

EXPRO National Manual for Projects Management Volume 5, Chapter 3

Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

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Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

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Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

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1.0 PURPOSE

The purpose of this procedure is to describe the process for the 2nd Party to obtain approvals of proposed Subcontractors, Consultants, and Suppliers selected to perform work or render a service as required in the Agreement Terms and Conditions.

2.0 SCOPE

The procedure applies to Contract Formation and Administration activities associated with lower-tier supply chain procurements and subcontracts under the administration and management of an Entity Project Management Organization (EPMO).

3.0 DEFINITIONS

Term	Definition
2nd Party	Contractor, Consultant, Engineer or Supplier who expresses interest in prequalifying for a specific package of Works or Services and upon Award becomes the entity contracted to perform such Works or Services
Agreement	Contract or Purchase Order (collectively "Agreement") between the Entity and a 2nd Party
Construction Contractor	The Main or Principal Contractor responsible for undertaking the Construction Works on the Project.
Consultant	Are individuals or firms which as independent entities using their own facilities, render specialized technical or professional services, on an hour, per diem, cost reimbursable or lump sum basis. In this procedure, design companies and architect/engineer companies are referred to as "consultants"
Entity	Government Entity, Authority or Ministry responsible for the Project(s)
GCC	Gulf Cooperation Council
HSSE	Health, Safety, Security and Environment
In-Kingdom / GCC Subcontractor	An In-Kingdom / GCC Subcontractor is an entity registered or established according to the laws of the Kingdom of Saudi Arabia or home GCC country, and which has a valid Saudi Arabian commercial registration, that authorizes it to do the work proposed for it. Foreign entities which obtain a commercial registration number (temporary or permanent) which allows them to carry out certain work for the government or the private sector, shall not be considered In-Kingdom Subcontractors
Laws	Government Tenders and Procurement Law issued pursuant to Royal Decree No. (M/128) dated 13/11/1440 AH and the Implementing Regulations thereof issued pursuant to the Minister of Finance's Resolution No. (1242) dated 21/3/1441 AH and as amended thereafter.



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Out-of-Kingdom Subcontractor	An out-of-Kingdom Subcontractor is an entity which is registered under foreign laws and regulations.
Project	Project to be undertaken by an Entity that consists of single or multiple Agreements with 2nd Parties to perform Works or Services as part of the execution plan to deliver such a Project
QA/QC	Quality Assurance/Quality Control
Services	Provision of technical or consulting services for design, studies, investigations (geotechnical, surveying testing), specialist advice or the like that are not the Works but necessary to support them
Site Construction Department	Department within the Project Management Company that is responsible for Construction activities/operations.
Site Contracts Department	Department within the Project Management Company that is responsible for administering Contracts.
Site Document Control	Department within the Project Management Company that is responsible for the control of all project Documents using ECMS.
Site Engineering Department	Department within the Project Management Company that is responsible for Engineering or design activities/operations.
Subcontractor	Refers to Subcontractors, Suppliers and Vendors
Supplier	<p>A Supplier is any organization or proprietor that receives a purchase order or enters into an agreement to provide a service, furnish equipment or material, on any Prime Contract, and does not employ on site labor in so doing.</p> <p>It is the intent of this definition that a manufacturer's service, erection and commissioning supervisors, technical staff, testing engineers, and delivery drivers (e.g., of ready mixed concrete) are not considered as labor employed on the work site, and instead, are classified as employees of Suppliers.</p>
Works	Construction or supply of goods, facilities or the like of permanent and temporary nature as contracted by the Entity

4.0 REFERENCES

Not used.

5.0 ROLES & RESPONSIBILITIES

The following defines the roles and responsibilities of the Entity in relation to the control and approval of 2nd Party supplied materials and equipment.

Individual	Role
Administering Department Director	Appoints a Review Committee to evaluate requests for approval of Subcontractors / Suppliers not listed in the signed Agreement
Construction Manager	Has the overall responsibility for the monitoring of 2nd Party performance in execution of the Works or Services
Contracts Administrator	Receives and distributes the 2nd Party Submissions for approval of a Subcontractor, Supplier of Consultant and performs the commercial evaluation in accordance with the criteria established herein



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Field Engineer or Site Manager	Verify that the 2nd Party establishes and maintains programs and procedures that will ensure that the 2nd Party's nominated subcontractors and suppliers are adequately prequalified and selected by the 2nd Party based on the technical competency to perform the subcontracted works and/or services
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6.0 PROCESS

6.1 General Requirements / Objectives

The following general requirements outline the requirements for the approval of subcontractors and suppliers/consultants to the 2nd Party to satisfy the requirements of the Agreement.

The total cumulative value of all Subcontracts utilized on any prime contract shall not exceed 35% of the total value of that Prime Contract, and the 35% cumulative limit shall include a limit of 30% to any one firm or person, unless otherwise approved by the Entity during the initial Tender Submission and Evaluation

The Entity shall develop a policy that focuses on achieving the following objectives:

- a) Saudi and GCC entities must be given priority over foreign entities in regard to all subcontract work.
- b) 2nd Party shall give priority in purchases of products and materials to those of national origin in Saudi Arabia and the GCC.
- c) Foreign manufactured products shall not be used unless approved in the Agreement based on specific prior approval by the Entity; or unless approved by the Director of the Administering Department based on the fact that:
 - The products are not manufactured in the GCC.
 - There is a problem of quality, price or delivery schedule for which a resolution cannot be reached.
 - All purchases shall comply with the specifications.

6.2 Clarifications on Entities relative to Approvals:

Manufacturers who send service representatives to a work site are not considered as employing on site labor, and are classified as Suppliers.

