



Deep Panuke

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REVISION LIST	
REVISION	DESCRIPTION OF CHANGES
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1 INTRODUCTION

1.1 Description

Ovintiv is seeking qualified, experienced companies to provide complete services to perform a post abandonment offshore survey of the decommissioned Deep Panuke development.

This includes the provision of survey services for the following items:

- Offshore gas export pipeline (172km)
- Buried flowlines (16km)
- Buried umbilical's (16km)
- Former production field center location area (x1)
- Former wellsite location area (x5)

Respondent shall have demonstrated competence and extensive experience performing offshore surveys of exposed and buried pipelines, flowline and umbilicals and have experienced personnel and available resources, including survey vessel and remotely operated vehicles, to perform all aspects of the Work. The Respondent shall also have demonstrated capability in the execution and completion of similar type projects in a timely and cost effective manner.

1.2 Scope

The Work shall include but not be limited to the provision of:

- Preparation of procedures and mobilization of survey vessel spread
- Depth of burial survey
- Exposed pipeline survey (3 camera view)
- Multibeam survey of former platform and wellsite location areas
- Remotely operated vehicle visual survey of subsea items and areas of interest
- Reporting of survey results

The successful bidder will be required to provide all personnel, procedures and survey equipment, including survey vessel and remotely operated vehicle to perform the work.

Execution of the survey work scope is anticipated to be performed in late Q2 / early Q3 2021 with final reporting to be performed within one month following completion of the survey.

2 INSTRUCTIONS

Respondents shall complete and submit the Prequalification Questionnaire, including Appendix A 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 Respondent's 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 Ovintiv 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 Company 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 Company's Corporate Status

Autonomous Unit _____

Subsidiary _____

Partnership _____

Joint Venture _____

Business Registration Number: _____

List Partnership / Joint Venture members

Name: _____

Address: _____

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Name: _____

Address: _____

Name: _____

Address: _____

3.3 Company's officers and directors

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

3.4 Company's ultimate parent company or controlling shareholder

Name: _____

Address: _____

3.5 Company's Financial Capability

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



4 TECHNICAL CAPABILITY

4.1 Previous Experience

In response to the items below, Respondent shall provide details of its previous experience with respect to provision of offshore survey services for three (3) previous projects – listing project details and contact names for references purposes:

- a) List previous relevant subsea survey services, similar to the offshore marine activities required for this Scope of Work, that have been completed in the last five years. For each project listed, describe the scope of work, name of client, date of award and completion and approximate value.

- b) Respondent shall describe its experience and familiarity with the benefits provisions of the Canada Nova Scotia Atlantic Accord Implementation Act as well as its experience with any similar regimes in other parts of Canada or internationally. Respondent shall provide acknowledgement that its responsible management personnel have read, understand, and comply with the requirements of the Canada Nova Scotia Offshore Petroleum Resources Accord Implementation Act, including the Benefits requirements as set out in Section 45.

4.2 Capability

- a) Please provide a brief method statement describing how your company would intend to execute the survey activities identified in Scope of Work. This should include preparations, offshore execution and post survey reporting.

- b) Please provide a list of the marine equipment spread that would be used to perform the offshore survey activities identified in Scope of Work. Indicate if the vessels are available within the contractor's fleet and include the vessel specifications such as:

- Vessel Data Sheet
- Remotely Operated Vehicle Details
- Survey Equipment

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- c) Capability of performing a multibeam survey of the gas export pipeline location in the shallow water of Country Harbour, within approximately 800m from landfall, since it is unlikely that the offshore survey vessel and remotely operated vehicle will be capable of surveying in this shallow water area (<12m). Does respondent have access to smaller shallow draft vessels to perform this portion of the survey separately?

- d) Provide details of Respondent's proposed Project Organization clearly defining the management structure to ensure the successful integration and coordination of internal and subcontracted resources.

4.3 Subcontractors

Identify what scope elements are not within Respondent's core capabilities and will be subcontracted by the Respondent.

4.4 Availability

Respondents shall confirm their availability to commence the survey support services for Deep Panuke during late Q2 / early Q3 2021. A list of existing and pending commitments for this period shall be provided.

This questionnaire completed by:

Type or print name: _____ **Signature:** _____

Title: _____ **Date:** _____

Email: _____



APPENDIX A - ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE



**Environment, Health & Safety (EHS) Program
 Questionnaire**

Contractor Information

Company Name: _____

Division/District: _____

Address: _____

Telephone Number: _____ Type of Work Performed: _____

Name of Division/District Manager: _____

Name of 24/7 Emergency Response contact person and telephone/fax numbers:

Kind of Operation (check only one):

- _____
 _____ Engineering
 Fabrication Construction
 Other (please specify): _____

Employee/person Hours

Please complete the average number of employees and estimated person-hours for the last three (3) years:

	<u>2017</u>	<u>2018</u>	<u>2019</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:

	2018	2019	2020
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 the Person-Hours and Injury/ Illness statistics are based, please describe the difference.

