



GRAND BAHAMA POWER COMPANY
Keeping Grand Bahama's Future Bright.

CONTRACTOR QUALIFICATION STATEMENT

Company Name

Company P. O. Box Number

Company Street Address

Suite/Floor

City/Town

State/Island/Province

Zip / Postal Code

Main Telephone Phone:

Contact Name:

Contact E-Mail Address:

Contact Telephone Number:

GBPC CONTRACTOR QUALIFICATION FORM

I. TYPE OF ORGANIZATION

ORGANIZED:

Corporation

Date _____

Partnership

State _____

Proprietorship

N.I.B. Employer Identification No. _____

PRINCIPAL OFFICERS

POSITION & FUNCTION

YEARS WITH COMPANY

PRINCIPAL OFFICERS	POSITION & FUNCTION	YEARS WITH COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____

YEARS UNDER PRESENT MANAGEMENT _____

RELATED DIVISION/PARENT COMPANY & SUBSIDIARIES

EMPLOYEES & PERSONNEL

Permanent Office Staff: Number _____

Field Construction Management: Number _____ Average Years Experience: _____

Normal Field Construction Workers (Per Week) _____

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II. FINANCIAL INFORMATION

A. Attach a copy of current audited balance sheet and income statement.

ANNUAL CONSTRUCTION VOLUME (Please indicate approximate man-hours of field construction labor for last five years as well as construction revenue, and net worth.)

	GROSS REVENUE	MATERIAL COSTS	% INDUSTRIAL	% COMMERCIAL	NET WORTH	CONSTRUCTION MAN-HOURS
20__	\$					
20__	\$					
20__	\$					
20__	\$					
20__	\$					

Largest contract completed to date \$ _____ Man-hours _____

Location/Description/Duration _____

B. BANKING INFORMATION

NAME OF BANK	LOCATION	CONTACT	PHONE NUMBER

C. MAJOR MATERIAL SUPPLY HOUSES/CREDIT REFERENCES

NAME OF SUPPLIER	LOCATION	CONTACT NAME/NUMBER

D. BONDING CAPACITY

1. Total _____

2. Available _____

3. Bonding Company Normally Used _____

4. Bonding Rate % _____

E. PAST PERFORMANCE

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you at any time failed to complete a contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are there any judgments, claims or suits pending or outstanding against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. a. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have any of the officers ever been involved in any bankruptcy or reorganization proceedings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever or are you currently working at a GBPC facility or Worksite? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever had litigation brought against you by an owner or principal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above questions is yes, please attach details.

III. BUSINESS SIZE AND CLASSIFICATION

SIZE (CHECK ONE)

- Small A domestic concern that normally employs less than 50 persons, or as defined by Section 3 of the Small Business Act.
- Large A domestic concern which, including domestic and foreign divisions and affiliates, normally employs 500 or more persons, is independently or publicly owned or controlled and operated and which may be a division of another domestic or foreign concern.

Please indicate in the space below how your firm complies with the above definition.

IV. CONSTRUCTION EXPERIENCE

ATTACH LISTS FOR:

A. CURRENT PROJECTS UNDER CONSTRUCTION

B. MAJOR PROJECTS COMPLETED WITHIN THE LAST THREE (3) YEARS.

C. CONSTRUCTION REFERENCES

ABOVE INFORMATION (A & B) SHOULD INCLUDE THE FOLLOWING INFORMATION:

1. Location of project and owner.
2. Description of project.
3. Direct and subcontracted work completed.
4. Approximate value of contract.
5. Duration of work