Individuals working for Contractors (not as Consultants, but as Employees) are not considered Subcontractors, even though they may have entered into an agreement with a 2nd Party covering employment terms.

An owner of construction equipment who rents or leases equipment with operator to a 2nd Party is a Subcontractor; but owner operated trucks do not require approval (see subparagraph 4.8 below). An owner of construction equipment who rents or leases equipment without operator to a prime 2nd Party is a Supplier.

6.3 Subcontractor and Supplier and Evaluation

To avoid engagement of unqualified Subcontractors and Suppliers on Entity Contracts, the Entity shall evaluate all Subcontractors and Suppliers, who are either proposed through a Tender proposal or through an independent request during the contract execution phase.

6.3.1 Evaluation Documents



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All 2nd Parties wishing to utilize Subcontractors and Suppliers shall furnish a separate set of documents (listed below), for each Subcontractor or Supplier to be utilized for performing the works or services. The 2nd Party shall engage these resources, only upon the Entity's approval.

6.3.2 Documents to be submitted

The following documentation must be submitted by the 2nd Party as part of its submission to seek the approval of the Entity to the potential award of a subcontract or supplier:

Subcontractor Documents

- a) Subcontractor Approval Request (**Attachment 1**)
- b) Commercial Registration Certificate
- c) Subcontractor Pre-Qualification Questionnaire (**Attachment 3**)
- d) Subcontractor Experience Statement
- e) Subcontractor Safety, Security, Health & Environment (HSSE) Statement
- f) A copy of the proposed subcontract agreement (prepared for execution, but which may be conditional on the Entity's approval)
- g) Valid Copy of Zakat Certificate, for In-Kingdom Subcontractors

Supplier Documents

- a) Supplier Approval Request (**Attachment 4**)
- b) Commercial Registration Certificate
- c) Supplier Pre-Qualification Questionnaire (**Attachment 5**)
- d) Purchase Order Copy

6.4 Evaluation and Recommendation of proposed Subcontractors / Suppliers

Upon receipt of an application for approval of a Subcontractor or Supplier, the Contracts Administrator, will review the 2nd Party's submittal and verify that it is complete, as described in 4.3.2 above.

The Contracts Administrator will sign-off on the request, and forward it to the Tender Evaluation Team.

Each proposed Subcontractor and Supplier will then be evaluated on a technical and commercial basis and a recommendation to approve or reject the proposal shall be made.

The Director of the Administering Department shall appoint a Review Committee to evaluate all requests for approval of Subcontractors and Suppliers not listed in the signed Agreement as negotiated prior to Award.

6.4.1 Evaluation Process

The Contracts Administrator provides the name(s) of the 2nd Party's proposed suppliers, consultants and subcontractors for evaluation.

The Field Engineer reviews the data base to determine if the companies have been previously approved and, if so, when.

6.4.2 Previously Approved

If the company has been approved within the prior six (6) months, further reviews and site visits may be waived and the approval form passed directly on to the Contracts Administrator for a commercial review.

If the approval is over six (6) months, the Field Engineer shall determine if a technical review by Engineering is required. The Field Engineer shall carry out a site visit to the proposed candidate's facility to assess competency.



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If the site visit determines the company is capable of satisfactory performance, the form will then be passed onto the Contracts Administrator for a commercial review.

6.4.3 No Prior Approval

If the company has not been previously approved, the Field Engineer shall determine if an Engineering review is required.

The Field Engineer shall carry out a site visit to the proposed candidate's facility to assess competency.

If the site visit determines the company is capable of satisfactory performance, the form will then be passed onto the Contracts Administrator for a commercial review.

A finding on "No Compliance" at any point in the evaluation (technical review, site visit, commercial review) shall generate a recommendation for rejecting the proposed company.

Upon satisfactory evaluation, the Construction Manager and Field Engineer shall recommend approval of the proposed company. The Director of Construction will approve / reject decision(s) based on the evaluation results.

The Field Engineer will add the results of the evaluation to the data base.

6.5 Evaluation Criteria

When evaluating Subcontractors and Suppliers, the Evaluation Team shall evaluate each candidate's technical and commercial qualifications, review its Safety, Security, Health, and Environmental (HSSE) performance, and assess its Quality Control program.

6.5.1 Technical Criteria

Technical criteria shall cover:

- a) An evaluation of past performance (cost, quality, schedule, claims and changes, etc.) shall be accomplished to avoid performance issues on the proposed subcontract / purchase order. This evaluation is the responsibility of the Administering Department(s).
- b) Safety, Security, Health, and Environmental (HSSE) assessment shall be done for all field of services or construction related work to evaluate each potential subcontractor or supplier's capabilities in this area and ability to meet a "Zero-Accidents" policy.
- c) An evaluation of plant, materials, equipment, and labor resources (current and short-term workload) to determine if the Subcontractor or Supplier has the capacity to perform the work in the required timeframe.
- d) The proposed company must be capable of fulfilling the requirements and/or terms of the agreement, without procurement delays or other adverse effects.
- e) If the proposed Subcontractor is already a Prime 2nd Party on another Entity's contract, then it must be verified, that additional work will not result in overloading.
- f) An evaluation of Quality Assurance/ Quality Control (QA/QC) programs will be performed, when and as required, to verify quality.
- g) A Subcontractor or Supplier, whose performance is poor in any of the above categories, shall not be recommended. If necessary, a site survey of Subcontractor or Supplier active/completed works shall be done to determine suitability.
- h) Current workload.



