



Deep Panuke

01U	15-May-2012	Issued for Use	T. Russell	D. Trask	R. MacQueen
Rev	Date	Reason for Issue	Prepared	Checked	Approved
Title					
<p>PL24 – Provision of In-Line Inspection Services – Prequalification Questionnaire</p>					
DM	EN	PQ	PL	0014	01U
Project	Originator	Info. Category	Disc	Sheet	Rev



REVISION LIST	
REVISION	DESCRIPTION OF CHANGES
01U	Issued for use

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1 INTRODUCTION

1.1 Description

Encana Corporation is the owner and operator of 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. Natural gas from Deep Panuke will be processed offshore and transported, via subsea pipeline, to Goldboro, Nova Scotia for further transport to market via the Maritimes & Northeast Pipeline (M&NP).

Encana is an innovative natural gas producer that safely and responsibly provides the energy used in communities across Canada and the United States. Encana common shares trade on the Toronto and New York stock exchanges under the symbol ECA. For more information on Encana, see www.encana.com.

1.2 Scope

Encana is seeking to pre-qualify experienced contractors to provide in-line pipeline inspection services for the Deep Panuke 22-inch gas export pipeline in late 2012 / early 2013.

To provide these services, Contractor shall have extensive experience in provision of in-line pipeline inspection services and have experienced personnel, equipment and available resources to perform all aspects of the work. The 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 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 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 _____

Partnership _____ Joint Venture _____

List Partnership / Joint Venture members

Name: _____

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.

4 TECHNICAL CAPABILITY

4.1 Previous Experience

- a) List previous in-line pipeline inspection services, similar to Encana's Deep Panuke Project, that have been completed in the last five years. For each project listed, describe the scope of work, location, name of client, date of award and completion.

- b) List and provide details for current similar projects.

4.2 Capability

- a) Please list and provide details for potential inertial mapping, caliper and magnetic flux leakage (MFL) inspection tools.
- b) Please confirm contractor has adequate personnel to perform the work and provide CV's of key personnel.
- c) Please provide details of Respondent's capability in performing inspection tool data interpretation and reporting.

4.3 Subcontractors

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

4.4 Availability

Respondents shall confirm their availability to complete the provision of in-line inspection for the Deep Panuke export pipeline during late 2012 / early 2013. A list of existing and pending commitments for the late 2012 / early 2013 period shall be provided.

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

Environment, Health & Safety (EHS) Program
Questionnaire

Respondent's Information

Company Name: _____

Division/District: _____

Address: _____

Telephone Number: _____

Name of Division/District Manager: _____

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

Kind of Operation (check only one):

___ Pipeline Servicing ___ Drilling ___ Well Servicing

___ PFC Operations ___ Well Operations ___ Engineering

___ Pipeline Operations ___ 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>2009</u>	<u>2010</u>	<u>2011</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:

	2009	2010	2011
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 their Person-Hours and Injury/ Illness statistics are based, please describe the difference.

WCB Registration Number: _____

	<u>2009</u>	<u>2010</u>	<u>2011</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>2009</u>	<u>2010</u>	<u>2011</u>
Number of violations, citations or incidents	_____	_____	_____
Number of agency Inspections conducted	_____	_____	_____
Amount of fines incurred	_____	_____	_____
List of agencies performing inspection:	_____	_____	_____

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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 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.

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?		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 Procedures for all jobs/work activities?		Provide table of contents for SOPs available.

No.	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
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.
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 details of competency assurance 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.

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.