\_\_

Title/position: \_\_\_\_\_

Company's trading name: \_\_\_\_\_

Date: \_\_\_\_\_