D. MOST RECENT POWER PLANT, UTILITY OR INDUSTRIAL PROJECT

Approximate Contract _____

Company _____

Location _____

Reference _____

Type of contract/description of work _____

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V. TYPES OF WORK PRIMARILY PERFORMED WITH OWN FORCES

CHECK EACH THAT APPLIES		YES	NO			YES	NO
BUILDING SERVICES				ENGINEERING			
Carpentry				Civil/Structural			
Fencing				Project/Const. Management			
Flooring/Tiling/Carpet				Instrumentation/Control/Electronics			
Surveillance/Access Control				Environmental/Geotechnical			
Janitorial Services				Mechanical / Engines			
Landscaping & Grounds				Power / Electrical			
Masonry/Stonework/Plaster							
Painting/Paper Hanging				MECHANICAL			
Pest Control				Steam Turbines			
Plumbing				Field Repairs/Machining			
Roofing				Boiler Repair & Installation			
Security Services				Structural Steel Fab & Erection			
Weed Control				Welding / Fabrication			
HVAC/Refrigeration				Coded Tank/Vessel Repair & Fab			
Elevators				Coded Heat Exchanger Rep. & Fab			
				Other:			
CIVIL							
Concrete Construction/Restoration				MISC. SPECIALTY CONT.			
Demolition				Crane & Rigging			
Excavation				Fire Systems & Repairs			
Paving				Hauling			
Piling				Remediation/Environmental			
Paving/Roadway				Rentals			
Site Preparation				Scaffolding			
Well Construction/Drilling				Other:			
Steel Building Construction							
				CLEANING			
COATINGS				Chemical Cleaning			
Fireproofing				Hydroblasting			
Insulation				Vacuum Truck Services			
Process Painting				Metal Cleaning/Pickling/Passiv.			
Refractory							
Rubber Lining				PROCESS SPECIALTY			
Transformer Painting				Column Scanning			
				Hot Taps			
ELECT.& INST.				OEM Repair/Manufacturers' Rep.			
Power Line Maint./Installation				Leak Repairs			
HV Switchgear/Transformer				Burner Characterization			
Residential/Commercial Tie-in				Water Treatment Services			
General E & I Contractor				Other:			
GENERAL CONTRACTORS				TESTING			
Heavy Mechanical/Plant Const.				Non-Destructive			
Building Construction				Surveying			
Pre-Engineered Bldg. Erection*				Laboratory			
				Transformer Analysis			

*If yes, what manufacturer do you represent? _____

VII. FABRICATION CAPABILITIES FOR STRUCTURAL STEEL, PIPE, AND VESSELS

Do you have a related division or subsidiary engaged in shop production? Yes No

If yes, fill out this section of the qualification statement. If no, skip this section and proceed to Section VIII.

Is your shop for contract-related work or will you accept stand-alone bids? Yes No

Name and address of shop(s) (if different from that of contractor):

Average number of shop employees _____ Direct Labor _____ Indirect Labor _____

Average number of shop Engineers _____ Draftsmen _____

Do you have spool drawing capability? Yes No If yes, in-house? Yes No

Average number of shop inspectors _____

Union affiliation _____

If Union, Labor Contract Expiration Date _____

Annual sales volume from shop production _____

Number of square footage in fabrication area _____

Indicate by "yes" or "no" what areas you would be capable of performing in your shop and indicate the percentage of your work in these areas.

	YES	%	NO
Sheet Metal Fabrication			
Light and Medium Plate Fabrication			
Structural Steel Fabrication			
Miscellaneous Steel (Platforms, Ladders, Handrails, etc.)			
Pipe Spool Fabrication			
Pipe Forming and Bending			
Vessel Fabrication			

Sandblast Facilities Indoor Outdoor Subcontract

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Painting Facilities Indoor Outdoor Subcontract

Largest Crane Capacity _____

Do you do steel detailing? Yes No If yes, In-house Subcontract

Do you build process skids? Yes No Subcontract

What kind of skids do you have experience with? _____

Are you an ASME code shop? Yes No Section(s) & Stamp(s) _____

Other Codes? _____

Name of Code inspection agency _____

Largest practical size vessel, column: Diameter _____ Length _____ Weight _____

Size stress relieving furnace _____

Capacity plate rolls _____

Metals with which you are qualified to work (check)

Boiler Steel Nickel Alloys

Stainless Steels Copper Alloys

Aluminum Titanium

Other _____

Do you have Quality Assurance Manual/Procedures? Yes No

Describe quality assurance personnel, organization and reporting relationships.

