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**PREQUALIFICATION QUESTIONNAIRE**

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Kvaerner Ref. No.: **SM106** Goods/Services Title: **Supply of Construction Vessel with ROV**

**THIS QUESTIONNAIRE IS TO BE COMPLETED BY VENDORS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO KVAERNER CANADA LIMITED FOR THE DEINSTALLATION AND TRANSPORT OF SBM NOVA SCOTIA CONTRACTORS DEEP PANUKE PFC. THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF KVAERNER.**

**COMPLETED QUESTIONNAIRE MUST BE SUBMITTED VIA SECURE EMAIL (SEE “SUBMISSION REQUIREMENTS” BELOW FOR DETAILS).**

**FOR ALL QUERIES RELATING TO THIS EO/PREQUALIFICATION, PLEASE CONTACT:**

**Kvaerner Canada Limited  
Suite 305  
215 Water Street  
St. John’s, NL A1C 6C9  
  
Attention: Tanya O’Neill  
Phone: 709-725-3291  
Email: tanya.oneill@kvaerner.com**

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

**The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein and is an authorized officer or agent of the company.**

**Information submitted and completed by:**

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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To be completed by Kvaerner:  
Date Received: \_\_\_\_\_ Procurement Signoff: \_\_\_\_\_

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## General Instructions

We recognize that we have many different types of suppliers of goods and services with different core competencies and skill sets. In order to effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Kvaerner is committed to ensuring fairness in our selection process. Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

## Submission Requirements

Companies must submit one (1) electronic copy of all requested documentation via secure Kvaerner's secure email account. Please provide the following information to create a pre-qualification company profile:

<b>Company Legal Name:</b>	
<b>Company Full Address:</b>	
<b>Company Phone Number (Main):</b>	
<b>Contact Full Name:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	

Suppliers are required to submit their pre-qualification response in the following format and in the exact order as shown:

1. Company Information
2. Subcontracting
3. Work History
4. Current Organizational Structure
5. Facilities and Infrastructure
6. Capabilities Statement
7. Contractor HSEQ Requirements
8. Technical Requirements
9. Canada –Nova Scotia Benefits Compliance
10. Attachments
11. Additional Comments

Please ensure that supporting documentation for each question is clear, organized and easily recognized as related to the particular question.

**1. Company Information**

**1.1 Company Name:** \_\_\_\_\_

Street/Mailing Address of Office completing this Questionnaire

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Key Company Sales Contact

**Canadian Head Office:**

Street/Mailing Address: \_\_\_\_\_

**Local Office:**

Street/Mailing Address: \_\_\_\_\_

**1.2 Type of Company**

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Corporation – Private \_\_\_\_\_ Corporation – Public \_\_\_\_\_

Other (please identify): \_\_\_\_\_

Please supply Certificate of Incorporation and identify and attach as an Appendix. If private ownership, please also identify the Principle Shareholders below.

Name \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

**1.3 Subsidiaries, Affiliates, etc. (indicate whether wholly-owned or percent controlled)**

\_\_\_\_\_  
\_\_\_\_\_

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**1.4 Total Number of Employees by Geographical Location**

Nova Scotia \_\_\_\_\_

Other Canadian Provinces \_\_\_\_\_

International \_\_\_\_\_

**1.5 Declaration of Business Relationship (Company Owner/Management)**

In accordance with the approval policy of Kvaerner, **all suppliers shall, as a condition of supplying goods or services to Kvaerner, make full disclosure of any existing business relationships with any Kvaerner employee and/or contractor or immediate relatives.** If the supplier fails to disclose an interest and/or the interest is falsely or insufficiently reported, Kvaerner reserves the right to terminate or cancel any agreement of any kind which may have been entered into with the supplier.

Are you a relative or do you have a relationship with any Kvaerner employee that would cause any real or perceived conflicts of interest?