WCB Registration Number: _____

	<u>2018</u>	<u>2019</u>	<u>2020</u>
Rating (\$/\$100 payroll)	_____	_____	_____

Environmental/Safety (Regulatory) Compliance

List the following information on any violations, citations or incidents of non-compliance experience during the last three (3) years. Warnings or contested violations later dismissed are excluded.

	<u>2018</u>	<u>2019</u>	<u>2020</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 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.

Appendix A - Environment, Health, Safety and Security Questionnaire

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

No.	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
1. MANAGEMENT INVOLVEMENT AND LEADERSHIP			
1.1	Do you have a written EHS Policy ?		Copy of signed and dated policy
1.2	Do you have an EHS Management System to implement the policy?		Copy of EHS Management System Manual Table of Contents
1.3	Do you have an EHS Organizational Structure 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 Contractor Safety Program to assess the suitability, competence and performance of sub-contractors?		Provide details
1.6	Do you have a process to manage regulatory compliance?		Provide details
2. HAZARD IDENTIFICATION AND RISK CONTROL			
2.1	Do you conduct formal Risk Assessments 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 Hazard Observation Program 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 Quality Assurance Program for the procurement, test and certification of safety-critical equipment, materials, and services to be used on the project? Is this program ISO certified?		Provide details.
2.6	Do you have a process to collect, measure, evaluate and report on EH&S performance?		Provide details.

3. RULES & WORK PROCEDURES			
3.1	Do you have documented Standard Operating Practices/Procedures for all jobs/work activities?		Provide table of contents for SOPs available.
3.2	Do you have a Safe Work Permit System to control all hazardous and non-routine activities and operations?		
3.3	Does your Emergency Response Plan (ERP) 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. TRAINING			
4.1	Do you have a Training and Competency Assurance Program ?		Provide general description of program.
4.2	Is there a formal Safety Orientation Program ?		
5. COMMUNICATION			
5.1	Do you have a formal Documentation Management System ?		Provide details.
6. INCIDENT REPORTING & INVESTIGATION			
6.1	Is a formal Accident/Incident Reporting and Investigation Program in place?		Provide copy of program if not part of safety manual submitted.
6.2	Has your organisation been subject to any regulatory citations , investigations, fines or penalties by a government safety or environmental agency during the past 3 years?		Specific details of incident(s) describing the infringement, date of occurrence, nature of penalty, and corrective measures taken.
7. ENVIRONMENTAL STEWARDSHIP			
7.1	Do you have environmental stewardship practices in place?		Provide details.
8. SECURITY			
*8.1	Does your EHS Management System include discussion of security risk and required controls or is this covered in a separate Security Plan? Does the plan or portion(s) thereof conform to or been		Copy of EHS Management System Manual Table of Contents showing Security component or title page

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	certified under a recognized security standard such as API RP 70, API RP 701, ISO 27001 (Information Security), ISPS (Ships and Port), ICAO (Aviation), etc.?		from Security Plan. Provide Details
8.2	Do you have an individual designated and assigned to administer and implement the security aspects of the management system or the Security Plan? Are Security responsibilities discussed for each job position? Do you have dedicated Security Manager and/or support staff?		Provide details re key position(s) responsible and their role/responsibility as well as any responsibilities discussed in other job descriptions.
8.3	Do your formal Risk Assessments performed when planning and implementing operations/activities include Security? Do you have a system to record, prioritize, and assign responsibilities and timelines for correction or control of the identified security risks? Are the findings and recommendations of risk assessment studies communicated to staff promptly and tracked to their completion and close-out?		Provide details of risk management system as it applies to security, including risk tolerance levels and criteria used for assessing probabilities and consequences.
8.4	Do you perform formal Security Inspections &/or Audits? Are security inspections scheduled and documented? Does your audit plan provide for self-audits and third-party audits regarding security? Do you have a system to ensure that security deficiencies identified are transferred to action lists or work orders, and closed out?		Provide details of program
8.5	Do you conduct any security training with workers, supervisors, managers, etc.?		Provide description of security training
*8.6	Are security related incidents included in your Incident Reporting and Investigation Program?		If No explain how these are reported, investigated, and how corrective actions are tracked through to closure.

Notes:

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