

# **Deep Panuke**

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Title

OP23 – Marine Gas Oil (MGO) and Low Sulphur Diesel (LSD) – Prequalification Questionnaire

DM	EN	PQ	OP	0007	01U
Project	Originator	Info. Category	Disc	Sheet	Rev



	REVISION LIST				
REVISION	DESCRIPTION OF CHANGES				
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#### 1 INTRODUCTION

#### 1.1 Description

Encana Corporation is the owner and operator of the Deep Panuke natural gas field in Nova Scotia's offshore. Natural gas from Deep Panuke is processed offshore at the Production Field Centre (PFC) with sales gas transported to market via a subsea pipeline making landfall at Guysborough County, NS. The PFC is located approximately 250 km southeast of Halifax.

Encana is a leading North American energy producer that is focused on developing its strong portfolio of resource plays, held directly and indirectly through its subsidiaries, producing natural gas, oil and natural gas liquids (NGLs). By partnering with employees, community organizations and other businesses, Encana contributes to the strength and sustainability of the communities where it operates. Encana common shares trade on the Toronto and New York stock exchanges under the symbol ECA.

Further information on Encana Corporation is available on the company's website, www.encana.com. Further information on Deep Panuke is available at www.encana.com/deeppanuke.

### 1.2 Scope

Encana is seeking interested firms for the provision of marine gas oil (MGO) and low sulphur diesel (LSD) for its offshore production operations and contracted supply vessels that service Deep Panuke. The MGO will be required for offshore support vessels on an as-required, 24-hours-per-day, 7-days-per-week basis, with an approximate consumption of 4,500 cubic metres per year. This is an estimate only and does not imply a minimum or maximum quantity. Preferred product delivery is at the supplier's dock facility or via barge, truck or rail car.

## **2 INSTRUCTIONS**

Respondents shall complete and submit the Prequalification Questionnaire, including Appendices A and B attached hereto.

Respondents shall provide information as instructed in the Questionnaire. In some cases supplementary information is requested to support the answers. A Contents List, that clearly details the documents that are included in support of the submission, shall be provided. Any answers, which refer to respondents' documents that are included to support the Questionnaire, should specify the page(s)/section(s) containing the information. The page(s)/section(s) referenced should be marked to indicate the section to which it refers. Separate sheets, as necessary, should be used to provide additional information.

Respondents are advised that the information requested in the Questionnaire are minimum requirements, sufficient for the EOI. For those companies invited to bid, additional detailed information will be requested by Encana at the Request for Proposal stage to adequately assess bidder's capability to perform the work.

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## 3 CORPORATE & FINANCIAL CAPABILITY

# 3.1 **Respondent Name and Offices** Name: Home Office Address: Telephone: \_\_\_\_\_\_\_Fax: \_\_\_\_\_\_ Nova Scotian Office Address: (If relevant and if different than above) Telephone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Registered Office Address: (If different than above) Telephone: \_\_\_\_\_\_Fax: \_\_\_\_\_ 3.2 Respondent's Corporate Status Autonomous Unit \_\_\_\_\_ Subsidiary Joint Venture \_\_\_\_\_ Partnership **Business Registration Number:** List Partnership / Joint Venture members Name: \_\_\_\_\_

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Address: \_\_\_\_\_



Name:
Address:
Name:
Address:
3.3 Respondent's officers and directors
Name:
Title:
Name:
Title:
Name:
Title:
3.4 Respondent's ultimate parent company or controlling shareholder
Name:
Address:

## 3.5 Respondent's Financial Capability

Respondent shall provide a copy of its audited financial statements for the most recent fiscal year ended.

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## 4 TECHNICAL CAPABILITY

### 4.1 Key Requirements

Respondent shall provide confirmation of its interest in carrying out the Work identified in response to this EOI. Respondent shall identify the following in its response:

- > Provide a description of its capability to perform the Work, including available options Bidder may have for the safe and efficient product delivery; and
- > The names of Key Personnel c/w CVs nominated for the Work.

#### 4.2 Method Statements

Respondent shall provide a method statement describing how it intends to execute the Work.

#### 4.3 Previous Experience

Respondent shall provide a list of previous experience, similar to the Work required for Encana's Deep Panuke field, that have been completed in the last five years. For each project listed, describe the scope of work, details of equipment used, name of client, date of award and completion and approximate value.

## 4.4 Sub-suppliers / Subcontractors

This questionnaire has been completed by:

Respondents shall identify any aspects of the Work that will be subcontracted.

#### 4.5 Availability

Respondent shall confirm its availability to carry out the Work as specified commencing Q2 2016.

