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| **General** | **Project** | **Project Name / reference:** |

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| Section A - General Information | | | | | | | | | | | | | | |
| **Scope of Work/Service:** | |  | | | | | | | | | | | | |
| **Business Name:** | |  | | | | | | | | **Company /**  **Registration No:** | | |  | |
| **TIN :** | | |  | |
| **Trading Name:** | |  | | | | | | | | **PAU National Supplier**  **Database No.** | | |  | |
| **Business Type:**  **(Check Box)** | | **Public Co.** | |  |  | **Private Co.** | |  | | **Subsidiary** | |  | **Joint Venture** |  |
| **Partnership** | |  |  | **Trust** | |  | | **Sole Proprietor** | |  | **Other** |  |
| **Category from PAU Register** | | A- Agriculture, Forestry and fishing  B- Mining and quarrying  C– Manufacturing  D- Electricity, gas, steam and air conditioning supply  E- Water supply; sewerage, waste management and remediation activities | | |  | F- Construction  G- Wholesale and  retail of motor vehicles and motorcycles  H- Transportation and Storage  I- Accommodation and food services activities  J- Information and communication  K- Financial and insurance activities | | |  | L- Real estate activities  M- Professional, scientific and technical activities  N- Administrative and support service activities  O- Public administration and defence; compulsory social security | |  | P- Education  Q- Human health and social work activities  R- Arts, entertainment and recreation  S- Other service activities |  |
| **Services:**  **(Check Box)** | | **Fabrication** | |  | **Construction** | | |  | | **Technical** | |  | **Service** |  |
| **Other (Specify):** |  | | | | | | | | | | | |
| **Parent Company:** | |  | | | | | | | | | | | | |
| **Names of Principals/Directors (list the principal officers of any partner that has over 10% shareholding in the company):** | | | | | | |  | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | |
| **Nominated Representative (to whom future communications should be addressed) Point of contact** | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | **Email:** | | |  | | | |
| **Position:** |  | | | | | | | **Contact Number(s):** | | |  | | | |
| **Indigenous Business Details** | | | | | | | | | | | | | | |
| Indigenous Ugandan: Yes  No | | | | | | | | | | | | | | |
| An Indigenous Business may be:   1. A sole trader, if the sole trader is a Ugandan person 2. A partnership or firm where at least 48% of the partners are Ugandan persons 3. A corporation where Ugandan persons own at least 48% of the corporation | | | | | | | | | | | | | | |

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| 1. **Has your business or any of its subsidiaries filed for insolvency? Provide details / exceptions as applicable** | | | |  | | | |
| 1. **Have any of your directors filed for insolvency or bankruptcy? Provide details / exceptions as applicable** | | | |  | | | |
| 1. **Has your business defaulted or failed to complete a contract? Provide details / exceptions as applicable** | | | |  | | | |
| 1. **Has your business been involved in dispute resolution concerning your business’ work on any construction project?** | | | |  | | | |
| 1. List below details of any dispute, claim or litigation more than $50,000 or equivalent during the past five (5) years, current and pending, relating to works for Owners / Contractors (attach further if necessary): | | | | | | | |
| **Date** | **Amount** | **Claimant** | **Respondent** | | **Litigation or Other?** | **Claim Type** | **Outcome** |
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| **Provide any details/ explanations as applicable.** | | | | | | | |

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| Section B – FinanCIAL INFORMATION | | | | | | |
| **Submit Annual Turnover for each of the last three (3) years for your business and group (if applicable). Attach latest audited financial statement / annual report.** | | | **2017** | | **2016** | **2015** |
|  | |  |  |
| **$ value of largest job in last three (3) years** | **$** | **Preferred bid range?** | | **$ min - $ max** | | |

