



BP Refinery (Bulwer Island) Pty Ltd
ABN 99 008 422 115
PO Box 4
Pinkenba Qld 4008
Australia

Direct Phone: (07) 3243 7333

Dear Supplier,

Prequalification: BP Refinery (Bulwer Island) Pty Ltd

BP's enduring objective is that the operating culture of our Refinery delivers safe, compliant and reliable operations. These operations rely on the ongoing capability, performance and commitment of suppliers, contractors and partners whose values are ideally closely aligned to BP's.

BP recently introduced a procedural requirement that supports this objective through the Contractor Prequalification process. This process aims to identify contractors and suppliers who are qualified to undertake work or supply to the Refinery and is condition precedence to carrying out work for BP Refinery Bulwer Island.

If your organization is currently an incumbent contractor or supplier and you are not prequalified, you will be required to submit a prequalification form in order to support these HSE requirements. If you are a new Contractor or Supplier or are involved in a tender process you will be required to fill out a prequalification process for review and will be advised of the outcome. We aim to provide this information within 10 working days.

Please complete and return the attached Prequalification Questionnaire as per the details on the last page of the Questionnaire.

If you have any questions about the Questionnaire, please contact the Refinery Procurement Team on 07 3243 7614.

Thank you in advance for your support.

Yours faithfully,

Tim Wall
Managing Director



SECTION 1 – COMPANY INFORMATION

Registered name	
Previous registered name (if different)	
ACN/ABN (if applicable)	
Registered address	
Telephone	
Fax	
Email	
Website	
Type of organisation (Please mark one)	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Other – please attach details

SECTION 2 – BUSINESS ACTIVITIES

What are the main business activities of your company?

What other services can your company provide?

How many of your staff are direct employees?

How many of your staff are contract employees?

Please provide full details of any industrial instruments which are binding on the company with potential application to employees engaged on the BP site (Contracts, Modern Awards, Enterprise Agreements).

Instrument Title	Type (I.E. Enterprise Agreement, Award, Contract)	Agreement ID (I.E. FWA Reference No)	Unions Party to Agreement	Expiry Date

Please state the employment classification/position titles of employees to be engaged on the BP site and an estimate of numbers to be engaged for each classification.

Classification/Position Title (e.g. Fitters, Welders, Project Engineers etc)	No. of employees



What is your minimum hiring age?		
Do you import main raw materials/products from any of the following countries: Cuba, Iran, Sudan, Burma/Myanmar, Iraq, Liberia, North Korea, Syria, Zimbabwe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any owners or key personnel of the business identified on any relevant U.S. or UK government sanctions list? e.g. OFAC’s List of Specially Designated Nationals, the U.S. Commerce Department’s List of Denied Parties, or the HM Treasury Consolidated List?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Code of Conduct or similar Compliance and Ethics related policy in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company currently have any pending legal actions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a court order or winding up proceedings been passed against your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your company ever had a contract terminated under the terms of a contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 3 – INSURANCE

Please provide details of your current insurance cover

Type	Insurer	Expiry Date
Workers Compensation Insurance		
Public Liability Insurance and Product Liability Insurance		
Goods and Transport Insurance		
Professional Indemnity Insurance		

SECTION 4 – SAFETY MANAGEMENT SYSTEM AND POLICY

Company Injury Statistics.

Please provide the safety record information for this year to date and the previous three years. BP uses the OSHA reporting requirements to classify recordable injuries.

A **recordable injury** includes: a fatality, loss of consciousness, days away from work authorized by a medical practitioner, or an injury which kept the person from performing one or more of their routine tasks.

First aid cases are not recordable injuries. Examples of first aid cases are the use of wound coverings (such as bandages, gauze pads, Band-Aids), over the counter medications, splinter removal or flushing foreign bodies from eyes.



Item	Year To Date	Year--	Year--	Year--
a. Hours Worked				
b. Recordable Injuries				
c. Recordable Injury Rate = (b x 200,000) / a				
d. First Aid Only Cases				
Please provide details of each of the recordable injuries (if applies)				
Date	Details of the Incident	Treatment Received	Investigation Outcomes	

Please return completed questionnaire and supporting documentation to:

Attention: Procurement Manager
Email: BPBulwerProcurement@se1.bp.com



SUB-CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE EVALUATION DO NOT FILL OUT – BP USE ONLY			
1. Sub-contracted to:			
2. Description of Goods and/or Services:			
3. Outcome of Assessment:			
<input type="checkbox"/> Acceptable Sub-Contractor <input type="checkbox"/> Not Acceptable Sub-Contractor			
Conditions/comments:			
HSE Reviewed		Date:	
HSE Manager Approval (when applicable)		Date:	
HR Reviewed		Date:	
Procurement Manager Reviewed		Date:	



AMENDMENT SHEET RECORD

Issue	Rev	Date	Initiator	Reason	Section	Summary of Amendments
1	1	01/01014	HTT	New form for sub-contractors		

HARDCOPY DISTRIBUTION RECORD

Postholder/Location of Controlled Hard Copy	Copy No.