

Pre-Qualification Questionnaire Checklist

Thank you for your interest in becoming an Approved Contractor with Christchurch Airport.

To ensure efficient processing of your application please utilise the check list below to ensure all required documentation has been submitted.

1. Contractor Pre-Qualification Questionnaire completed
2. Completed Creditor Form
3. Completed Access Card Application Form (if required)
4. Insurance Certificates
 - Public Liability – Airside (\$10 million)
 - Public Liability – Landside (\$5 million)
 - Third Party Motor Vehicle Liability (\$5 million)
5. Signed Contractor Acknowledgement of Terms (required commencing work)
- 6. If applicable, copies of:**
 - Signed, dated copy of Health & Safety Policy
 - Examples of safe work procedures
 - Example of Site Specific Safety Plan (SSSP)
 - Example of Hazard Identification process and a completed Job Safety Analysis (JSA), Task Analysis (TA) or Work Method Statement (WMS)
 - Copy of equipment isolation and lock-out procedure
 - Example of H&S inspection/audit
 - Copy of induction procedures
 - Relevant licences and certification
 - Emergency response procedures
 - Rescue plans (confined spaces, working at height)
 - Environment policy
 - Waste Management Plan
 - Carbon Emissions Management Plan/Policy
 - Spill procedure
 - ACC Workplace Safety Programmes Certificate
 - Drug and Alcohol Policy

Please direct any questions to:

Katrina Berry, Manager Health & Safety

P: 03 364 5730

M: 021 410 562

E: Katrina.Berry@cial.co.nz

Pre-Qualified Contractor Questionnaire

Company Name:	
Address:	
Key Contact Person:	
Phone:	
Mobile:	
Email:	
Brief description of services provided to CIAL:	
H&S Contact Person (if different than above)	Name: Phone: Mobile: Email:

Instructions for completion

- Please complete each question by circling your response (Yes/No/NA)
- Where evidence is requested, e.g. copies or examples, please ensure that these are attached (refer to the enclosed checklist)
- Return the completed questionnaire to the Manager Health & Safety (details below), any queries/questions should also be directed to the Manager Health & Safety.

Katrina Berry
 Manager Health & Safety
 Christchurch International Airport Ltd
 PO Box 14001
 Christchurch

P: 03 364 5730

M: 021 410 562

E: Katrina.Berry@cial.co.nz

1. MANAGEMENT COMMITMENT

Does your organisation have a current **signed and dated** Health and Safety Policy?

Yes/No

If yes, please attach a copy

Copy attached

2. HAZARD IDENTIFICATION AND MANAGEMENT

Do you have written work instructions/safe work procedures or specific safety instructions for work you do (e.g. working at heights, in confined spaces, isolation and lockout of equipment, hot work, or crane activities)?

Yes/No/NA

If yes, please attach examples

Examples attached

Do you develop Site Specific Safety Plans (SSSP) when undertaking contracted work?

Yes/No

If yes, please attach an example of a recent SSSP

Example attached

Does your organisation have a process to identify report and control hazards in the workplace?

Yes/No/NA

Does this process include Task Analysis (TA) OR Work Method Statements (WMS) or Job Safety Analysis (JSA)?

Yes/No

If yes, please attach an example of your Hazard Identification process and a completed JSA, TA or WMS

Examples attached

3. PLANT, EQUIPMENT, VEHICLE MAINTENANCE

Does your organisation check and test equipment to ensure that it is fit for the purpose?

For example:

Plant and Equipment Inspection Registers (e.g. lifting equipment)
 Electrical Testing and Tagging Register
 Maintenance Schedules (e.g. vehicles , trucks)

Yes/No/NA
 Yes/No/NA
 Yes/No/NA

If N/A please describe why this does not apply:

4. EQUIPMENT ISOLATION AND LOCK-OUT

Does your organisation have a procedure/process to lock and tag out energy sources?

Yes/No/NA

If yes, please attach a copy of your procedure OR describe the process below: Copy attached

5. SAFETY MONITORING/INSPECTIONS

Do you carry out regular Health & Safety inspections and/or audits? Yes/No

Audit Frequency _____

If yes, please attach an example Example attached

6. INDUCTION AND TRAINING

Do you have a staff Health & Safety Induction and/or Training Programme that includes the following?

Hazard Identification	Yes/No
Emergency Procedures	Yes/No
Plant and Equipment Procedures	Yes/No
PPE Requirements	Yes/No
Special Work Procedures	Yes/No

If you answered "yes" to any of the above please attach a copy of your Induction, e.g. staff induction or training checklist Copy attached

7. LICENCES AND CERTIFICATION

Do any of your employees perform any tasks that require special competencies or licences?