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6.5.2 Commercial Criteria

The following items must be reviewed, checked, and documented in the recommendation submitted to the Entity:

- a) The request for approval (**Attachment 1**) must conform to policy as outlined in this Procedure along with any other pertinent policies, rules, directives, and regulations of the Kingdom and the Entity.
- b) The proposed subcontractor/supplier must agree to comply with the applicable terms and conditions of the Prime Contract documents.
- c) If applicable, verify the nationality of the entities and also ascertain that the proposed Subcontractors and Suppliers are legally authorized to perform the type of work being undertaken.
- d) If the company is an out-of-Kingdom Subcontractor/Supplier, the Prime 2nd Party shall be asked to submit a narrative as to why the subcontract / purchase order is not being let to an In-Kingdom company.
- e) Each Subcontractor or Supplier must be under the limits set in the government registration, if applicable. If over, it must be pointed out in the letter of recommendation.
- f) The proposed Subcontractor's or Supplier's financial condition shall be analyzed to determine the stability and adequacy of financial resources to perform the work, and also to evaluate whether performance and payment or other types of bonds will be required.
- g) If applicable, verify that the Zakat Certificate of the proposed Subcontractor, Consultant, or Supplier is valid.

6.6 Subcontractor and Supplier Approval

All recommendations to approve a Subcontractor or Supplier shall be forwarded to the Director of the Administering Department or his authorized representative for this matter (**Attachment 2**). The Director of Construction, in consultation with the Director of Contracts Management Department is responsible for approving all Subcontractor and Supplier requests.

When required, Subcontractors and Suppliers determined to be acceptable in accordance with requirements herein, shall be named in the conformed contract and subject to a post-Award approval. Substitution will be considered if the Entity deems it necessary, in the interest of the project.

6.7 Recording of Entity Approvals

All proposals and approval requests dealing with Subcontractors and Suppliers, shall be modified as necessary to show final approvals, and will be made part of the signed contract documents, when required if approved prior to Award of the Agreement.

If an approval is granted after Award of the Agreement the approval shall be formally confirmed in writing by the Entity to the 2nd Party in accordance with the provisions of the Agreement

6.8 Consultant Subcontractors

The Consultant's request for approval of a Subcontractor shall include a qualifications/experience portfolio and a copy of the exact language of the proposed subcontract.

The request for approval will be reviewed by the designated Field Engineer and the Contracts Administrator, to ensure compliance with the contract before recommending approval of the Subcontractor.

The Entity's approval of a proposed Subcontractor and of the subcontract must be given prior to the Subcontractor commencing any work.



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After the Entity's approval, the 2nd Party will also furnish two conformed copies of each approved subcontract to the Field Engineer, who will subsequently forward a copy to the Contracts Administrator.

6.9 Construction Equipment Lease / Rental and Independent Truckers

6.9.1 Lease / Rental

All agreements for construction equipment to be leased or rented, with or without operator, must be submitted for approval to the responsible Administrating Department Director as follows:

- a) Equipment without operator for supplier approval.
- b) Equipment with operator (but not owner operated) for Subcontractor approval.

Any construction equipment to be utilized for more than a total of seven (7) calendar days on site will display the identification marker and equipment number of the 2nd Party on that work site.

6.9.2 Independent Truckers

Independent truckers (owner operated), to be hired to haul on any Entity's contract do not require approval by the responsible Entity's Director.

7.0 ATTACHMENTS

1. EPM-KDR-TP-000001 - Subcontractor Approval Request Template
2. EPM-KDR-TP-000002 - Subcontractor/Supplier Approval Form Template
3. EPM-KDR-TP-000003 - Subcontractor Prequalification Questionnaire Template
4. EPM-KDR-TP-000004 - Supplier Approval Request Template
5. EPM-KDR-TP-000005 - Supplier Prequalification Questionnaire Template



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Attachment 1 - EPM-KDR-TP-000001 - Subcontractor Approval Request Template

SUBCONTRACTOR APPROVAL REQUEST

Approval Request No.	[SEQUENTIAL NUMBER]	Date:	
Agreement No:	[INSERT MINISTRY AGREEMENT No.]		
Agreement Title:	[INSERT SUBCONTRACT TITLE]		
Approval Request for:	[INSERT SUBCONTRACTOR COMPANY NAME]		
Scope of Subcontracted Works:	[INSERT DESCRIPTION]		
Experience with the First Party:	Is Subcontractor currently working for the First Party	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "yes" identify Contract		
Reason for Selection of Subcontractor	[INSERT REASON FOR SELECTION]		
Subcontractor Registration	<input type="checkbox"/> SAUDI REGISTERED COMPANY <input type="checkbox"/> FOREIGN REGISTERED		
If Foreign Registered please state reason for selection	IF SAUDI STATE "NOT APPLICABLE" OTHERWISE EXPLAIN REASON FOR FOREIGN SUBCONTRACTOR		
Subcontract Information	Start Date		
	End Date		
	Subcontract Value		
	Subcontract Representative		
THIS REQUEST IS MADE WITH THE SPECIFIC UNDERSTANDING THAT THE SUBCONTRACTOR WILL ADHERE TO ALL APPLICABLE TERMS AND CONDITIONS OF THE SECOND PARTY'S CONTRACT WITH THE FIRST PARTY.			
Approval Requested by the Second Party;		Reviewed by the First Party:	
Name [INSERT NAME]		Name [INSERT NAME]	
Position [INSERT POSITION]		Position [INSERT POSITION]	
Date [INSERT DATE]		Date [INSERT DATE]	
Attachment 2 - EPM-KDR-TP-000002 - Subcontractor/Supplier Approval Form Template			