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| Section C – Procurement | | | |
| 1. Does your business have an electronic ordering or payment systems? If so, state details | |  | |
| 1. Have you ever had a contract cancelled by a customer? If so, state details | |  | |
| 1. What type of work does your business subcontract to others? | |  | |
| 1. What is your policy on local (Ugandan) procurement ? | |  | |
| 1. Could you detail your spend (value and/or % of contract value) with local (Ugandan) suppliers in the last 12 months | |  | |
| 1. Does your business have a? (check any boxes below that apply to your business):   **Code of Conduct which addresses ethical behaviours and just culture**  **Anti-Bribery & Corruption Policy and Procedure**   1. **If you have a Code of Conduct, does it include avoidance of engaging with entities using child / bonded labour**   **Yes**  **No**   1. **If your business does not have a Code of Conduct or Anti-Bribery & Corruption Policy and Procedure, would your business work in accordance with COLAS’ Code of Conduct or Anti-Bribery & Corruption Policy if awarded work for COLAS ?**   **Yes**  **No** | | | |
| 1. **Who has overall responsibility for procurement in your business?** | | | |
| **Full Name:** |  | **Contact Details:** |  |

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| Section D – Risk Management & Project Control | | | |
| 1. What processes are in place to describe the methods and responsibilities used to ensure that Risk Management is implemented effectively? | |  | |
| 1. In your business, who has overall responsibility for Risk Management? | | | |
| **Full Name:** |  | **Contact Details:** |  |
| 1. Describe how progress and performance is measured, analysed and reported (provide relevant procedure with sample reports) | |  | |
| 1. What software system does your business intend to use for planning and how long has it been used by the business? | |  | |
| 1. What cost control system does your business intend to use and how long has it been used by the business? (provide detailed description of system/process with sample reports) | |  | |
| 1. Describe how your business manages and reports cost status to management (including Budget, Changes/Variations, Cash Flow, etc.) | |  | |
| 1. In your business, who has overall responsibility for Project Control? | | | |
| **Full Name:** |  | **Contact Details:** |  |

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| Section E – Personnel | | | | | |
| 1. Provide the qualifications and experience of your management personnel and key employees of your company who will be involved in the provision of goods or services if a contract is awarded to your company. | | | | | |
| **Function** | **Full Name** | **Participation %** | **Nationality** | **Qualification(s)** | **Years in similar position** |
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| * **Provide organisational chart showing corporate structure (to include names of corporate officers, partners, proprietors, owners, key personnel, as applicable)** * **Provide organisational chart showing project structure (if applicable)** | | | | | |

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| Section F – Quality Management, Assurance and Control | | | | | | | | |
| 1. Does your business operate a Quality Management System setting out your business’ policy objectives and procedures for controlling quality? : | | | | | | | Yes  No | |
| 1. Is your business’ Quality Management System certified to ISO 9001?   *(If yes please provide a copy of certification & latest certification audit report)* | | | | | | | Yes  No | |
| 1. If your business is not certified to ISO 9001, does your business have /or do the following?   *Please attach copies of supporting documents for all boxes checked Yes below (latest revision or sample for each)* | | | | | | | | |
| **Quality Policy or Assurance Statement** | | **Yes**  **No** | | **Certification / Accreditation to a Nationally Accredited Certified body** | | | | **Yes**  **No** |
| **Selection & Approval of sub-contractors and suppliers process or system** | | **Yes**  **No** | | **If no Certification, maintain records of inspection, test and other QA/QC activities** | | | | **Yes**  **No** |
| **Prepare any site-specific Quality Management Plans (QMP)** | | **Yes**  **No** | | **Use formal Inspection and Test Plans (ITP)** | | | | **Yes**  **No** |
| **Carry out formal reviews / audits of its Quality Management System** | | **Yes**  **No** | | **Use standard checklists for job preparation and execution** | | | | **Yes**  **No** |
| **A procedure / system for control of documents and data?** | | **Yes**  **No** | |  | | | |  |
| 1. If no Certification or accreditation, what Standard does your business’ Quality Management System meet? (e.g. ISO, ASME, API Q1, Other) | | | | |  | | | |
| 1. If your business does not have a QMP, would your business work in accordance with COLAS’ QMP? | | | | | **Yes**  **No** | | | |
| 1. Who has overall responsibility for quality management in your business? | | | | | | | | |
| **Full Name:** |  | | **Contact Details:** | | |  | | |

