

SUBCONTRACTOR/SUPPLIER REGISTRATION QUESTIONNAIRE



The supplier/subcontractor is invited to present information which will allow survey of his ability to perform work and/or provide services to contract requirements by IHI Engineering Australia Pty. Ltd. (IEA). Subject to review of the questionnaire the supplier/subcontractor shall be listed on the IEA approved subcontractor list.

If there is insufficient space below, response may be made on separate sheets.

Company Name:		ACN No.	
Postal Address:		Phone No.	
Street Address:		Fax No.	
Contact Person (Sales)		Position Title:	
Contact Person (Technical)		Position Title:	
Years established in Australia:		Number of employees:	

COMPANY SYSTEMS DETAILS	Quality	Health & Safety	Environment
Is your company working to a recognized Standard?	Yes/No	Yes/No	Yes/No
If Yes, which System Standard is used?			
Does the company have Third Party Certification?	Yes/No	Yes/No	Yes/No
Who is the certification agency?			
Certification number:			
Date of certification?			
Date of expiry?			
Location of branches and Workshops			

Description of Product/services:			
Please attach details and title: 1) Description of products and services: _____ 2) Description of previous projects: _____		Attachment provided? Yes/No Yes/No	
Will any activities be subcontracted out? (if Yes, please attach a list of subcontractors and their work-scope)		Yes/No	
Please indicate Annual Turnover for the last three years?		Yr:	Yr:
Please indicate minimum & maximum single contract value of current projects?		Min:	Max:
Please provide limits of Insurances of: Workers Compensation? Public Liability? Professional Indemnity?		Limit:	Access:

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SUPPLIER/SUBCONTRACTOR ACKNOWLEDGMENT

The above information is complete and accurate and completed by:	
Name	Title
Signature	Date

Please return to: IEA Procurement Officer
 IHI Engineering Australia Pty Ltd
 P.O. Box 688, NORTH SYDNEY, NSW 2059
Petr.prazan@ihi.com.au
 Or fax to: +61 2 9923 9333

IEA Use Only:

Criteria for selection:

Company provides specialist service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company recommended/requested by Client?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company has resources to meet schedule?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company has suitable technology?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company can provide service in required locations?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company has demonstrated Quality, HSE Systems in place?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Company has the best price?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Estimated value of work for company?	\$		
Estimated Classification of company? (Class 1, 2 or 3)			

*denotes minimum selection criteria

Approval for suppliers not satisfying above minimum requirements:		
GM Position Title:		
GM Name:	GM Signature:	Date

The above subcontractor is

- APPROVED** and registered on the Approved Subcontractor Listing
- NOT APPROVED** for registration on the Approved Subcontractor Listing