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SUBCONTRACTOR / SUPPLIER APPROVAL

Approval Request No.	[SEQUENTIAL NUMBER]	Date:	
Agreement No:	[INSERT ENTITY AGREEMENT No.]		
Subcontract / Supply Agreement:	[INSERT SUBCONTRACT TITLE]		
Approval Request for:	[INSERT SUBCONTRACTOR COMPANY NAME]		
Technical Evaluation			
Subcontractor was technically evaluated	<input type="checkbox"/> Less than six (6) months ago <input type="checkbox"/> More than six (6) months ago		
Engineering review for this Submission is	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable		
Field Engineer Approval	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable		
Construction Manager Approval	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable		
Comments			
Commercial Evaluation			
Commercial Registration Documents	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	Subcontracts Let to Date	[INSERT]%
Prior Experience with Entity	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Total Subcontracted	[INSERT]%
Comments			
Overall Assessment			
Technical Evaluation	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Commercial Evaluation	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Overall	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		

Recommended by Technical Evaluation Lead
Name [INSERT NAME]
Position [INSERT POSITION]

Recommended by Commercial Evaluation Lead
Name [INSERT NAME]
Position [INSERT POSITION]



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Attachment 3 - EPM-KDR-TP-000003 - Subcontractor Prequalification Questionnaire Template

Subcontractor Prequalification Questionnaire

[INSERT MINISTRY / ENTITY NAME]
[Insert Project Name]
[Insert Package Number]

Preparer Note: This Questionnaire can be used for the prequalification of Designers/Engineers, Contractors and Design & Build Contractors by selecting the appropriate sections as needed to cover the scope of Services or Works for a Package.

Contracts Specialist shall review the scope and define the requirements within this Questionnaire that are applicable and solicit department feedback on their relevant sections (Construction, Finance, Engineering, Health & Safety, Quality).

The Evaluation Criteria shall be set against each section to determine an objective basis for the selection or non-selection of a Subcontractor.

Once drafted this Preparer Note shall be deleted from the Document before issuance of the Prequalification Questionnaire.



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Section 1: General Information

Subcontractor shall complete the following general company information:

INFORMATION REQUESTED	SUBCONTRACTOR RESPONSE		
FULL NAME OF SUBCONTRACTOR:			
REGISTERED OFFICE ADDRESS:			
DATE OF REGISTRATION:			
KSA REGISTRATION NO.			
KSA CLASSIFICATION CLASS:			
STATE MIN VALUE FOR BIDDING:			
STATE MAX VALUE FOR BIDDING:			
INTERNATIONAL REGISTRATION NO.			
PUBLIC / PRIVATE SUBCONTRACTOR			
NOMINATED REPRESENTATIVE	Name:		
	Phone:		
	Email:		
SUBCONTRACTOR STRUCTURE (confirm Structure)	Corporation:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Subsidiary	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Division	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Joint Venture / Consortium	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT SUBCONTRACTOR DETAILS (If Applicable)	Parent Subcontractor Name:		
	Address:		
	Contact Person:		
	Phone No:		
TYPE OF BUSINESS (Confirm scopes of works and percentage of turnover for each type)	Civil Construction	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Roads & Highways	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Manufacturing / Fabrication	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Buildings	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Mechanical / Electrical	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Engineering / Design	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Consulting	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
	Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	%
NUMBER OF EMPLOYEES	Total Employees		
	Management		
	Non-Manuals		



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	Manuals	
SAUDIZATION	State Level	

Section 2: Financial Information

Subcontractor to complete required information and provide the last three (3) years of audited Annual Financial Statements, if Subcontractor plans on Prequalification on basis of a Joint Venture, Consortium or Partnership, then each of the individual entities associated shall complete the table below:

INFORMATION REQUESTED	SUBCONTRACTOR RESPONSE		
PRESENT NET WORTH	SAR		
ANNUAL SALES VOLUME (related to classification for this package)	2017	SAR	
	2016	SAR	
	2015	SAR	
BANKING REFERENCE	Name		
	Position		
	Phone Number		
PERFORMANCE BOND	Can you furnish a Performance Bond (State "YES" or "NO")		<input type="checkbox"/> YES <input type="checkbox"/> NO
	State Maximum Value Available		
	Surety Provider		
	Contact Person		
	Contact Phone Number		
BANK GUARANTEE / LETTER OF CREDIT	Can you furnish a Guarantee / Letter of Credit		<input type="checkbox"/> YES <input type="checkbox"/> NO
	State Maximum Value Available		
	Name of Bank		
	Contact Person		
	Contact Phone Number		
PROVIDE LAST THREE (3) YEARS OF ANNUAL FINANCIAL REPORT. (Provide copies with this submission)	2016	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	2015	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	2014	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	If Not Available State Reason		



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Section 3: Organization Chart

Subcontractor to provide the following documents relative to the company and project structures and attach to its submission:

1. Current Organization Chart (for Subcontractor registering for this Package).
2. Sample of a typical Project Organization (of similar scope and size to this Package).