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| Section G– Human Resourses (HR) and Industrial Relations (IR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PArt 1 - Overview | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have the following?   Please attach supporting policies and procedures for all boxes checked Yes below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HR Management System** | | **Yes**  **No** | | | | | | **HR Management Plan** | | | | | | | | | **Yes**  **No** | | | | **Equal Employment Opportunity Policy** | | | | | **Yes**  **No** | | |
| **Termination Policy** | | **Yes**  **No** | | | | | | **Discipline & Grievance Policy** | | | | | | | | | **Yes**  **No** | | | | **Employee Assistance Program** | | | | | **Yes**  **No** | | |
| **Termination Procedure** | | **Yes**  **No** | | | | | | **Discipline & Grievance Procedure** | | | | | | | | | **Yes**  **No** | | | | **Employee Assistance Program Provider** | | | | | **Yes**  **No** | | |
| **Income Protection Policy** | | **Yes**  **No** | | | | | | **(If yes, to income protection, please attach certificate of currency).** | | | | | | | | | | | | | **Job descriptions for all employees** | | | | | **Yes**  **No** | | |
| 1. Please provide employee turnover rates for your business | | | | | | | | | | | | | | | | | **White Collar:** | | | |  | | **%** | **Blue Collar:** | | |  | **%** |
| PArt 2 - Recruitment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have the following?   Please attach copies of all documents or plans for all boxes checked Yes below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recruitment Policy** | | | **Yes**  **No** | | | | | | **Recruitment Procedures** | | | | | | | | **Yes**  **No** | | | **Formal Workforce Planning Strategy** | | | | | | **Yes**  **No** | | |
| **Verification of work rights** | | | **Yes**  **No** | | | | | | **Skills Matrix for Blue Collar workers** | | | | | | | | **Yes**  **No** | | |  | | | | | |  | | |
| 1. Does your recruitment process include verification / checking of ?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Worker compensation claims** | | | | | **Yes**  **No** | | | | | | | **Verification of Qualifications, Experience, Licenses and References** | | | | | | | | | | | | | | **Yes**  **No** | | |
| 1. Number of non-Ugandan employees in your business on work permit | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| PArt 3 - Training and Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have the following?   Please attach copies of all documents or plans for all boxes checked Yes below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Training & Development Strategy Program** | | | | | | | | | | **Yes**  **No** | | | | | | **Training & Development Procedure** | | | | | | | | **Yes**  **No** | | | | |
| **Learning Management System or system for recording all training received** | | | | | | | | | | **Yes**  **No** | | | | | | **If Yes, Name of system** | | | | | | | |  | | | | |
| **Apprentices Strategy** | | | | | | | | | | **Yes**  **No** | | | | | | **If Yes, Number of Apprentices** | | | | | | | |  | | | | |
| PArt 4 – Ugandan national content Participation / Social Practices | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have the following?   **Please attach copies of all documents or plans for all boxes checked Yes below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **National Content Strategy** | | | | | | **Yes**  **No** | | | | | | **National Content Management Plan (NCMP)** | | | | | | | | | | | | **Yes**  **No** | | | | |
| **How many Ugandan employees will work on the project?** | | | | | |  | | | | | | **Classification (Local/Local TO)** | | | | | | | | | | **Number of Employees** | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| 1. If your business does not have an NCMP, would your business accept COLAS’ NCMP and commit to Ugandan recruitment and cultural awareness protocols where applicable? (As applicable to projects) | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | |
| PArt 5 - Employee Relations (ER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ER Management Plan (ERMP)** | | | | | | **Yes**  **No** | | | | | | |  | | | | | | | | | | |  | | | | |
| 1. Does your business have an Enterprise Bargaining Agreement (EBA) for all employees on the project and if Yes please attach a copy | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | |
| 1. Does your EBA detail the intended rates of pay and allowances your employees will received. If No, please provide further detail. | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | |
| 1. Detail the type of employees to work on the project:  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Classification | Qty |  | Classification | Qty |  | Classification | Qty | |  | Mechanical Trades |  |  | Electrical Trades |  |  | Labourer / TA |  | |  | Metal Trades |  |  | Crane Operation |  |  | Carpenters |  | |  | Mobile Plant Operation |  |  | Rigger / Scaffolder |  |  | Concrete / Steel Fixing |  | |  | Superintendent |  |  | Safety Advisor |  |  | Serviceman |  | |  | Supervisor |  |  | Engineering |  |  | Administration |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If your business does not have an ERMP, would your business accept COLAS’ ERMP to govern how your employees will be recruited and managed on site? (As applicable to projects). | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | | |
| 1. Does your business contribute to NSSF fund(s) for employees participating in the project / contract?   Yes  No  If yes: | | | | | | | | | | | **Fund** | | | | | | | **% Contribution** | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
| 1. If your business has been involved in any industrial/employee relation disputes during the past 5 years, please provide details below: | | | | | | | | | | | | | | | | | | **Number of days lost** | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Who does your organisation refer to for independent expert industrial and employee relations advice? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** |  | | | | | | **Contact Name** | | | | | | |  | | | | | | | **Contact Number** | | | |  | | | |
| 1. In your business, who has overall responsibility for the management of and decision making relating to employee / industrial relations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** |  | | | | | | | | | | | | | | **Contact Details** | | | |  | | | | | | | | | |
| 1. As an employer, do you meet the requirements of the positive equality duties in relation to the Equal Opportunities Act 2007 ? (https://ulii.org/ug/legislation/act/2015/2-1) | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | |
| 1. Is it your policy as an employer to comply with anti-discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others? | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | |
| 1. In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body? | | | | | | | | | | | | | | | | | | | **Yes ☐ No ☐** | | | | | | | | | |
| **If Yes, please provide details** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the last three years has your organization been the subject to a compliance action by the Equality and Human Rights Commission or an equivalent body on grounds of alleged unlawful discrimination? | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | |
| **If yes, please provide details** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| Section H – Health, Safety and Environment (HSE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide the following performance statistics for the three most recent years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **2017** | | | | | | | | | **2016** | | | | | **2015** | | | |
| **Number of fatalities** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| **Number of lost time injuries (LTI)**  **(Employee is unable to attend next scheduled work day or shift)** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| **Number of restricted work injury (RWI)**  **(Employee is restricted from normal work activities)** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| **Number of medical treatment injuries (MTI)** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| **Number of recordable first aid injuries (FAI)** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| **Total employee hours worked** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| 1. Check all boxes that apply to your business’ certification:   **Please attach copies of any certificates for all boxes checked below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ISO 18001** | |  | | | **AS4801** | | |  | | | **AS4804** | | | |  | **ISO14001** | | | | | | | |  | | **Other** | | | | | |  | | |
| 1. Check any boxes below that apply to your business:   **Please attach copies of all documents / sample of audits or plans for all boxes checked below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health & Safety Policy** | | | | |  | | | **Environmental Policy** | | | | | | | |  | | | | **Policies refer to management commitment** | | | | | | | | | | | | |  | |
| **Communicate Policies** | | | | |  | | | **HSE Management System** | | | | | | | |  | | | | **Policies are displayed in workplaces** | | | | | | | | | | | | |  | |
| **Waste management plan** | | | | |  | | | **Environmental planning procedures** | | | | | | | |  | | | | **Spill response and contingency plans** | | | | | | | | | | | | |  | |
| **3rd Party HSE Audits** | | | | |  | | | **Policies signed by management** | | | | | | | |  | | | | **Environmental compliance procedure** | | | | | | | | | | | | |  | |