- a) Licences (e.g. forklift crane, scaffolding, powder actuated hand tools)
- b) Confined Space Entry
- c) Working at Height
- d) Trade certification (e.g. electrical, boilers, rigging, plumbing)
- e) EWP (Elevated Work Platform)
- f) Other, applicable to your specific work

Yes/No/NA

If yes, please attach evidence of competency Competency records attached

8. ACCIDENT REPORTING AND INVESTIGATION

Does your organisation have an accident/incident reporting and recording system?

Yes/No

Please describe how accidents are investigated:

Has your organisation had any of the following accidents/incidents within the last five years?

- Fatalities
- Serious Harm Incidents
- Department of Labour Investigation
- Spills

Yes/No

If yes, please describe what actions have been taken to prevent this happening again:

If yes, did any of the above result in prosecution from the Department of Labour?

Yes/No

9. EMERGENCY PROCEDURES

Does your organisation have emergency response procedures to deal with worksite emergencies?

Yes/No

If yes, please provide a copy of your emergency response procedure. Copy attached

Does your organisation have certified first-aiders on site who can respond in the event of an emergency?

Yes/No

Do you have rescue plans for staff who work in confined spaces or who work at height using safety harnesses?

Yes/No/NA

If yes, please attach a copy of your rescue plans Copy attached

10. SELECTION OF SUB-CONTRACTORS

Does your organisation have a process to select and monitor sub-contractors engaged by you?

Yes/No/NA

Please describe an overview of the process you use to engage sub-contractors and monitor their performance:

11. ENVIRONMENTAL MANAGEMENT

Does your organisation have a current signed and dated Environment Policy?

Yes/No

If yes, please attach a copy

Copy attached

Does your organisation have a Waste Management Plan?

Yes/No

If yes, please attach a copy

Copy attached

Does your organisation have a Carbon Emissions Management Plan or Policy?

Yes/No

If yes, please attach a copy

Copy attached

Does your organisation have a procedure in place to ensure that any environment regulations specific to working at CIAL are adhered to?

Yes/No

Does your organisation have a spill response procedure that is relevant to working at CIAL?

Yes/No

If yes, please attach a copy

Copy attached

If refueling of equipment takes place on site what procedures are in place to ensure no spills occur?

12. ACC WORKPLACE SAFETY PROGRAMMES

Does your organisation belong to any of the following ACC workplace incentive programmes?

- ACC Partnership Programme Yes/No
- ACC Workplace Safety Management Practices Programme (WSMP) Yes/No
- ACC Workplace Safety Discount (WSD Programme) Yes/No

If yes, please attach a copy of your most recent certificate

Copy attached

13. INSURANCES

Please attach a copy of your current certificate for the insurances listed below:

- General Public Liability (airside works) \$10,000,000

N/A

Copy attached

- General Public Liability (landside works) \$5,000,000

N/A

Copy attached

- Third Party Motor Vehicle Liability \$5,000,000

N/A

Copy attached

Please note:

- The insurance certificates provided must be stamped by your insurer
- Confirmation of specific insurances required will be agreed between CIAL and the Contractor prior to commencement of work and may vary depending on the location and nature of the work being undertaken by the Contractor.

14. DRUG AND ALCOHOL POLICY

Does your organisation have a Drug and Alcohol Policy?

Yes/No

If yes, please attach a copy

Copy attached

Please indicate below whether you will comply with your Drug and Alcohol Policy or with CIAL’s Drug and Alcohol Policy (a copy is available from Gail.Dorsey@cial.co.nz .

Please confirm whether while working at the Airport you will either **(delete one)**:

- (a) Comply, and ensure your employees and contractors comply, with the CIAL Policy as though they were employees of CIAL;
- (b) Comply, and ensure your employees and contractors comply, with your own Drug and Alcohol policy, subject to CIAL approval of that policy.

15. CIAL REQUIREMENTS FOR CONTRACTORS DOCUMENT

Does your organisation have a copy of the "CIAL Requirements for Contractors document"?

This document is available on the CIAL website:

<http://www.christchurchairport.co.nz/DoingBusiness/BuildingContractorsSuppliers/>

Yes/No

If yes, have all employees who provide services for CIAL, read and understand its contents?

Yes/No

Signed Contractor Acknowledgement of Terms returned

16. REFEREES

Please provide details of three referees for clients you have provided services to within the previous 12 months, that you are happy for CIAL to contact:

Company Name	Contact Person	Contact Phone Number

17. ADDITIONAL FORMS

Please find to follow additional forms for completion:

1. Contractor Acknowledgement of Terms – all contractors must complete
2. Creditor Set Up Form – all contractors must complete
3. Application for Access Cards – if applicable

1. CONTRACTOR ACKNOWLEDGEMENT OF TERMS

(This Document to be copied as required.)