No

Yes  (please specify): \_\_\_\_\_

**1.6 Annual Revenue & Operating Income (CDN\$ in each of the last five years):**

	Revenue		Operating Income	
Year		\$		\$
Year		\$		\$
Year		\$		\$
Year		\$		\$
Year		\$		\$

Do you have 3<sup>rd</sup> party certified financial statements available for the most recently completed fiscal year? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please attach latest copy)*

**1.7 Joint Ventures**

The following questions apply to Joint Ventures only;

1. Please provide a copy of your organizational structure showing all members of the Joint Venture.
2. Provide the following Joint Venture Details:
  - i. A copy of the Joint Venture Agreement

- ii. A statement of the share equity of each of the participants
  - iii. The lead participant within the Joint Venture
  - iv. Outline how the Joint Venture will be managed with regards to objectives
  - v. How are the Key Business Objectives of each Participant reflected in the Joint Venture
  - vi. The share and nature of the work provided by each participant
  - vii. Arrangements for the transfer of systems/information technology
  - viii. How do the Participants envisage the Joint Venture developing in the future
3. In the case of a Joint Venture, detail how Bidder will optimize/merge the different participants, organization, cultures to ensure the greatest benefits are realized for Company.

**2. Subcontracting**

.1 Please list any associated work that you would typically subcontract to other suppliers providing the following information for each:

- Specific type of work being subcontracted: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- City: \_\_\_\_\_ Province/State: \_\_\_\_\_
- Contact Name at above noted Company: \_\_\_\_\_
- Contact Phone Number for above: \_\_\_\_\_

.2 Describe the process you have for selecting subcontractors: (Also see Kvaerner's expectations in this area for item 13 - Contracted Services and Materials – under Section 7, Contractor HSEQ Requirements)

\_\_\_\_\_

\_\_\_\_\_

**3. Work History**

Please provide a list of at least the top three (3) recent clients of your firm, with whom you have contracts for scopes of work similar to that covered by this pre-qualification process. Provide the following information for each:

**1. Contract Name/Owner:** \_\_\_\_\_

CDN \$ Value: \_\_\_\_\_ Date(s) of Contract Term: \_\_\_\_\_

Description (Contract Scope of Work. Please be specific):

\_\_\_\_\_

Location: \_\_\_\_\_

Reference (Contact Name): \_\_\_\_\_ Telephone: \_\_\_\_\_

**2. Contract Name/Owner:** \_\_\_\_\_

CDN \$ Value: \_\_\_\_\_ Date(s) of Contract Term: \_\_\_\_\_

Description (Contract Scope of Work. Please be specific):

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Location: \_\_\_\_\_

Reference (Contact Name): \_\_\_\_\_

Telephone: \_\_\_\_\_

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**3. Contract Name/Owner:** \_\_\_\_\_

CDN \$ Value: \_\_\_\_\_

Date(s) of Contract Term: \_\_\_\_\_

Description (Contract Scope of Work. Please be specific):  
\_\_\_\_\_  
\_\_\_\_\_

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Location: \_\_\_\_\_

Reference (Contact Name): \_\_\_\_\_

Telephone: \_\_\_\_\_

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**4. Current Organizational Structure**

Please provide a current Organization Chart for your company, indicating, but not limited to, management personnel and reporting relationships. Please also identify where this organization's management personnel are located. Please ensure the organization chart indicates personnel (including names) which would be supporting the scope of work. Please also identify where these individuals are located geographically.

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**5. Facilities & Infrastructure**

Please provide a description of the facilities & infrastructure which your company would utilize in provision of the subject services, if applicable. Please clarify whether the facilities & infrastructure which you are describing are currently occupied and utilized by your company. Please provide photographs / drawings as appropriate.

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**6. Capabilities Statement**

Please provide an overview of your company's capabilities. In addition, please ensure that you provide a description of your company's specific capabilities as they related to the subject services being requested.

## **7. Contractor HSEQ Requirements**

### ***READ CAREFULLY AND ANSWER COMPLETELY***

These pre-qualification questions are based on Kvaerner's Contractor HSEQ Requirements. They are intended to establish the content and maturity of an organization's HSEQ management system.

For any "Yes" answer provided, Kvaerner requires a **documented reference only** to a policy/procedure/standard. If required, Kvaerner will request a copy of supporting documentation. Any "Yes" answers not supported by appropriate references cannot be evaluated and may result in disqualification. All answers may be subject to further verification efforts by Kvaerner.

In some cases, a specific documented procedure may not exist to satisfy the question however a process may still exist. In such a case please provide a description of the process as it exists in your organization, these processes however will be subject to further verification as necessary.