| **Prepare Project-Specific Health, Safety & Environmental Management Plans (HSEMP).** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 1. If your business does not prepare HSEMP’s, would your business comply with COLAS’ HSEMP? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| 1. Has your business received any prohibition or improvement notices from regulatory bodies in the last 3 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| 1. How often are incident reports sent to the roles listed below? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Never** | | | | | **As Incidents Occur** | | | | **Monthly** | | | | | | | **Quarterly** | | | | | **Annually** | | | | | | |
| **Project Manager/Site Manager** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| **Construction Manager** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| **Safety Manager** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| **CEO / Director / Proprietor** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How often are HSE meetings held for employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily |  | | Weekly |  | | Bi-weekly | | | | | |  | | Monthly | |  | Less Often, as required | | | | | | | |  | | No meetings are held | | | | | | |  |
| 1. List type of meetings held (e.g. Pre-start inductions, toolbox, etc.) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. How often are safety inspections conducted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily |  | | Weekly |  | | Bi-weekly | | | | | |  | | Monthly | |  | Less Often, as required | | | | | | | |  | | No inspections are conducted | | | | | | |  |
| 1. List the type of inspections conducted. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Who is the person responsible for conducting the inspections? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | | | | | **Position Title:** | | | | | | |  | | | | | | | | | | | | |
| 1. How often are incident records reported on? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Never** | | | | | **Weekly** | | | | **Monthly** | | | | | | | **Annually** | | | | | **Other** | | | | | | |
| **Total number of accidents for the entire company** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| **Total number of accidents by project** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| **If other, please specify:** | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | |
| 1. Does your business have a Health, Safety Environmental & Community induction program for new employees?   If yes, please attach for evaluation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| 1. Does your business have a Health, Safety Environmental & Community training program for newly hired or promoted first line supervisors or foremen?   If yes, please check all elements below that are delivered by your training program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | | | | |
| Incident Investigation | | | |  | |  | | | | | | Emergency / Fire /  First Aid Procedures | | | | | | | | |  | | | | | | | | |  | | | | |
| Risk Management | | | |  | |  | | | | | | New Worker Orientation | | | | | | | | |  | | | | | | | | |  | | | | |
| Consultation & Communication | | | |  | |  | | | | | | Safe Work Practices | | | | | | | | |  | | | | | | | | |  | | | | |
| Workplace Inspection | | | |  | |  | | | | | | Safety Supervision | | | | | | | | |  | | | | | | | | |  | | | | |
| Aboriginal Cultural & Heritage Awareness | | | |  | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | |
| 1. Does your business have a Fitness for Work program? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| If yes, does the program cover Fatigue Management? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| If yes, select the boxes that apply to drug & alcohol testing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-employment | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Random | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Post Incident | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| For Cause | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your business have Injury Management Procedures? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| 1. In your business, who has overall responsibility for the Injury Management? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | | | | | **Contact details:** | | | | | | |  | | | | | | | | | | | | |
| 1. Does your business have the following regarding Environmental Compliances? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Written Environmental procedures** | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Waste management plans** | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spill response and contingency plans** | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| **A sustainability program** | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If yes, please describe your program, or attach relevant documentation which demonstrates your business’ commitment to protection of the environment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In your business, who has overall responsibility for the management of and decision making relating to Health, Safety and Environment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | | | | | **Contact details:** | | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section I – Experience & Capability | | | | | | | | | | | | | | | | |
