



# Deep Panuke

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<b>Title</b>  <b>Marine Warranty Surveyor Services          Prequalification Questionnaire          EOI EN06</b>						
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<b>REVISION LIST</b>	
<b>REVISION</b>	<b>DESCRIPTION OF CHANGES</b>
01U	Issued for Use

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## **1 INTRODUCTION**

### **1.1 Description**

EnCana Corporation is developing the Deep Panuke natural gas project in Nova Scotia's offshore. The project involves the installation of the facilities required to produce natural gas from the Deep Panuke field, located approximately 175 kilometres offshore Nova Scotia. Produced gas will be transported by subsea pipeline to Goldboro, N.S., where it will be transported via the Maritimes & Northeast Pipeline (M&NP) to markets in Eastern Canada and the northeastern United States. First gas from the project is expected in 2010.

#### **Project Quick Facts**

- The project was approved for development by EnCana's Board of Directors in October 2007.
- EnCana has entered into an agreement with Single Buoy Moorings Inc. (SBM) for the provision and operation of the Deep Panuke production field centre.
- The design capacity of the project is 300 MMcf/d of sales-quality gas.
- Regulatory applications for Deep Panuke were filed in 2006, with approvals granted in 2007.

#### **Business Opportunities**

EnCana is committed to providing opportunities for Nova Scotian and Canadian companies through employment, procurement and contracting on an internationally competitive basis, full and fair opportunity for Nova Scotians and Canadians, and first consideration to Nova Scotians where competitive on a best value basis.

### **1.2 Scope**

EnCana is seeking to pre-qualify experienced contractors for the purpose of coordinating and providing Marine Warranty Surveyor services.

The Marine Warranty Surveyor Services scope of work covers the loadout, transport and installation of the Production Field Centre (PFC) and its related components as well as the installation of the gas export pipeline and the installation of the subsea flowlines, umbilicals and associated structures.

The Marine Warranty Surveyor will be responsible for review and/or approval of certain procedures related to Project work, attendance at certain activities and in some cases issuance of certificates and reports related to a specific scope of work on the Project. The Marine Warranty Surveyor nominated for the Project must be from an internationally recognized organization that is acceptable the Project's insurance underwriters

#### **The following services are to be provided by the Marine Warranty Surveyor contractor:**

- Warranty Services for loadout of PFC components;
- Warranty Services for marine transportation of PFC components;
- Warranty Services for offshore PFC installation;
- Warranty Services for pipeline and subsea equipment transportation and installation

CONTRACTOR will be required to provide qualified and competent Marine Warranty Surveyor personnel, including coordination support.

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The above work scope is anticipated to cover the locations and timelines as listed in the Expression of Interest (EOI) document.

To provide these services, CONTRACTOR shall have experienced personnel to perform all aspects of the WORK. CONTRACTOR shall have demonstrated capability in the execution and completion of such projects in a timely and cost effective manner.

**2 INSTRUCTIONS**

Respondents shall complete and submit this prequalification questionnaire in full. 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.

**This questionnaire completed by:**

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

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

**3 CORPORATE & FINANCIAL CAPABILITY**

**3.1 Company Name and Offices**

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

Home Office Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

\_\_\_\_\_

Registered Office Address: \_\_\_\_\_

(If different than above) \_\_\_\_\_

\_\_\_\_\_

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

**3.2 Company's Corporate Status**

Autonomous Unit \_\_\_\_\_ Subsidiary \_\_\_\_\_

Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_

List Partnership / Joint Venture members related to this EOI

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

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

\_\_\_\_\_

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**

a) List previous relevant projects that have been completed in the last five years. For each project listed, describe the scope of work, name of client and date of award.

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

b) List and provide details for current projects.

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

#### **4.2 Capability /Availability**

Respondents shall indicate their capability to perform the Scope of Work as applicable and provide the following detailed information as part of its response to this EOI:

1. Respondent shall confirm its availability to perform the Work;
2. Description of Respondent's ability to complete Marine Warranty Surveyor services as listed in the Scope of Work;
3. Matrix of proposed qualified Marine Warranty Surveyor personnel to carry out the Scope of Work for the timelines as indicated in the EOI including:
  - a. Surveyors proposed;
  - b. Surveyors' qualifications and certifications;
4. Description of Respondent' electronic reporting system.