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A. STATISTICS (Last Five Years)	20__	20	20	20	20
1. Average Number of Employees					
2. Employee Exposure Hours					
3. Total Number of Reportable Cases					
4. Number of Lost Workday Cases					
5. Number of Restricted Workday Cases					
6. Number of Cases with Medical Attention Only					
7. Number of Workdays Lost					
8. Number of Fatalities					

- Rating Scale**
- 0 - Currently Nothing in place
 - 1 - Process/Program in place but little or no documentation
 - 2 - Process/Program in place, including adequate documentation
 - 3 - Process/Program in place, proven performance, up to date documentation, and periodically audited
 - N/A - Not Applicable

If your answer is "N/A," "0," or "1," please explain in the Comment Section on Page 14.

B. ORGANIZATION & MANAGEMENT COMMITMENT					
1. Does the organization have a Safety & Health Policy?	0	1	2	3	N/A
2. Are individuals with Safety & Health responsibilities clearly identified within the organization?	0	1	2	3	N/A
3. Does it include individuals dedicated full time to safety? If so, are they professionally certified?	Yes Yes		No No		
4. Does it include individuals dedicated full time to health? If so, are they professionally certified?	Yes Yes		No No		
5. Are management and supervision actively involved in the Safety & Health Program?	0	1	2	3	N/A
6. Do job descriptions for supervision and management include Safety & Health responsibilities?	0	1	2	3	N/A
7. Does management and/or supervision periodically participate in safety meetings with employees?	0	1	2	3	N/A
8. Does the organization establish annual safety & health goals and plans?	0	1	2	3	N/A
9. Do you have a program in place for evaluating the safety performance of sub-contractors prior to hire?	0	1	2	3	N/A
10. Does your organization have a program in place for recognition of outstanding safety by individuals?	0	1	2	3	N/A
11. Does your organization have a disciplinary system in place for unacceptable safety performance by individuals?	0	1	2	3	N/A
12. Does your organization have any company-specific safety rules and regulations?	0	1	2	3	N/A

C. PROGRAMS AND COMMUNICATION					
13. Does the organization have and Safety and Health Program?	0	1	2	3	N/A
14. Does it include scheduled Safety Meetings?	0	1	2	3	N/A
15. Does it include ad-hoc (tailgate/toolbox) Safety Meetings? At what frequency?	0	1	2	3	N/A
16. Do guidelines exist for holding pre-job safety conferences with the owner company?	0	1	2	3	N/A

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D. HAZARD IDENTIFICATION AND INVESTIGATIONS					
18. Is a program in place for the recognition, reporting, and correction of workplace hazards?	0	1	2	3	N/A
19. Does this program include a follow-up system to ensure correction of reported unsafe conditions?	0	1	2	3	N/A
20. Are workers encouraged to intervene when unsafe conditions are observed?	0	1	2	3	N/A
21. Have the safety and health hazards associated with your job activities been identified?	0	1	2	3	N/A
22. Has a risk assessment been performed on these hazards?	0	1	2	3	N/A
23. Does your organization have a process in place for prompt reporting and investigation of accidents and near misses?	0	1	2	3	N/A
24. Does it include prompt notification of the owner?	0	1	2	3	N/A
25. Does this process include root cause analysis?	0	1	2	3	N/A

E. INSPECTIONS/AUDITS/EXAMINATIONS					
26. Does supervision/management periodically perform safety and health inspections of the worksite? At what frequency?	0	1	2	3	N/A
27. Indicate which of the following elements are included:					
Housekeeping	Yes		No		
Proper use of personal protective equipment	Yes		No		
Compliance with Government Regulations	Yes		No		
Compliance with Owner Safety Requirements	Yes		No		
Correct use of tools	Yes		No		
Training on equipment in use (fork truck, etc.)	Yes		No		
28. Do you have an emergency medical/first aid program?	0	1	2	3	N/A
29. Is there an ongoing medical surveillance program as required by applicable governmental regulations?	0	1	2	3	N/A
30. Indicate which of the following regulations apply:					
Hearing conservation	Yes		No		
Respiratory Program	Yes		No		
Asbestos	Yes		No		
Benzene	Yes		No		
Lead	Yes		No		
Blood borne Pathogens	Yes		No		
Other (specify):					
31. Do you have an exposure monitoring program in place?	0	1	2	3	N/A
32. Which of the following elements are included:					
Noise	Yes		No		
Asbestos	Yes		No		
Benzene	Yes		No		
Lead	Yes		No		
Other (specify):					
33. Does the organization have a substance abuse program?	0	1	2	3	N/A
34. What elements of testing are included in this program:					
Pre-employment screening	Yes		No		
Indicate the % tested:					
For Cause Testing	Yes		No		
Post Accident Testing	Yes		No		
Random Screening	Yes		No		
Indicate the % tested:					