| 1. Please provide details of at least three of your largest, recently completed projects in your principal line of business. | | | | | | | | | | | | | | | | |
| **PROJECT / CONTRACT 1** | | | | | | | | | | | | | | | | |
| **Project / Job Name** | | |  | | | | | | | | | | | | | |
| **Work Package Description** | | |  | | | | | | | | | | | | | |
| **Value of business’ portion of work** | | |  | | | | | | | | | | | | | |
| **Contract Type (e.g. LS, SoR)** | | |  | | | | | | | | | | | | | |
| **Client & Location** | | |  | | | | | | | | | | | | | |
| **Client Contact - Name** | | |  | | | | | | | | | | | | | |
| **Client Contact - Number** | | |  | | | **Duration (months)** | | | | | | | |  | | |
| **PROJECT / CONTRACT 2** | | | | | | | | | | | | | | | | |
| **Project / Job Name** | | |  | | | | | | | | | | | | | |
| **Work Package Description** | | |  | | | | | | | | | | | | | |
| **Value of business’ portion of work** | | |  | | | | | | | | | | | | | |
| **Contract Type (e.g. LS, SoR)** | | |  | | | | | | | | | | | | | |
| **Client & Location** | | |  | | | | | | | | | | | | | |
| **Client Contact - Name** | | |  | | | | | | | | | | | | | |
| **Client Contact - Number** | | |  | | | **Duration (months)** | | | | | | | |  | | |
| **PROJECT / CONTRACT 3** | | | | | | | | | | | | | | | | |
| **Project / Job Name** | | |  | | | | | | | | | | | | | |
| **Work Package Description** | | |  | | | | | | | | | | | | | |
| **Value of business’ portion of work** | | |  | | | | | | | | | | | | | |
| **Contract Type (e.g. LS, SoR)** | | |  | | | | | | | | | | | | | |
| **Client & Location** | | |  | | | | | | | | | | | | | |
| **Client Contact - Name** | | |  | | | | | | | | | | | | | |
| **Client Contact - Number** | | |  | | | **Duration (months)** | | | | | | | |  | | |
| 1. List awarded contracts that have not been satisfactorily completed (Include exceptions and reasons as necessary) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. List geographical areas of operation (within East Africa) | | | | | | | | | | | | | | | | |
| Uganda, Kenya, Tanzania | | | | | | | | | | | | | | | | |
| 1. Have you provided goods and/or services to COLAS before? | | | | | | | | Yes  No | | | | | | | | |
| If yes, provide the following information | | | | | | | | | | | | | | | | |
| **Name of person that supervised your work** | |  | | | | | | | **Date:** |  | | **Value:** | | |  | |
| **Name of person that supervised your work** | |  | | | | | | | **Date:** |  | | **Value:** | | |  | |
| 1. Indicate which types of contracts your business has been exposed to for goods and/or services provided: | | | | | | | | | | | | | | | | |
| Fixed Price |  | Unit Price |  | Cost Plus |  | | Alliance | | | |  | | Not to Exceed | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section J – Current Commitments and Resources | | | | | | |
| 1. Is this scope of work and/or services your core business and expertise? | | | | Yes  No | | |
| 1. Please provide details of current projects / contracts | | | | | | |
| **PROJECT / CONTRACT 1** | | | | | | |
| **Project / Job Name** |  | | **Location** | | |  |
| **Work Package Description** |  | | | | | |
| **Value (UGX / USD)** |  | | **Target Completion Date** | | |  |
| **Client** |  | | | | | |
| **PROJECT / CONTRACT 2** | | | | | | |
| **Project / Job Name** |  | | **Location** | | |  |
| **Work Package Description** |  | | | | | |
| **Value (UGX / USD)** |  | | **Target Completion Date** | | |  |
| **Client** |  | | | | | |
| 1. Add any number of projects / contracts below or attach to this form | | | | | | |
|  | | | | | | |
| 1. For this project / contract, state current staffing & manpower levels. | | | | | | |
| **CLASSIFICATION** | | **NUMBER** | | | | |
| **Professional** | |  | | | | |
| **Supervisory** | |  | | | | |
| **Operational Trades** | |  | | | | |
| 1. For this project / contract, list proposed Plant and Equipment (P&E): | | | | | | |
| **CATEGORY** | | **PLANT/EQUIPMENT** | | | | |
|  | |  | | | | |
| 1. Do you maintain and service your plant and equipment in accordance with Manufacturers’ recommendations ? | | | | | Yes  No | |
| 1. For this project / contract, list proposed major suppliers | | | | | | |
| **CATEGORY** | | **SUPPLIERS** | | | | |
|  | |  | | | | |
| 1. For this project / contract, list proposed major subcontractors | | | | | | |
| **CATEGORY** | | **SUBCONTRACTORS** | | | | |
|  | |  | | | | |

COLAS is committed to achieving zero health and safety incidents across our business. By signing this, your business agrees to work towards achieving zero incidents when conducting work activities on COLAS projects or premises.

**I certify that the information provided in this questionnaire is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** | **Position Title:** | **Signature:** | **Date:** |
|  |  |  |  |

Please visit our website at [www.colas.co.uk](http://www.colas.co.uk)