Subcontractor to provide the following names and resumes of Key Personnel that would have executive accountability and oversight for this Project:

KEY PERSONNEL	SUBCONTRACTOR RESPONSE
DIRECTOR (SPONSOR)	
REGIONAL MANAGER (if applicable)	
QUALITY MANAGER	
HEALTH, SAFETY, SECURITY, ENVIRONMENTAL MANAGER	
CONSTRUCTION MANAGER	
ENGINEERING DESIGN MANAGER	

Resumes are to be attached to this submission for prequalification



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Section 4: Certifications & Licenses

Subcontractor to complete below relative to its licenses and certifications, copies are to be provided as part of the submission:

INFORMATION REQUESTED	SUBCONTRACTOR RESPONSE	
INDUSTRY ACCREDITATIONS	ASME	
	API	
	TEMA	
	Other	
ISO CERTIFICATIONS	ISO:9001	
	ISO:18001	
	ISO:14001	
PROFESSIONAL LICENSES	LICENSE NO	
	LICENSE	
	EXPIRY	
	LICENSE NO	
	LICENSE	
	EXPIRY	
	LICENSE NO	
	LICENSE	
	EXPIRY	
	LICENSE NO	
	LICENSE	
	EXPIRY	



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Section 5: Health & Safety Questionnaire

Part A - Incident History

Please complete the number of incidents, days lost and hours worked for the current year and the previous 3 years

Category	Current Year	2016	2015	2014
FATALITIES				
LOST WORKDAY CASE				
DAYS LOST (ADD 220 DAYS FOR A FATALITY)				
RESTRICTED WORKDAY				
MEDICAL TREATMENT ONLY				
FIRST AID TREATMENT ONLY				
EQUIPMENT DAMAGE				
NEAR MISS				
ENVIRONMENTAL DAMAGE				
HOURS WORKED				

HAVE THERE BEEN ANY WORK-RELATED FATALITIES IN THE LAST 5 YEARS? ☐ YES ☐ NO (if yes please attach details)

Briefly list the last 5 Classified Incidents (lost workday/restricted workday case) and the action taken

Incident	Actions Taken



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Part B - HSSE Program

QUESTION	Yes	No
Do you have a written Health, Safety, Security and Environment program?	<input type="checkbox"/>	<input type="checkbox"/>
Does your HSSE program contain details of:		
• Responsibilities and accountabilities?	<input type="checkbox"/>	<input type="checkbox"/>
• HSSE policy?	<input type="checkbox"/>	<input type="checkbox"/>
• Risk management systems?	<input type="checkbox"/>	<input type="checkbox"/>
• New employee orientation/induction?	<input type="checkbox"/>	<input type="checkbox"/>
• Training? (including current matrix and qualifications)	<input type="checkbox"/>	<input type="checkbox"/>
• Communications? eg toolbox, safety meetings	<input type="checkbox"/>	<input type="checkbox"/>
• HSSE rules?	<input type="checkbox"/>	<input type="checkbox"/>
• Behavior based safety?	<input type="checkbox"/>	<input type="checkbox"/>
• Inspections? eg workplace, emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>
• HSSE professional support? eg HSSE Advisor/Representative	<input type="checkbox"/>	<input type="checkbox"/>
• Fitness for work?	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency response?	<input type="checkbox"/>	<input type="checkbox"/>
• Incident reporting?	<input type="checkbox"/>	<input type="checkbox"/>
• Incident investigation?	<input type="checkbox"/>	<input type="checkbox"/>
• Industrial hygiene? eg air contaminant exposures, sampling and monitoring	<input type="checkbox"/>	<input type="checkbox"/>
• Personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment management?	<input type="checkbox"/>	<input type="checkbox"/>
• Record keeping?	<input type="checkbox"/>	<input type="checkbox"/>
• Lower Tier (Subcontractor / Supplier) management?	<input type="checkbox"/>	<input type="checkbox"/>
• Substance Abuse Program	<input type="checkbox"/>	<input type="checkbox"/>
• Environmental Program	<input type="checkbox"/>	<input type="checkbox"/>

Subcontractor shall attach to its submission a sample copy of a typical Health & Safety Plan.

List three client references that could verify the quality and management of your HSSE program.

Subcontractor	Contact Name	Address	Phone



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 6: Workers Welfare Facilities

Subcontractor shall provide details in relation to its management of manual workforce, by providing answers to the following:

QUESTION	SUBCONTRACTOR RESPONSE	
PROVIDE ADDRESS AND SIZE OF NON-MANUAL WORKERS CAMP ACCOMMODATIONS AVAILABLE		
PROVIDE APPROXIMATE MANNING LEVELS PER ROOM BY GRADE OF MANUAL WORKER	Junior Workers	
	Senior Workers	
DESCRIBE RECREATIONAL FACILITIES AVAILABLE IN THE CAMPS		
PROVIDE SPECIFICATIONS AND STANDARDS OF WORKERS TRANSPORTATION SERVICES		
DESCRIBE ANY OTHER FACILITIES AVAILABLE IN THE CAMPS FOR WORKERS		
PROVIDE STANDARD WORKING HOURS FOR WORKERS		
PROVIDE LIST OF STANDARD PERSONNEL PROTECTION CLOTHING AND LIKE FOR WORKERS		
IDENTIFY ANY OTHER CONDITIONS OR LIKE THAT ARE PROVIDED TO WORKERS LIVING IN THE CAMPS THAT DEMONSTRATES A LEVEL OF CONSIDERATION OF WORKERS WELFARE (I.E. MEDICAL SERVICES)		
DESCRIBE HOW DIFFERENT NATIONALITIES REQUIREMENTS ARE ACCOMMODATED IN REGARDS TO CATERING, AND ACCOMMODATIONS		



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 7: Resources (Manual / Non-Manual Labor)

Subcontractor to provide details of current resources employed in works of similar scope and nature to this package and where possible identify last three year's data

