PROCUREMENT

WDC Civil Works Prequalification Application Category 6 - CCTV Pipe Investigation

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

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

Tier C

Tier A

N/A

Tier C

Tier A

If yes, our current tier is:

The tier we would like to qualify for is:

Background

This application is for the Pipe Investigation/CCTV Category of the Waimakariri District Council's Civil Works Prequalification List.

Activities covered by this category include:

- Drainage Connectivity Surveys (smoke, dye, etc.)
- CCTV of main pipelines (per the NZ Pipe Inspection Manual 4th Edition)
- · CCTV of lateral pipelines
- · Root cutting of pipelines
- · Cleaning/jetting of pipelines.

There are two Tiers in this category, Tier A and Tier C, with the difference between the tiers being:

Tier A

Covers suppliers who can carry out the more involved forms of CCTV inspection, such as the visual inspection of pipelines in accordance with the NZ Pipe Inspection Manual 4th Edition. Additionally there are requirements around cameras having the ability to Pan-Tilt-Zoom, the supplier being able to score the condition of the pipe, the supplier being able to record the profile of the pipe (percentage grade or rise/run). Suppliers would also be expected to detail the resolution they can provide, and format of reporting, such as example report tables, and/or the ability to upload completed inspection videos.

A key criteria of Tier A would be having staff with the relevant qualifications as per the NZ Pipe Inspection Manual, these being NZQA Unit Standards 30094, 30095 and 30096.

Tier C

Covers suppliers who can carry out more straightforward forms of investigation, such as the investigation of laterals to locate blockages, and the simple cleaning or rodding of these lines.

Suppliers should indicate what forms of inspection they are able to undertake, and the procurement team will review these and determine which Tier is appropriate. In general, omitting information could result in the supplier not being prequalified (i.e. failure to supply information on CCTV equipment would cause them to fail pregualification).

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

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:

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.

CCTV/pipe inspection staff – person 1
Name:
Position:
Qualifications (i.e. certificates or courses, Unit Standards 30094, 30095, 30096):
Years and types of experience:
CCTV/pipe inspection staff - person 2
Name:
Position:
Qualifications (i.e. certificates or courses, Unit Standards 30094, 30095, 30096):
Years and types of experience:
rears and types of experience:
CCTV/pipe inspection staff - person 3
Name:
Position:
Qualifications (i.e. certificates or courses, Unit Standards 30094, 30095, 30096):
Vegus and types of cynoxicus
Years and types of experience:

CCTV/pipe inspection taff – person 4
Name:
Position:
Qualifications (i.e. certificates or courses, Unit Standards 30094, 30095, 30096):
Years and types of experience:
CCTV/pipe inspection staff – person 5 Name:
Position:
Qualifications (i.e. certificates or courses, Unit Standards 30094, 30095, 30096):
Years and types of experience:
CCTV/pipe inspection staff - person 6 Name:
Position:
Qualifications:
Years and types of experience:

Prequal Form 4 - Specific/Specialist Plant

CCTV/Pipe Inspection Plant 1 Description (e.g. CCTV camera):

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

Туре:
Capability:
(e.g. resolution, pan tilt zoom limits, length able to be inspected, diameter able to be inspected)
Number:
(i.e. 3 trucks)
CCTV/Pipe Inspection Plant 2
Description (e.g. CCTV camera):
Type:
Capability:
(e.g. resolution, pan tilt zoom limits, length able to be inspected, diameter able to be inspected)
Number:
(i.e. 3 trucks)
CCTV/Pipe Inspection Equipment 1
Description (e.g. jetting cleaner):
Type: (e.g. brand)
Capability:
(i.e. 500kpa pressure, able to clean 300m of pipe)
Number (e.g. multiple):
CCTV/Pipe Inspection Equipment 2
Description (e.g. jetting cleaner):
Type: (e.g. brand)
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. Each project will also need a reference completed by a referee.

Note: Please supply additional evidence such as photos or example reports, as well as detailing how the footage is provided to the client, i.e. uploaded to their systems 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)

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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

Suppl	ly your	organisa	ıtion's	health	and	safety	record	for	each	of	the	last 1	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:		
Value of cover:	Excess for each claim:	Expiry date:
Maximum liability per claim:		
Other specialist business-rel	ated 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:	