#### **4.3 Subcontractors**

Respondent shall identify all activities that will be subcontracted.



**5. QA/QC QUESTIONNAIRE**

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

No.	Question	Yes/No/NA	Documentation to be submitted
<b>Quality Management System</b>			
<b>General Requirements</b>			
1	Has bidder established, documented, implemented and maintained a quality management system in accordance with the requirements of ISO 9001?		Registration certificate for ISO 9001 for Contractor and each subcontractor involved in the work
<b>Quality Manual</b>			
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 for Contractor and each subcontractor involved in the work
<b>Certification and Affiliations</b>			
3	Are there recognized company certifications or affiliations Contractor may have in place?		Provide certifications and or list

**6. 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.

No.	Item	Status Yes/No/N.A.	Documentation / Information to be submitted
<b>1. MANAGEMENT INVOLVEMENT AND LEADERSHIP</b>			
1.1	Do you have a written <b>EHS Policy</b> ?		Copy of 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
1.4	Are <b>EHS Performance Objectives</b> 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 sub-contractors?		Provide details
<b>2. HAZARD IDENTIFICATION AND RISK CONTROL</b>			
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 general description of program.
2.3	Do you have a formal <b>EHS Inspection &amp; Audit Program</b> ?		Provide general description of program.
2.4	Do you have a <b>Management of Change Program or procedure</b> ?		
2.5	Does your organisation have a <b>Quality Assurance Program</b> for the procurement, test and certification of safety-critical equipment,		Provide general description of program.

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No.	Item	Status Yes/No/N.A.	Documentation / Information to be submitted
	materials, and services to be used on the project?		
<b>3. RULES &amp; WORK PROCEDURES</b>			
3.1	Do you have documented <b>Standard Operating Practices/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?		
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 <b>Alcohol and Drug Policy/Program</b> that complies with Canadian legal requirements?		Provide copy of policy and procedure
<b>4. TRAINING</b>			
4.1	Do you have a <b>Training and Competency Assurance Program</b> ?		Provide general description of program.
4.2	Is there a formal <b>Safety Orientation Program</b> ?		
<b>5. COMMUNICATION</b>			
5.1	Do you have a formal <b>Documentation Management System</b> ?		Provide general description of the system.
<b>6. INCIDENT REPORTING &amp; INVESTIGATION</b>			
6.1	Is a formal <b>Accident/Incident Reporting and Investigation Program</b> in place?		Provide general description of program.
6.2	Has your organisation been subject to any <b>regulatory citations</b> , investigations, fines or penalties by a government safety or		Specific details of incident(s) describing the infringement, date of

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<b>No.</b>	<b>Item</b>	<b>Status Yes/No/N.A.</b>	<b>Documentation / Information to be submitted</b>
	environmental agency during the past 3 years?		occurrence, nature of penalty, and corrective measures taken.

**Notes:**

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

**Attachment A**

**EnCana CONTRACTOR**

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

**Pre-Certification Evaluation Information**

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

**Employee/person Hours**

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

	<u>2005</u>	<u>2006</u>	<u>2007</u>
Number of Employees	_____	_____	_____
Person-Hours	_____	_____	_____

**Occupational Injury/Illness Experience**

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

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	<b>2005</b>	<b>2006</b>	<b>2007</b>
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 Respondent on various Projects; not just Respondent direct employee information. If this data is kept in other formats, such formats will be reviewed for acceptability.

**Attachment B**

**EnCana CONTRACTOR**

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

**Pre-Certification Evaluation Information**

**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>2005</u>	<u>2006</u>	<u>2007</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>2005</u>	<u>2006</u>	<u>2007</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 Respondent on various Projects; not just those directly attributed to Respondent. If this data is kept in other formats, such formats will be reviewed for acceptability.