**If there are any questions, please contact the Kvaerner Procurement Representative.**



**Provide HSE performance statistics for the last 3 years for the following information:**

**Statistics including Sub-Contractor data**

ITEM	20--	20--	20--
Fatalities			
Lost Time Injuries			
# of Lost time Days			
Restricted Work Cases			
# of Restricted Work Days			
Medical Aids			
First Aids			
Near Misses			
Total Exposure Hours			
LOST TIME INJURY RATE			
TOTAL RECORDABLE INJURY RATE			
Motor Vehicle Accidents			
Reportable Environmental Spills			

**Statistics for Proponent Alone**

ITEM	20--	20--	20--
Fatalities			
Lost Time Injuries			
# of Lost time Days			
Restricted Work Cases			
# of Restricted Work Days			
Medical Aids			
First Aids			
Near Misses			
Total Exposure Hours			
LOST TIME INJURY RATE			
TOTAL RECORDABLE INJURY RATE			
Motor Vehicle Accidents			
Reportable Environmental Spills			

- Lost Time Injury Rate based on 200,000 person hours
- Total Recordable Injury Rate based on 200,000 person hours

1	Leadership and Accountability	YES/NO	Tab #	Document Title	Document Number	Section and Page #
1.1	Does the organization have an HSEQ Policy or policy statement?					
1.2	Does the organization have a formalized documented Management System					
1.3	Does the leadership actively and visibly participate in and promote the Management System?					
1.4	Does the organization participate in industry associations and other networking activities in order to integrate best practices?					
1.5	Are the roles, responsibilities and accountabilities within the management system known, accepted and exercised?					
1.6	Are clear goals and specific objectives for the management system established and is performance measured against these goals and objectives?					

2	Safe Operations	YES/NO	Tab #	Document Title	Document Number	Section and Page #
2.1	Is a comprehensive safety program implemented including documented safe work practices, job analysis, and hazard and risk assessments?					
2.2	Is there an OHS Committee and/or a worker health and safety representative, or workplace health and safety designate in place?					
2.3	Is there a program in place that includes requirements for human factors, ergonomic risk considerations, fatigue management, and workplace physical and mental demands are identified, analyzed and addressed?					
2.4	Does the organization have a process by which at-risk behaviours and substandard conditions can be identified, recorded, analyzed and addressed e.g. a Safety Observation system?					
2.5	Is there an industrial hygiene and medical surveillance program?					
2.6	Is there a safe handling of chemicals and/or hazardous materials system?					
2.7	Does the organization have a Drug and Alcohol Policy?					
2.8	Is a process implemented to ensure the provision, training and use of appropriate Personal Protective Equipment (PPE)?					
2.9	Are procedures implemented to ensure that information which is critical to safe and efficient operations is effectively communicated between all relevant personnel, including crew shifts and rotations.					

<b>3</b>	<b>Risk Assessment and Management</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
3.1	Is there a documented risk assessment and management process or program?					
3.2	Are risk assessed and managed to As Low as Reasonably Practicable?					
3.3	Is a defined risk matrix tool used for risk assessments?					
3.4	Are risks prioritized to people, environment assets and reputation?					
3.5	Is a follow up process in place to ensure that risk management decisions and actions are recorded and tracked to closure?					
3.6	Are risk assessments performed by qualified personnel with appropriate expertise?					

<b>4</b>	<b>Emergency Preparedness</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
4.1	Does the organization have a response plan appropriate for their facilities/operation that is documented and communicated throughout the organization?					
4.2	Is the plan based on specific hazards and risk assessments?					
4.3	Are the incident coordination and area emergency response plans integrated with local responders as appropriate?					
4.4	Are emergency preparedness and response plans reviewed periodically and updated?					
4.5	Are emergency response personnel trained?					
4.6	Is response equipment maintained?					
4.7	Are simulations, drills or exercises conducted regularly?					
4.8	Is a business recovery plan developed to address how critical business activities will be continued following a disruptive event?					

