
 شركة الكهرباء والماء القطرية QATAR ELECTRICITY & WATER CO. Q.P.S.C	QEW-2.1.1.1.12	
Contractor HSE Management Procedure- Associated Documents	Rev: 01	Date: Feb 2025

**Appendix A - RISK CATEGORY FOR CONTRACTOR SAFETY MANAGEMENT
PROCEUDRE**

RISK CATEGORY FOR CONTRACTOR SAFETY MANAGEMENT PROCEUDRE

The following table contains examples of work for each level of risk and the required pre-qualification requirements.

Level of Risk	Type of Work (Examples)	Pre-qualification Requirements
High (reasonable potential for loss of life or permanent disability)	<ul style="list-style-type: none"> ▪ Confined space entry ▪ Exposure to highly toxic substances ▪ Work around water ▪ Working aloft >10 ft. ▪ Craning and rigging ▪ Scaffolding and shoring ▪ Tank cleaning ▪ Working on electrical systems 	<ol style="list-style-type: none"> 1. Appropriate technical training or experience of the trade 2. Acceptable Health and Safety policy and programs 3. Risk management and job planning techniques 4. Training in electrical awareness when the project requires work in the proximity to live electrical equipment 5. Hazardous materials training
Medium (reasonable potential for a temporary disabling injury)	<ul style="list-style-type: none"> ▪ Plant and facilities maintenance ▪ Minor excavation, (pole holes, cable trenching) ▪ Welding ▪ Carpentry ▪ Civil work (concrete, fencing) 	
Low (reasonable potential for a minor injury only)	<ul style="list-style-type: none"> ▪ Training ▪ Consulting ▪ Office equipment maintenance ▪ Office cleaning 	No pre-qualification mandatory. Specific hazards and contractor qualifications will be addressed in the contracting process.

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Appendix B - Pre-Qualification Questionnaire

Pre-Qualification Questionnaire

Important Instructions:


This questionnaire must be completed in its entirety and accompanied with all requested attachments for QEW-2.1.1.1.12 review, prior to any opportunity to contract work with QEW-2.1.1.1.12.

Omitting or reporting false information on this questionnaire could result in the disqualification or removal from QEW-2.1.1.1.12's List of Qualified Contractors. QEW-2.1.1.1.12 reserves the right to conduct random or for-cause audits of the information stated in this questionnaire. Additional documentation may be requested by QEW-2.1.1.1.12 to support statements made on this questionnaire.

Company's Name:	Contact Person:
Postal Address:	
Telephone – Landline:	Mobile:
Fax:	E-mail:

Safety History (Please provide data for the previous three (3) calendar years)	Year 20__	Year 20__	Year 20__
Number of accidents requiring medical attention			
Number of Lost Time Accidents (LTA)			
Total number of days off-work due to accidents			
Number of fatalities			
Number of environmental incidents			
Number of regular hours worked			
Number of overtime hours worked			

Sr.	Written Safety Programs, Policies and Procedures	Yes	No
1	Does your company have a written Health, Safety and Environment Policy? (if yes then provide a copy of the same)		
2	Does the company have specific program for identifying Hazards and assessing Risks arising out of services to be provided? (if yes then provide a copy of the same)		
2	Does the company have specific health and safety programs for workers? (if yes then provide a copy of the same)		
3	Does your company hold separate meetings to address safety issues? If yes, who attends these meetings? (please tick) <input type="checkbox"/> All employees <input type="checkbox"/> Field employees only including supervisor		

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	<input type="checkbox"/> Field employees only excluding supervisor <input type="checkbox"/> Supervisors/ Foremen		
Sr.	Written Safety Programs, Policies and Procedures	Yes	No
5	Do you conduct daily pre-work safety talk/ tailboard/ toolbox meetings before the start of each shift/ job?		
6	Does your company conduct safety orientations for all newly hired employees?		
7	Does your company provide safety training to your employees? (If yes then provide a list of the safety training courses provided and participants, in the last three (3) years)		
8	Does your company maintain certificates of training for technical training received by your employees? (If yes, then provide a list of the technical training certificates maintained on your companies files)		
9	Does your company conduct accident and incident investigation to identify the root cause of the accident/ incident?		

I/we declare that the information provided here and in all attached documents is correct and complete, and fully discloses all information relevant to the above questions.

Signed, sealed and submitted on behalf of			
Company Name:		Company Stamp/ Seal:	
Signature:			
Name:	Title:	Date:	

FOR OFFICIAL USE ONLY		Reference No.:	
Based on past safety performance and the quality of safety management programs. The above contractor: (please tick one) <input type="checkbox"/> Qualify to work for QEW <input type="checkbox"/> Does not qualify to work for ROC/MIC			
Role	Name:	Signature	Date:
HSE TL / Coordinator			
Department HOD			
Contract Administrator			


 شركة الكهرباء والماء التطويرية خ.م.م QATAR ELECTRICITY & WATER CO. Q.P.S.C	QEW-2.1.1.1.12	
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Appendix C - List of Qualified Contractors

List of Qualified Contractors

Date Updated: _____

S.No.	Name of the Company	Date Qualified
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

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Appendix D - Contractor Evaluation

Contractor Evaluation

Contractor Name: _____

Project Name: _____

Completion Date: _____

Based on the feedback from Contract Monitor and/ or HSE Team Leader/ Coordinator kindly rate the HSE performance of the Contractor

- ☐ Excellent - Exceeded the HSE requirements set and exhibited industry best practices
- ☐ Very Good - Exhibited pro-active approach towards HSE and adhered to HSE requirements set
- ☐ Average - Corrected to deficiencies promptly whenever pointed out
- ☐ Poor - Reactive approach towards HSE, required many follow ups for corrective actions


The Contractor is Recommended / Not Recommended for future contracts with QEW, condition to

Project Manager: _____

(Name)

(Sign)

(Date)

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Appendix E - Contractor Person Safety Evaluation

Contractor Person Safety Evaluation

Contractor Name: _____

Company: _____

Working Since: _____

Category	Details	Score	Remarks
Emergency Procedure Awareness	Is aware of Emergency Contact Nos.		
	Is aware of Assembly Area Locations		
	Is aware of his/her role in emergency situation		
Hazard Awareness	Is aware of major hazards present at his/her workplace		
	Is aware of major hazards associated with his/her day to day work		
	Is aware of control measures taken for the above hazards		
	Is aware of PPEs relevant to his/her work		
Safety Document Awareness	Is aware that the Safety Document is mandatory for all repair & maintenance work		
	Is aware of the Pre-job Briefing process		
Job Competency	Is aware of the right tools for the jobs		
	Performs job safely even without direct Supervision	Yes/ No	
	Performs job safely with minimum Supervision	Yes/ No	
	Requires frequent Supervision	Yes/ No	
	Requires constant Supervision	Yes/ No	

The Individual is Recommended / Not Recommended for future contracts with QEW, condition to

Evaluated By: _____
 (Name) (Sign) (Date)

Scoring Guide: (1) Very little Awareness / competency, (2) Average Awareness / competency,
 (3) Good Awareness / competency, (4) Excellent Awareness / competency