RESOURCES	SUBCONTRACTOR RESPONSE		
NON MANUAL	2017	2016	2015
SITE SUPERVISORS			
FOREMAN / LEADING HANDS			
MECHANICAL SUPERVISORS			
ELECTRICAL SUPERVISORS			
SURVEYORS			
QUANTITY SURVEYORS			
COMMERCIAL MANAGERS			
CONTRACTMANAGEMENT DEPARTMENT MANAGERS			
PROCUREMENT			
QUALITY MANAGERS			
HEALTH, SAFETY, SECURITY, & ENVIRONMENTAL MANAGERS			
OTHERS (Add as necessary)			
MANUAL			
CONCRETE LABORERS			
REINFORCING FIXERS			
CARPENTERS			
STRUCTURAL STEEL ERECTORS			
WELDERS			
ELECTRICIANS			
PLUMBERS			
DRAIN LAYERS			
MECHANICAL INSTALLERS			
PAINTERS			
SCAFFOLDERS			
ROOFERS			
EQUIPMENT OPERATORS (HEAVY)			
EQUIPMENT OPERATORS (LIGHT)			
OTHERS (Add as necessary)			
TOTAL WORKFORCE			



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 8: Experience Statement

The Subcontractor submits the following statement as to its experience qualifications with focus on work in Kingdom of Saudi Arabia:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country.
5. Column Completion Notes:
 - a. Name and Address. For past Government Work, please provide Entity and Entity Contract Number.
 - b. Work Description. Describe work scope and then indicate if principle (prime) contractor or as a subcontractor and city of works (i.e. Riyadh, Jeddah etc).
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 16/Sep18.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

Item No.	Customer name, address, representative and phone no.	Work Description	Value	Start/Stop	Schedule
1					
2					
3					
4					
5					
6					
7					
8					



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 9: Subcontracting and Supply Chain

Subcontractor shall provide its responses to the below questions relative to the selection and nomination of key Subcontractors or Suppliers when executing Projects. The answers to the following questions shall not exceed four (4) pages of A4 paper.

QUESTION TO SUBCONTRACTOR	SUBCONTRACTOR RESPONSE
1. SUBCONTRACTOR TO EXPLAIN ITS PROCESS AND PROCEDURE FOR THE IDENTIFICATION, PREQUALIFICATION, EVALUATION AND SELECTION OF LOWER TIER SUPPLIERS:	
2. SUBCONTRACTOR TO EXPLAIN HOW IT MANAGES THE LOWER TIER SUPPLIERS DURING EXECUTION OF THE WORKS TO MAINTAIN SCHEDULE AND QUALITY OF THE WORKS BEING PERFORMED BY LOWER TIER SUPPLIERS	
3. SUBCONTRACTOR TO EXPLAIN ITS PROCESS AND PROCEDURE FOR THE QUALITY INSPECTIONS, ASSURANCE, DELIVERY, STORAGE AND DISTRIBUTION OF MATERIALS AND EQUIPMENT BY LOWER TIER SUPPLIERS	
4. SUBCONTRACTOR TO EXPLAIN HOW THEY ENSURE SUBCONTRACTORS OR SUPPLIERS ARE CONTRACTED ON TERMS AND CONDITIONS ALIGNED WITH THE MAIN CONTRACT AND THE MANAGEMENT OF SUCH OBLIGATIONS FOR WORKS PERFORMED BY THE LOWER TIER SUPPLIERS	

Subcontractor shall list in the table below the typical scopes of work or supply that are subcontracted to lower tier companies in execution of works of a similar scope or complexity who will furnish major components, equipment, materials, and/or perform elements of the Works – the completion of the table and submission is in addition to the four (4) page limit:

No.	INFORMATION REQUIRED	SUBCONTRACTOR RESPONSE
1	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
2	SCOPE OF WORKS OR SUPPLY	



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

No.	INFORMATION REQUIRED	SUBCONTRACTOR RESPONSE
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
3	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
4	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
5	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
6	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
7	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
8	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	

NOTES:

Basis of Selection: Enter if selected based on prequalification, preferred supplier, sole source or competitive tender

Terms of Lower Tier Supply Chain: Enter Typical Commercial model (Cost Reimbursable, Lump Sum, Unit Price, etc.)



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 10: Construction Equipment and Plant

The Subcontractor submits the following statement as to its capabilities in relation to owned and leased equipment resources to demonstrate his capacity to undertake the works:

Column Completion Notes:

1. Equipment Type: Common Name – (i.e. 50t Mobile Crane).
2. Model & Make: Equipment Manufacturers name and Model Number.
3. Quantity: Number of Equipment Owned or Leased.
4. Year of Make: State Year of Equipment Make.
5. Owned / Leased: State ownership details of equipment either Owned or Leased

Item No.	Equipment Type	Model & Make	Quantity	Year of Make	Owned / Leased
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 11: Manufacturing / Fabrication / Production Capacity

If Subcontractor typically outsources the fabrication of key components, please list below the supplier or subcontractor that has been used by the Subcontractor previously to perform such works and its capability:

Column Completion Notes:

1. Commodity: Common Name – (i.e. Rolled Steel Sections).
2. Manufacturing Location: Where are the facilities located and Subcontractors / Supplier name if not self-performed by the Subcontractor
3. Monthly Capacity: What is the monthly capacity.
4. Current Capacity: Current workload as a percentage of monthly capacity
5. Forward Capacity: Future workload as a percentage in 6 -12 months time
6. Date Available: Next available production slot
7. Space: Quantity Available in next production slot

Item No.	Commodity	Manufacturing Plant Location	Monthly Capacity (Qty)	Current Capacity (%)	Forward Capacity (+6 mths)	Date available
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 12: Engineering & Design Capabilities and Execution

Please provide details below of how Subcontractor would undertake the performance of the design and associated capability, if “NONE”, please state “NONE” below

Column Completion Notes:

1. Location: State Office Location (City, Country) and if more than one office state number (i.e. London, UK (2 Offices))
2. Provider: State if design services provided by either
 - a. “In-house” (full time employees)
 - b. “Subsidiary” Subcontractor Subsidiary of the Subcontractor (i.e. Subsidiary [XYZ Limited])
 - c. “2nd Party” existing subcontract or agreement with a 2nd party designer and state that company name (i.e. “2nd Party [XYZ Limited]”)
3. Main Discipline: State the main discipline of design works performed (i.e. Rail – Systems, Rail – Civil, Ports, Civil Engineering or if a multidiscipline office state “multidiscipline”)
4. Resources: List the approximate full time equivalents for main categories for each provider.