Type or print name: \_\_\_\_\_\_ Signature: \_\_\_\_\_\_

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

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APPENDIX A - QA/QC QUESTIONNAIRE

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# Appendix A - QA/QC Questionnaire

Please respond to the following questions. A follow-up QA/QC assessment or audit will be conducted as part of the tendering process. Please attach the relevant documentation, where specified.

No.	Question	Yes/No/NA	Documentation to be submitted
Qual	ity Management System		
	General Requirements		
1	Has bidder established, documented, implemented and maintained a quality management system in accordance with the requirements of ISO 9001?		Copy of QMS and ISO 9001 certificate
	Quality Manual		
2	Has a quality manual been established and maintained that includes:  a) The scope of the quality management system, including details of, and justification for any exclusions b) Documented procedures established for the quality management system, or reference to them? c) Description of the interaction between the processes of the quality management system?		Copy of Quality Manual Table of Contents
	Certification and Affiliations		
3	If Respondent Company does not have an established Quality Management System based on ISO 9001 requirements, please complete Appendix A-1.		Completed Appendix A-1

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Appendix A-1- ENCANA - DEEP PANUKE PROJECT					
	QUALITY ANALYSIS (	OF CONTRACTOR BEING ISO-9001 DEFICIENT			
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS		
1	<ul> <li>Basic Quality documents:</li> <li>Quality plan, ISO-10005-2005</li> <li>ITP, Inspection and Test Plan., (H, W, M, inspection points)</li> </ul>				
2	Organization:  Chart  Quality discipline included.				
3	Processes validation:  Welding procedures  Welders  Welding inspectors  NDE procedures  NDE inspectors  Coating inspectors  Coating procedures  Protection of welding electrodes.				
4	Inspection and Testing:  Pipe lining Dimensional Welding NDE Repair rate Coating Electrical installation PMI, Positive Material Identification				
5	Mill certificates delivery:  Piping material				

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	Appendix A-	1- ENCANA - DEEP PANUKE PROJECT				
	QUALITY ANALYSIS OF CONTRACTOR BEING ISO-9001 DEFICIENT					
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS			
	<ul> <li>Metal sheet</li> <li>Welding base metal</li> <li>Welding filler material</li> <li>Pipe fittings,</li> </ul>					
6	Traceability:					
7	Shop training:  • Any established training program for personnel in technical matters and safety					
8	Calibration:  Testing is done with calibrated equipment.  Calibration sticker.  Calibration follow up					
9	Control of nonconforming materials:  NCR form  NCR follow up Handling of nonconforming product					
10	Purchasing:  Process of selecting sub suppliers.  Existing list of approved sub suppliers  Receiving inspection  Receiving inspection report  PO experience in requiring mill certificates, certified equipment, quality requirement					

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	Appendix A-1- ENCANA - DEEP PANUKE PROJECT					
		CONTRACTOR BEING ISO-9001 DEFICIENT				
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS			
11	<ul> <li>Certification, Regulatory:</li> <li>Experience in working with a certifying authority and regulatory commission.</li> <li>Certified equipment as per zone, gas group classification and temperature, certified pipe fittings.</li> <li>CA inspection and CA reports.</li> </ul>					
10	Documentation control:  Describe documentation control for new documents  Distribution of documents to point of use  Handling of obsolete documents  Issue of as built					
11	Records:  Protection  Legibility  Storage  Retention  Issue of a manufacturing data book					
12	Safety:     Safety handbook     JSA (Job Safety Assessment)					

NOTE: This quality analysis lists the basic quality requirements for a minimum acceptable. Contractor should provide samples as objective evidence that they are working conform to these inquiries.

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APPENDIX B - ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE

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# Environment, Health & Safety (EHS) Program Questionnaire

Respondent's Information							
Company Name:							
Division/District:							
Address:							
Telephone Number:							
Name of Division/District Manage	r:						
Name of 24/7 Emergency Respon	nse contact perso	n and telephone/	fax numbers:				
Kind of Operation (check only o	ne):						
Pipeline Servicing	Drilling		Well Servicing	)			
PFC Operations	Well Oper	ations	Engineering				
Pipeline Operations	Constructi	on	Installation				
Other (please specify):							
Employee/person Hours							
Please complete the average n years:	umber of employ	ees and estimat	ed person-hours fo	or the last three (3)			
	<u>2013</u>	<u>2014</u>	<u>2015</u>				
Number of Employees							
Person-Hours							

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## Occupational Injury/Illness Experience

Please list the occupational injury/illness experience for the last three (3) years for the Company/Division/District shown above:

	2013	2014	2015
Number of Fatalities			
Number of Lost Time Injuries			
Number of Restricted Work Cases			
Number of Medical Aid Injuries			
Number of First Aid Injuries			
Number of Lost Work Days to Injury			
Number of Near Miss Reports			

Note: The Employee/Person Hours and the Occupational Injury/illness Experience are to include the hours and experience of all contractors and subcontractors while working directly for you on various Projects; not just your direct employee information. If you keep this data in other formats which you feel represents your data more accurately, such formats will be reviewed for acceptability.

