



Deep Panuke

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Title							
<p>Prequalification Questionnaire EOI DR08 - Supplied Air Services and Systems</p>							
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		<small>Project</small>	<small>Originator</small>	<small>Info. Category</small>	<small>Disc</small>	<small>Sheet</small>	<small>Rev</small>

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REVISION LIST	
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1 INTRODUCTION

1.1 Description

EnCana Corporation is proposing to develop its Deep Panuke gas prospect located offshore Nova Scotia. The Project Field Center, which will contain all of the main facilities, will be located approximately 250 km southeast of Halifax, approximately 47 km west of Sable Island and in 45 metres water depth.

The Project involves production and processing of gas offshore and transport, via subsea pipeline, of market-ready gas to Goldboro, Nova Scotia to an interconnection with the M&NP main transmission pipeline for further transport to markets in Canada and the northeast United States.

1.2 Scope

EnCana is seeking to pre-qualify experienced companies for the supply of Supplied Air System and Services required to support the Drilling and Completions Program for the Deep Panuke Development Project.

To provide this product, Supplier must be qualified and demonstrate that they have suitable processes and capability to provide the equipment and services within the Project Schedule dates outlined in the Expression of Interest. They must also be able to demonstrate previous experience on similar size projects.

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.



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 _____

List Partnership / Joint Venture members

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 any previous experience with providing supplied air services for well testing operations in a sour gas (H₂S and/or CO₂) environment.

- b) List any previous experience, and the drilling unit the work was performed on. Please highlight work performed off the East Coast of Canada with emphasis offshore Nova Scotia.

- c) List and describe any capabilities to manage and provide any other additional services.

This questionnaire completed by:

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

Title: _____ **Date:** _____



APPENDIX A - QA/QC QUESTIONNAIRE



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
Quality 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



APPENDIX B - ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE



Appendix B - Environment, Health and Safety Questionnaire

Please respond to the following questions. A follow-up EHS 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 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
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 general description of program.
2.3	Do you have a formal EHS Inspection & Audit Program ?		Provide general description of program.
2.4	Do you have a Management of Change		



No.	Item	Status Yes/No/N. A.	Documentation/Information to be submitted
	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?		Provide general description of program.
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 that complies with Canadian legal requirements?		Provide copy of policy and procedure
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 general description of the system.



No.	Item	Status Yes/No/N. A.	Documentation/Information to be submitted
6. INCIDENT REPORTING & INVESTIGATION			
6.1	Is a formal Accident/Incident Reporting and Investigation Program in place?		Provide general description of program.
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.

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:

Kind of Operation (check only one):

- Exploration Drilling Well Servicing
 Plant Operations Well Operations Engineering
 Fabrication Construction Installation
 Other (please specify): _____

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	_____	_____	_____



Attachment A (cont'd)

Occupational Injury/Illness Experience

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

	2005	2006	2007
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.



**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 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.