Item No.	Location of Design Office	Provider	Main Discipline	Resources		
				Designers	CAD / Techs	Management
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 13: BIM Design Capability & Experience

Part A – Organizational Structure

Please complete table below for key personnel and organization details (note the BIM representative should be the focal point for any clarifications in response to this questionnaire):

Subcontractor BIM Representative:	
Telephone Number	
Mobile Number	
E Mail Address	
Website URL	

BIM Team Information

Team Member	Name	Telephone	Email
Project Leader			
Information Manager			
IT Manager			
CAD Manager			
<i>Other (Subcontractor may specify below additional key positions and individuals)</i>			



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Part B – Documented Management System Information

Please complete below questions as it relates to BIM Capability and Management Systems:

Ref.	Question	Contractors Response
MSQ1	Does your organization have a reference a standard it uses to produce your CAD/BIM models?	
MSQ2	Would your organization adopt project specific CAD/BIM standards that deviate from your organizations standards?	
MSQ3	Does your organization have documented procedures that describes the issue and revision of drawings?	
MSQ4	Does your organization have a documented procedure that describes the numbering systems for your drawings and CAD models?	
MSQ5	Does your organization have a documented policy regarding control of e mails?	
MSQ6	Has your organization got any limitations placed on it by PI insurers in regard to your ability to exchange electronic information?	
MSQ7	Does your organization have a documented policy in place regarding limiting internet usage?	
MSQ8	Does your organization have experience with web-based project tools such as extranets or web enabled document management systems?	
MSQ9	What is you preferred collaboration or web-enabled document management system?	
MSQ10	Do you have a documented procedure describing your archiving system?	
MSQ11	Does your organization have a documented procedure describing your data security systems and arrangements?	
MSQ12	Does your Firewall place limitations on incoming and outgoing electronic communications?	
MSQ13	Do you have a documented procedure that describes how you determine the training of your CAD/BIM personnel is effective and current?	



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Part C – Other Information

Subcontractor may provide any other relevant information below that they feel is pertinent to describe or better qualify their BIM capabilities:

--

SAMPLE



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Attachment 4 - EPM-KDR-TP-000004 - Supplier Approval Request Template

SUPPLIER APPROVAL REQUEST

Approval Request No.	[SEQUENTIAL NUMBER]	Date:		
Agreement No:	[INSERT MINISTRY AGREEMENT No.]			
Agreement Title:	[INSERT SUPPLY AGREEMENT TITLE]			
Approval Request for:	[INSERT SUPPLIER COMPANY NAME]			
Scope of Suppliers Works:	[INSERT DESCRIPTION]			
Experience with the First Party:	Is Supplier currently working for the First Party	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If "yes" identify Contract			
Reason for Selection of Supplier	[INSERT REASON FOR SELECTION]			
Supplier Registration	<input type="checkbox"/> SAUDI REGISTERED COMPANY <input type="checkbox"/> FOREIGN REGISTERED			
If Foreign Registered please state reason for selection	IF SAUDI STATE "NOT APPLICABLE" OTHERWISE EXPLAIN REASON FOR FOREIGN SUBCONTRACTOR			
Product	Manufacturer Name	Country of Manufacture	Specification Compliant	Delivery Date
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Product proposed does not meet specifications Second Party to provide justification, the acceptance or otherwise will not relieve the Second Party of its obligations relative to the specifications to which the product must fulfill				
THIS REQUEST IS MADE WITH THE SPECIFIC UNDERSTANDING THAT THE SUPPLIER WILL ADHERE TO ALL APPLICABLE TERMS AND CONDITIONS OF THE SECOND PARTY'S CONTRACT WITH THE FIRST PARTY.				
Approval Requested by the Second Party;		Approved by the First Party:		
Name [INSERT NAME]		Name [INSERT NAME]		
Position [INSERT POSITION]		Position [INSERT POSITION]		



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Attachment 5 - EPM-KDR-TP-000005 - Supplier Prequalification Questionnaire Template

Supplier Prequalification Questionnaire

[INSERT MINISTRY / ENTITY NAME]

[Insert Project Name]

[Insert Package Number]

SAMPLE

Preparer Note: This Questionnaire is for the prequalification of suppliers by selecting the appropriate sections as needed to cover the scope of Services or Works for a Package.

Contracts Specialist shall review the scope and define the requirements within this Questionnaire that are applicable and solicit department feedback on their relevant sections (Construction, Finance, Engineering, Health & Safety, Quality).

The Evaluation Criteria shall be set against each section to determine an objective basis for the selection or non-selection of a Supplier.

Once drafted this Preparer Note shall be deleted from the Document before issuance of the Prequalification Questionnaire.