5	Reliability and Integrity	YES/NO	Tab#	Document Title	Document Number	Section and Page #
5.1	Are there procedures in place for asset operating, maintenance, monitoring, test, calibration, and inspection?					
5.2	Has critical equipment been identified?					
5.3	Has hazardous area equipment been identified and used as appropriate?					
5.4	Are failure trends tracked, reviewed and analysed to identify persistent problems?					
5.5	Are procedures implemented to manage the temporary disarming or deactivation and reactivation of critical equipment and devices?					
5.6	Are critical tasks that require specific controls and competencies identified?					
5.7	Is there a process for reporting of deficiencies and tracking the actions to resolve them?					
5.8	Is there a system in place to formally control and record all work performed on an asset?					
5.9	Is there a process implemented to plan, schedule and coordinate asset operations and work activities, for example shutdowns?					
5.10	Is there a process implemented to identify spare parts, support and test equipment for critical items and ensure they are available when needed?					
5.11	Are standardized performance indicators established, monitored and reported for core work processes to ensure they are carried out effectively and to drive continual improvement?					
5.12	Is there a system implemented to monitor, report and manage maintenance, inspection, testing and monitoring backlogs?					
5.13	Is there a process implemented for the calibration and control of measuring and testing equipment?					

<b>6</b>	<b>Personnel Training and Competency</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
6.1	Are there documented role descriptions?					
6.2	Are there documented training requirements for roles that identify initial, ongoing and refresher training?					
6.3	Is there a competency assessment process or program?					
6.4	Is there a company and role orientation program for new and/or transferred employees including safety training as a minimum?					
6.5	Are there regular performance reviews?					

<b>7</b>	<b>Incident Management</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
7.1	Are all incidents, including near misses reported, documented and maintained in an incident management system?					
7.2	Is a proven investigation methodology used to identify root cause and actual/potential severity of incidents?					
7.3	Are incident investigators appropriately trained?					
7.4	Are actions raised, tracked and followed through to closure?					
7.5	Are safety alerts and lessons learned from incidents communicated and acted upon?					
7.6	Is incident data analyzed and reviewed?					

<b>8</b>	<b>Environmental Management</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
8.1	Are environmental management systems established to eliminate, minimize, prevent, detect, control and mitigate environmental risks, address environmental impacts and demonstrate compliance with regulations?					
8.2	Are metrics and targets set to drive continual improvement in environmental performance?					

<b>9</b>	<b>Management of Change</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
9.1	Is there a documented management of change process to consider all changes that directly affect facilities, assets and people?					
9.2	Does the process clearly define change?					
9.3	Does the process include appropriate management review and approval?					
9.4	Does the process ensure the documentation and tracking of changes?					
9.5	Does the process consider requirements for training and documentation updates resulting from the change?					
9.6	Does the process include tracking and closure of actions resulting from the change?					
9.7	Does the process consider both permanent and temporary changes and ensure the scope and duration of temporary changes are not exceeded without review and formal approval?					

<b>10</b>	<b>Information, Documentation and Effective Communications</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
10.1	Is there a document management system to manage technical and other documentation and ensure it is accessible and readily retrievable?					
10.2	Is technical and management system documentation controlled to include peer review and management approval to manage creation and change?					
10.3	Is information on applicable laws and regulations, licenses, permits, codes, standards and practices accessible?					
10.4	Are superseded, cancelled or obsolete documents restricted or are clearly identified to prevent unintentional use?					
10.5	Are records covering operations, maintenance, inspections and facility changes maintained and are these records auditable?					
10.6	Are employee health, medical, occupational exposure and training records maintained with appropriate confidentiality?					

<b>11</b>	<b>Compliance Assurance and Regulatory Advocacy</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
11.1	Is there a register of applicable laws regulation, codes and standards etc. identifying the need for regular currency review and the responsible roles?					
11.2	Is there a non-compliance process to track deviations from internal or external requirements?					



