



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



Supplier to confirm whether this Pre-Qualification is:

- **New** - applies for Pre-Qualification in the Pre-Qualification process for the first time;
- **A Renewal** - applies for renewal of Pre-Qualification in the Pre-Qualification Category for which the company has previously been or is currently Pre-Qualified; or
- **An Amendment** - applies for amendment to a Pre-Qualification Category for which the company is currently Pre-Qualified, or applies to be Pre-Qualified for an additional Pre-Qualification Category.

Please **choose one** of the following three options.

New

Renewal

Amendment

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 |
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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 |
|--|------------------|
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| 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 – FINANCIAL INFORMATION

| | |
|--|--|
| What was your turnover in the last three years (if this applies)? | |
| If asked, would you be able to provide at least one of the following? | |
| A copy of your most recent audited accounts (for the last three years if this applies) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A statement of your turnover, profit and loss account and cash flow for the most recent year of trading | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position | Yes <input type="checkbox"/> No <input type="checkbox"/> |



SECTION 4 – 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 5– CONFLICT OF INTEREST DECLARATION

Do you have any real, potential or perceived conflicts of interest in the Request for Proposal process or any resulting contract? Yes No

If **Yes**, please provide a brief outline of the nature of the conflict and the arrangements proposed to resolve or manage the conflict.

SECTION 6 – 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 |
|------|-------------------------|--------------------|------------------------|
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HSE Program

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|---|------------------------------|-----------------------------|
| Is your company accredited to AS4801? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your company accredited to ISO14001? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a written HSE Program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you conduct HSE program audits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide a summary of any safety initiatives your company has put in place during the past 3 years

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Competency

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| Do you have a process to assess the skills of your workers to assure they are qualified and competent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are employees job skills certified where required by regulatory or industry consensus standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

List crafts which have been certified:

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SECTION 7 – SUB-CONTRACTOR

| | | |
|---|------------------------------|-----------------------------|
| Do you use sub-contractor? (BP may request you to provide information about your sub-contractor) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

How do you select your sub-contractor?

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| | | |
|---|------------------------------|-----------------------------|
| Are our requirements communicated to your sub-contractor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you audit your sub-contractor? (i.e. auditing their safety management systems, procedures and practices) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 8 - DECLARATION

I/We declare that to the best of my knowledge the answers submitted in this Pre-Qualification Questionnaire are correct. I understand that the information will be used in the evaluation process to assess my company's suitability for BP's requirements.

| | |
|--------------|--|
| Printed Name | |
| Title | |
| Date | |
| Signature | |

Please return completed questionnaire and supporting documentation to:

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



| PRE-QUALIFICATION QUESTIONNAIRE EVALUATION DO NOT FILL OUT – BP USE ONLY | | | |
|---|--|-------|--|
| 1. Description of Goods and/or Services: | | | |
| | | | |
| | | | |
| 2. HSE Risk Profile: | | | |
| <input type="checkbox"/> Risk Profile 1 | | | |
| <input type="checkbox"/> Risk Profile 2 | | | |
| <input type="checkbox"/> Risk Profile 3 | | | |
| <input type="checkbox"/> Risk Profile 4 | | | |
| 3. Contractor Category: | | | |
| <input type="checkbox"/> On Site Services including BP Project locations | | | |
| <input type="checkbox"/> Off Site Services - Transportation | | | |
| <input type="checkbox"/> Off Site Services – Design & Construction of BP Equipment & Facilities that can affect the Process Safety & Integrity of BP Operations | | | |
| <input type="checkbox"/> Off Site Services – Other | | | |
| <input type="checkbox"/> Materials | | | |
| 4. Outcome of Assessment: | | | |
| <input type="checkbox"/> Acceptable for Approved Contractor List | | | |
| <input type="checkbox"/> Not Acceptable for Approved Contractor List | | | |
| <input type="checkbox"/> Conditionally acceptable for Approved Contractor List | | | |
| Conditions/comments: | | | |
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| | | | |
| 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 | 4/07/06 | ASA | BP Policy compliance - Formatting | Safety Health Programs Procedures | New |
| 1 | 2 | 2/9/08 | DLP | Updated Procurement fax number | Backup documentation required | Amendment |
| 1 | 3 | 22/5/12 | DLP | OMS requirements | All | Amendment |
| 1 | 4 | 01/01/14 | HTT | Update form | All | |
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HARDCOPY DISTRIBUTION RECORD

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