Date:

I/We have read and understood the Christchurch International Airport Limited (CIAL) "Requirements for Contractors" Document and all relevant Policies and Procedures and agree to be bound by its/their terms.

Name of Contractor:

Signature of Contractor:

Phone Number:

Postal Address:

Email Address:

Description of Contracted Works:

Name and Signature of Employees/Subcontractors/Consultants who will be on site:

<i>Name</i>	<i>Signature</i>	<i>Name</i>	<i>Signature</i>
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Details of any criminal convictions of Employees/Subcontractors/Consultants who will be on site:

CIAL Action

- Insurance compliance checked
- Property Approved (if Applicable)
- Online Campus Training Programme completed (If Applicable)

Please return to: Katrina Berry, Manager H&S along with your completed questionnaire and any supporting evidence.

2. CREDITOR SET UP FORM

The following information is required to set up a creditor account within the CIAL accounting system. Failure to provide this information will cause delays in the ability of CIAL to engage your services and pay any invoices you send in.

Required Information

Trading name: _____

GST number: _____

Physical/Postal Address: _____

Suburb: _____ City: _____

Post Code: _____

Ph. Number: _____ Fax Number: _____

Accounts Contact Person - Email: _____

Accounts Contact Person - Name: _____

If collection of goods provided to CIAL will be from a different address to that noted above please specify below.

Physical/Postal Address: _____

Suburb: _____ City: _____

Post Code: _____

Please provide a printed bank deposit slip to verify your bank account details.

If you do not have a bank deposit slip, please provide a copy of a bank statement that shows the account name and address, bank account number, details of the banking provider (I.e. ASB, BNZ etc.)

3. CONTRACTOR PARKING ACCESS CARD APPLICATION FORM

APPLICATION FOR ACCESS CARD(S) FOR CONTRACTORS

Company: _____

Address:

Contact Person: _____

Telephone: _____

E-Mail: _____

Tenant: _____

Term of Contract: Start Date: _____ End Date: _____

We hereby apply to Christchurch International Airport Limited ('CIAL') for ____ Access Cards to operate the barriers controlling any area set aside for the operation of Contractor parking at Christchurch Airport. The Operator acknowledges that this agreement is in substitution for, and supersedes, all previous agreements between the Operator and CIAL in respect of access to contractor parking. Failure to comply with the following rules may result in your access being withdrawn.

Rules for operation of vehicles at Christchurch International Airport Limited

1. The driver shall comply with any Act, Regulation or provisions, which govern contractor vehicles operating at Christchurch Airport including all parking information included in Section 19 of the Requirements for Contractors working at Christchurch International Airport.
2. This Application for access for Contractors does not replace any permit system in place for parking of Contractor vehicles.
3. The driver shall at all times comply with directions of a Police Officer or Compliance Officer or CIAL Official. Parking is restricted in any authorised area to the posted time limit in place for that area.
4. The driver shall park his/her vehicle in an area designated for that class of vehicle unless otherwise directed by a Police Officer or Compliance Officer or CIAL Official.
5. The driver of a contractor vehicle shall not enter the contractor parking area other than through the designated card access entry barrier for that class of vehicle, and then only after activating the barrier by access card except at the direction of a Police Officer or Compliance Officer or CIAL Official.
6. The Access Card is only issued for the purposes of completing work that has been contracted by the Tenant.
7. CIAL reserves the right to make such additional rules as it may from time to time deem necessary or desirable. The rule shall be deemed to be in effect when the change has been notified to drivers through each organisation known to CIAL to be effected by the rule change.

8. We understand that should the card be lost or stolen, we are required to advise the Airport Services Administrator immediately.
9. The Access Card must be returned to the Airport Services Administrator at the end of the contract. Access Cards not returned will be charged at \$25.00 per card.
10. CIAL reserves the right to change or restrict the Contractors hours of access as it sees fit at any time.

Signature: _____

Name: _____

Date: _____

VEHICLE DETAILS

Make:		Model:	
Registration:		Type:	

Make:		Model:	
Registration:		Type:	

Make:		Model:	
Registration:		Type:	

Make:		Model:	
Registration:		Type:	

Make:		Model:	
Registration:		Type:	

Make:		Model:	
Registration:		Type:	

Office Use Only:		
Processed by:	Date:	Comments:
Cards Issued:		
Allocated Space(s):		