12	<b>Design, Construction Commissioning, Operating and Decommissioning</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
12.1	Is a project execution process used to incorporate health, safety, environment, loss prevention, and technical standards requirements?					
12.2	Is operability, maintainability, reliability and total life-cycle cost systematically considered in the planning, design and construction process? Is operations and maintenance expertise fully integrated early into the process at the design and project stage?					
12.3	Are approved loss prevention guidelines, design standards and procedures fully utilized in the design, procurement and construction of all new or modified facilities that meet or exceed applicable regulatory requirements and encompass responsible requirements where regulations do not exist?					
12.4	Are risk management practices and concepts incorporated in the design phase to meet operational integrity objectives?					
12.5	Are human factor principles fully assessed and incorporated in the project?					
12.6	Are deviations from approved design practices and standards or from the approved design reviewed and approved by the designated technical authority, and is the rationale for the decision fully documented?					
12.7	Are quality assurance processes in place to ensure that facilities and materials specified, received and used meet specifications and that construction is in accordance with the applicable standards?					
12.8	Is a formal pre-startup review performed and documented on all new or modified facilities prior to operation to confirm that they meet all applicable technical and operational requirements?					
12.9	Is a process in place to ensure that any performance or integrity related issues identified during the course of commissioning, operating and decommissioning are captured, assessed and, where appropriate, resolved?					

<b>13</b>	<b>Contracted Services and Materials</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
13.1	Is there a supplier or contractor pre-qualification and selection process?					
13.2	Is there an approved prequalified Supplier/Contractor list?					
13.3	Is there a process to ensure that received materials and services are verified against requirements?					
13.4	Are interfaces with suppliers identified and managed?					
13.5	Is there a process to identify non-conforming products and services and to prevent their release or inadvertent use?					
13.6	Is supplier/contractor performance monitored and audited?					

<b>14</b>	<b>Performance Assessment and Continuous Improvement</b>	<b>YES/NO</b>	<b>Tab #</b>	<b>Document Title</b>	<b>Document Number</b>	<b>Section and Page #</b>
14.1	Are HSEQ performance indicators established and evaluated?					
14.2	Is there an internal audit process?					
14.3	Do audits follow established protocols and are they conducted by competent auditors, or audit teams, including expertise from outside the immediate unit?					
14.4	Are findings from audits recorded, discussed and agreed with the assessed party and corrective action plans developed and tracked to closure?					
14.5	Are management system processes and documentation periodically reviewed for effectiveness and adequacy?					
14.6	Is a management review meeting held periodically?					

**8. Technical Requirements**

All respondents are asked to complete the questions below as part of the technical submission. Answers to these questions can be submitted as an attachment to the questionnaire. Respondents should note that **all questions** must be answered and appropriate documentation supplied.

**PLEASE USE TABS FOR EACH QUESTION AND SUBMIT INFORMATION IN THE ORDER THE QUESTIONS APPEAR IN THE QUESTIONNAIRE.**

**Respondent to provide particulars of proposed vessel(s).**

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**Respondent to provide a certificate list for each proposed vessel(s).**

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**Respondent to provide class status for each proposed vessel(s).**

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**Respondent to provide details of deck equipment for handling including any specifications for all cranes, winches, reels, etc.**

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**Respondent to provide details of the ROV system(s) proposed, including information related to sparing philosophy, standard tooling, launch and recovery as well as where the ROV hangar and operational control spaces are located.**

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**Respondent to clarify if ROV system is currently installed on the proposed vessel(s). If not, please outline plans to install the system and any experience with such plans and systems.**

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**Respondent to provide environmental limits for the ROV systems including launch and recovery.**

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**Respondent to provide details and specifications of the main construction crane(s) on the vessel(s) proposed, including operational modes and crane curves.**

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**Respondent to inform of any major maintenance and or refits required for and related to retention of certifications.**

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**Respondent to provide a GA of proposed vessel(s).**

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**Respondent to provide intended crewing levels for deck operations including crew experience levels, highlighting rigging and lifting operations related to subsea construction and ROV operations.**

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**Respondent to provide description of accommodations and client amenities available on vessel.**

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**Respondent to provide the anticipated location of the proposed vessel(s) for mobilization.**

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**Confirmation of Respondent's proposed vessel(s) availability (identifying the time frame for which vessel(s) would be available for the work), location and present contract status.**

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**Respondent to provide recent applicable vessel experience including details and dates of previous vessel hire experience (three most recent projects), type of service and charterer.**

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**Respondent to provide experience operating vessels under the C-NSOPB and or C-NLOPB jurisdictions.**

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**OPTION: Respondent to provide an overview of the proposed navigational survey and positioning system as applicable.**

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**9. Canada-Nova Scotia Benefits Compliance**

Kvaerner strongly supports providing opportunities to Canadian and in particular Nova Scotia companies and individuals, on a commercially competitive basis.

Does your company have an office in Nova Scotia?

