

PROCUREMENT

WDC Civil Works Prequalification Application Category 1 – Traffic Management

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

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 Traffic Management Category of the Waimakariri District Council's Civil Works Prequalification List.

Activities covered by this category include:

- Preparation and Gaining Approval of Traffic Management Plans (TMPs)
- Installation and Management of Temporary Traffic Management (TTM) on Site
- Supply of TTM Equipment if required
- Liaison with Other Contractors if required

There is only one Tier in this category.

The intent of the category is to cover contractors who are able to manage traffic management themselves, rather than those who subcontract it out. Not being qualified in this category will not prevent contractors from carrying out (or subcontracting) traffic management as part of a larger project, but it will prevent contractors from carrying out works that only involves traffic management, such as providing the traffic management services for the Council's Water Unit on one of their projects.

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.

Traffic management staff – person 1

Name: _____

Position: _____

Qualifications (i.e. certificates or courses):

Years and types of experience:

Traffic management staff – person 2

Name: _____

Position: _____

Qualifications (i.e. certificates or courses):

Years and types of experience:

Traffic management staff – person 3

Name: _____

Position: _____

Qualifications (i.e. certificates or courses):

Years and types of experience:

Traffic management staff – person 4

Name: _____

Position: _____

Qualifications (i.e. certificates or courses):

Years and types of experience:

Traffic management staff – person 5

Name: _____

Position: _____

Qualifications (i.e. certificates or courses):

Years and types of experience:

Traffic management 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.

Traffic Management Plant 1

Description (e.g. attenuator truck):

Type: _____

(e.g. Hino 6 tonne)

Number (e.g. 3 trucks): _____

Traffic Management Plant 2

Description (e.g. attenuator truck):

Type: _____

(e.g. Hino 6 tonne)

Number (e.g. 3 trucks): _____

Traffic Management Equipment 1

Description (e.g. various signs):

Type: _____

(e.g. Level 2 temporary works signs)

Number (e.g. multiple): _____

Traffic Management Equipment 2

Description (e.g. various signs):

Type: _____

(e.g. Level 2 temporary works signs)

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:

- collect any information about the Respondent, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client
- 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:

- the information provided is true, accurate, complete and not misleading in any material respect
- the application does not contain intellectual property that will breach a third party's rights
- 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: _____