

 <p>شركة الكهرباء والمياه القطرية QATAR ELECTRICITY & WATER CO. ٥٥٥٥ Civilization & Progress حضارة وتقدم</p>	QEW-2.1.1.1.12	
Contractor HSE Management Procedure- Associated Documents	Rev : 01	Date: Feb. 2024

Appendix B

Pre-Qualification Questionnaire

Important Instructions:

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

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

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	<input type="checkbox"/> Field employees only including supervisor <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 QEW			
Role	Name:	Signature	Date:
HSEM / Head of Safety			
Department HOD			
Contract Administrator			