Yes  No

Will this contract be managed in Nova Scotia?

Yes  No

Does your company agree to comply with requirements of Kvaerner or any governmental authority with respect to benefits, to comply with all applicable guidelines of the Kvaerner and to comply with all benefits commitments made in the contract?

Yes  No

Identify ownership of the company.

% NS                      %CAN                      % INTL

Does your company have policies and initiatives to promote technology transfer to local and Canadian companies? If yes, briefly describe.

Yes  No

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Does your company have an R&D program? If yes, briefly describe recent R&D initiatives.

Yes  No

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Describe your company's philosophy regarding human resources planning and employment with respect to Canada-NS benefits.

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Does your company have a training program? If yes, briefly describe policies and initiatives for development and training of NS and Canadian employees.

Yes  No

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Does your company have a procedure for identifying and informing NS and Canadian suppliers of goods and services of opportunities related to the Contractor's contracts? If yes, briefly describe.

Yes       No

Does your company have a Diversity Plan or Diversity Policy in place? If yes, briefly describe.

Yes       No

Please describe any plants, facilities or manufacturing capabilities that you have in Nova Scotia.

Please indicate the number of personnel located in NS, other places in Canada and in a foreign location that would be available to work on the potential scope (i.e. how many people in each location would have the potential to be involved in execution of the work scope). Only an estimate is required for this stage of evaluation.

<i># of personnel in NS</i>	<i># of personnel in the rest of Canada</i>	<i># of personnel in a foreign location</i>

**Supplier Diversity**

As part of our commitment to diversity in the workplace, Kvaerner is collecting data on businesses owned and operated by members of designated groups (women, Aboriginal peoples, persons with disabilities, and members of visible minorities). Responding to the following questions is voluntary and will help us to better understand the diverse makeup of our supply chain. All information provided will be kept confidential by Kvaerner and will be used only to assist us in ensuring that information related to procurement opportunities is appropriately targeted to diverse business owners.

1) Is your business 51% or more owned, managed and controlled by one of the following groups? Please check all that apply.

- Women
- Aboriginal peoples
- Persons with disabilities
- Visible minorities
- None

2) Is your business currently certified with a national certifying organization(s)? Please check all that apply and provide applicable certification number.

- CAMSC Certification #: \_\_\_\_\_
- WEConnect International Certification #: \_\_\_\_\_
- WBE Canada Certification #: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_
- None Certification #: \_\_\_\_\_

3) Is your business currently a member of a supplier organization/association? Please check all that apply.

- Maritimes Energy Association
- Newfoundland and Labrador Offshore Industry Association
- Other, please specify: \_\_\_\_\_
- None

**10. Attachments**

Please indicate all attachments:

No.	Attachment	Yes/No
1.	Certificate of Incorporation.	
2.	Declaration of Residency.	
3.	Certified 3 <sup>rd</sup> Party Financial Statements.	
4.	Facilities & Infrastructure photographs/drawings.	
5.	Copy of Organization Chart (with names) for personnel supporting the contract scope of work.	
6.	A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company.	
7.	A written statement indicating there are no outstanding non-conformances or audit action plans stemming from a Kvaerner conducted Health, Safety, Environment and Quality supplier audit.	
8.	Copy of the most recent customer satisfaction survey relating to customer perceptions and customer satisfaction.	
9.	Is a Certificate of Clearance from the provincial Workers Compensation Board of Nova Scotia (WCBNS) available upon request by Kvaerner? (Note: The Workers Compensation Act requires all employers performing work in Nova Scotia to register with the Commission. Source: <a href="https://www.wcb.ns.ca/Workplace-Injury-Insurance/How-to-Register.aspx">https://www.wcb.ns.ca/Workplace-Injury-Insurance/How-to-Register.aspx</a> )	

**11. Additional Comments**

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**Sample Declaration of Residency**

Supplier represents that \* \_\_\_\_\_ for Canadian Income tax purposes

\*\* is a resident of Canada

is not a resident of Canada

Furthermore, we attach a **Certificate of Incorporation** and undertake to immediately inform Kvaerner Canada Limited of any future change in our company's tax status.

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

**Title:** \_\_\_\_\_

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

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

\* (please include complete entity name)

\*\* (please check as appropriate)