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F. TRAINING & INDOCTRINATION					
35. Does the organization have a written HazCom program?	0	1	2	3	N/A
36. Is a list of all hazardous materials used available to those with a need to know (owner, employee, etc.?)	Yes		No		
37. Are Material Safety Data Sheets available for all the hazardous materials brought onto the owner site?	Yes		No		
38. Does the training include how to read an MSDS?	Yes		No		
39. Are employees properly trained in their crafts prior to job placement?	Yes		No		
40. Do your employees attend a General Safety & Health Orientation?	Yes		No		
41. Do you have an indoctrination for new employees?	0	1	2	3	N/A
42. Are your employees required to attend Safety & Health refresher training?	Yes		No		
At what frequency?					
43. Do you have additional safety and health training for foremen/	0	1	2	3	N/A
44. supervision/management?					
45. On which of these subjects do you provide training to your employees (as required by their job task or by the applicable government regulation)?					
Use and Care of Personal Protective Equipment	Yes		No		
Use of Fire Extinguishers	Yes		No		
Use and Care of Hearing Protection	Yes		No		
Confined Space Entry	Yes		No		
HazWopper	Yes		No		
Lockout/Tagout	Yes		No		
Industrial Trucks (Forktrucks, aerial lifts, etc.)	Yes		No		
Use and Care of Respirators	Yes		No		
Welding and Cutting	Yes		No		
Benzene	Yes		No		
Asbestos	Yes		No		
Lead	Yes		No		
Fall Protection	Yes		No		
Other (specify)					
46. Do you provide instructions for First Aid or CPR to front line field management or craft personnel?	Yes		No		
47. Do you have a formal skill level assessment for each craft that corresponds directly to your rate schedule?	Yes		No		
48. Do you maintain a record of all employee training?	Yes		No		
49. Do you certify that all employees assigned to GBPC for work will be:					
Drug and alcohol free?	Yes	_____	No	_____	
If applicable, fit for respiratory duty?	Yes	_____	No	_____	
Physically fit to safely perform required tasks?	Yes	_____	No	_____	

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G. ETHICS AND CONFLICTS OF INTEREST			
50. Are there any undeclared mutual interests between your Company, its employees, directors, representatives or owners and any Employee of the GBPC?	Yes	No	
51. Has your Company offered or attempted to offer any remuneration, compensation, incentive, gift or other goods or service of value exceeding \$100 to any Employee of GBPC?	Yes	No	
52. Has any GBPC employee requested, solicited or demanded compensation, goods or services in exchange for favorable consideration of quotations or proposals?	Yes	No	
53. Does your Company have a written policy on Conflict of Interest?	Yes	No	
54. Does your Company have a written policy against offering and/or soliciting of Bribery?	Yes	No	
55. Does your Company have a written policy on Ethical behavior for its employees?	Yes	No	
56. Are there any undeclared close relationships between your Company's Directors, Owners or Managers and any Employee of GBPC that is a position to purchase from, direct work of, approve expenditure to or oversee the work of your Company, its employees or its representatives?	Yes	No	
57. Does your Company agree to inform GBPC, in writing and delivered by hand, fax or e-mail, of any change in any of items 50 through 56 within 24 hours of such change.	Yes	No	

COMMENTS:

XI. CERTIFICATION

I hereby certify that all information provided herein is correct and agree to notify GBPC of any changes, in writing, delivered by hand, fax or e-mail within 24 hours of such change We further understand that any misrepresentation of the above information is grounds for immediate termination of any ongoing business between GBPC and your organization and possible Legal action.

Authorized Company Representative

(Contractor Name)

(Signature)

(Title)

(Date)

RETURN COMPLETED FORM TO:

GRAND BAHAMA POWER COMPANY
P. O. BOX F-40888
PIONEERS WAY & EAST MALL DRIVE
FREEPORT, BAHAMAS
ATTENTION: KEVIN SEYMOUR

THANK YOU