### **Worker's Compensation**

Please provide the Worker's Compensation Insurance Experience Rating for the Company Division/District shown above. If the population of employees upon which this rate is based is different from that upon which ther Person-Hours and Injury/ Illness statistics are based, please describe the difference.

WCB Registration Number:			
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Rating (\$/\$100 payroll)			
Environmental/Safety (Regulatory) Compliance			
List the following information on any violations, citations or in the last three (3) years. Warnings or contested violations late			perience during
	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of violations, citations or incidents			
Number of agency Inspections conducted			
Amount of fines incurred			
List of agencies performing inspection:			

Note: The Regulatory Compliance information is to include violations, citations and/or EHS incidents of all contractors and subcontractors while working directly for you on various Projects; not just those directly

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attributed to you. If you keep this data in other formats which you feel represents your data more accurately, such formats will be reviewed for acceptability.

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# Appendix B - Environment, Health and Safety Questionnaire

Please respond to the following questions. A follow-up EHS assessment or audit may be conducted as part of the tendering process. Please attach the relevant documentation, where specified.

		Status	Decumentation/Informs
No.	Item	Yes/No/N.A.	Documentation/Information to be submitted
1. MA	NAGEMENT INVOLVEMENT AND LEADERSHIP		<u> </u>
1.1	Do you have a written <b>EHS Policy</b> ?		Copy of signed and dated policy
1.2	Do you have an <b>EHS Management System</b> to implement the policy?		Copy of EHS Management System Manual Table of Contents
1.3	Do you have an <b>EHS Organizational Structure</b> to administer and implement the management system?		Copy of organisation chart listing key personnel to be assigned to the project
1.4	Are EHS Performance Objectives established and measured for your organization and personnel?		
1.5	Does your company have a <b>Contractor Safety Program</b> to assess the suitability, competence and performance of subcontractors?		Provide details
1.6	Do you have a process to manage regulatory compliance?		Provide details
2. HA	ZARD IDENTIFICATION AND RISK CONTROL		
2.1	Do you conduct formal <b>Risk Assessments</b> when planning and implementing operations/activities?		Provide details of risk management system, including risk tolerance levels and criteria used for assessing probabilities and consequences.
2.2	Has a formal <b>Hazard Observation Program</b> been implemented at your worksite, such as the Dupont STOP card system or equivalent?		Provide details of program
2.3	Do you have a formal EHS Inspection & Audit Program?		Provide details of program
2.4	Do you have a Management of Change Program or procedure?		
2.5	Does your organisation have a <b>Quality Assurance Program</b> for the procurement, test and certification of safety-critical equipment, materials, and services to be used on the project?		Provide details.
2.6	Do you have a process to collect, measure, evaluate and report on EH&S performance?		Provide details.
3. RU	LES & WORK PROCEDURES		
3.1	Do you have documented <b>Standard Operating Procedures</b> for all jobs/work activities?		Provide table of contents for SOPs available.
3.2	Do you have a <b>Safe Work Permit System</b> to control all hazardous and non-routine activities and operations?		

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	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
3.3	Does your <b>Emergency Response Plan (ERP)</b> conform to a recognized standard such as CSA Z731 ( <i>Emergency Planning for Industry</i> ) or equivalent?		
3.4	Do you have an Alcohol and Drug Policy/Program?		Provide copy of policy and procedure.
3.5	Do you have detailed safety and environmental practices and procedures pertaining to Equipment Operations, Maintenance and Management Procedures?		Provide details.
4. TR	AINING		
4.1	Do you have a <b>Training and Competency Assurance Program</b> ?		Provide details of competency assurance program.
4.2	Is there a formal Safety Orientation Program?		
5. CO	MMUNICATION	1	
5.1	Do you have a formal <b>Documentation Management</b> System?		Provide details.
			Provide details.
	System?		Provide details.  Provide copy of program if not part of safety manual submitted.
6. INC	System?  CIDENT REPORTING & INVESTIGATION  Is a formal Accident/Incident Reporting and Investigation		Provide copy of program if not part of safety manual
<b>6. INC</b> 6.1	System?  CIDENT REPORTING & INVESTIGATION  Is a formal Accident/Incident Reporting and Investigation Program in place?  Has your organisation been subject to any regulatory citations, investigations, fines or penalties by a government		Provide copy of program if not part of safety manual submitted.  Specific details of incident(s) describing the infringement, date of occurrence, nature of penalty, and corrective

## Notes:

- Please provide information on any other EHS programs or initiatives not covered above.
   Complete and submit all information requested in a separate binder.

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