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

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Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 1: General Information

Supplier shall complete the following general company information:

INFORMATION REQUESTED	SUPPLIER RESPONSE			
FULL NAME OF SUPPLIER:				
REGISTERED OFFICE ADDRESS:				
DATE OF REGISTRATION:				
KSA REGISTRATION NO.				
STATE MIN VALUE FOR BIDDING:				
STATE MAX VALUE FOR BIDDING:				
PUBLIC / PRIVATE COMPANY				
NOMINATED REPRESENTATIVE	Name:			
	Phone:			
	Email:			
SUPPLIER STRUCTURE (confirm Structure)	Corporation:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Subsidiary	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Division	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Joint Venture / Consortium	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PARENT SUPPLIER DETAILS (If Applicable)	Parent Supplier Name:			
	Address:			
	Contact Person:			
	Phone No:			
NUMBER OF EMPLOYEES	Total Employees			
	Staff Management			
	Engineers			
	Procurement			
	Manufacturing Engineers			
	Manufacturing			
	Quality Assurance Engineers			
	Quality Control Inspectors			
	Business Development/Sales			
	Site Technical Service Representatives			
SHIPPING & LOGISTICS – SUPPLIER TO IDENTIFY TYPICAL LOGISTICS USE AND PROVIDERS USED FOR TRANSPORTATION OF MATERIALS TO JOBSITE	Rail	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided by:	
	Truck	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided by:	
	Sea	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided by:	
	Air	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided by:	



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 2: Financial Information

Supplier to complete required information and provide the last three (3) years of audited Annual Financial Statements, if Supplier plans on Prequalification on basis of a Joint Venture, Consortium or Partnership, then each of the individual entities associated shall complete the table below:

INFORMATION REQUESTED	SUPPLIER RESPONSE		
PRESENT NET WORTH	SAR		
ANNUAL SALES VOLUME (related to classification for this package)	2017	SAR	
	2016	SAR	
	2015	SAR	
BANKING REFERENCE	Name		
	Position		
	Phone Number		
PERFORMANCE BOND	Can you furnish a Performance Bond (State "YES" or "NO")		<input type="checkbox"/> YES <input type="checkbox"/> NO
	State Maximum Value Available		
	Surety Provider		
	Contact Person		
	Contact Phone Number		
BANK GUARANTEE / LETTER OF CREDIT	Can you furnish a Guarantee / Letter of Credit		<input type="checkbox"/> YES <input type="checkbox"/> NO
	State Maximum Value Available		
	Name of Bank		
	Contact Person		
	Contact Phone Number		
PROVIDE LAST THREE (3) YEARS OF ANNUAL FINANCIAL REPORT. (Provide copies with this submission)	2016	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	2015	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	2014	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Available	
	If Not Available State Reason		



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 3: Organization Chart

Supplier to provide the following documents relative to the company and project structures and attach to its submission:

3. Current Organization Chart (for Supplier registering for this Package).
4. Sample of a typical Project Organization (of similar scope and size to this Package).

Supplier to provide the following names and resumes of Key Personnel that would have executive accountability and oversight for this Project:

KEY PERSONNEL	SUPPLIER RESPONSE
DIRECTOR (SPONSOR)	
REGIONAL MANAGER (if applicable)	
QUALITY MANAGER	
HEALTH, SAFETY, SECURITY, & ENVIROMENTAL MANAGER	
CONSTRUCTION MANAGER	
ENGINEERING DESIGN MANAGER	

Resumes are to be attached to this submission for prequalification



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 4: Certifications & Licenses

Supplier to complete below relative to its licenses and certifications, copies are to be provided as part of the submission:

INFORMATION REQUESTED	SUPPLIER RESPONSE	
INDUSTRY ACCREDITATIONS	ASME	
	API	
	TEMA	
	Other	
ISO CERTIFICATIONS	ISO:9001	
	ISO:18001	
	ISO:14001	



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 5: Health & Safety Questionnaire

Part A - Incident History

Please complete the number of incidents, days lost and hours worked for the current year and the previous 3 years

Category	Current Year	2016	2015	2014
FATALITIES				
LOST WORKDAY CASE				
DAYS LOST (ADD 220 DAYS FOR A FATALITY)				
RESTRICTED WORKDAY				
MEDICAL TREATMENT ONLY				
FIRST AID TREATMENT ONLY				
EQUIPMENT DAMAGE				
NEAR MISS				
ENVIRONMENTAL DAMAGE				
HOURS WORKED				

HAVE THERE BEEN ANY WORK-RELATED FATALITIES IN THE LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please attach details)
--	---

Briefly list the last 5 Classified Incidents (lost workday/restricted workday case) and the action taken

Incident	Actions Taken



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 6: Experience Statement

The Supplier submits the following statement as to its experience qualifications with focus on work in Kingdom of Saudi Arabia:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country.
5. Column Completion Notes:
 - a. Name and Address. For past Government Work, please provide Ministry and Ministry Contract Number.
 - b. Work Description. Describe work scope and then indicate if principle (prime) contractor or as a subcontractor and city of works (i.e. Riyadh, Jeddah etc).
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 16/Sep18.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

Item No.	Customer name, address, representative and phone no.	Work Description	Value	Start/Stop	Schedule
1					
2					
3					
4					
5					
6					
7					
8					



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 7: Subcontracting and Supply Chain

Supplier shall provide its responses to the below questions relative to the selection and nomination of key Suppliers or Suppliers when executing Projects. The answers to the following questions shall not exceed four (4) pages of A4 paper.

QUESTION TO SUPPLIER	SUPPLIER RESPONSE
5. SUPPLIER TO EXPLAIN ITS PROCESS AND PROCEDURE FOR THE IDENTIFICATION, PREQUALIFICATION, EVALUATION AND SELECTION OF LOWER TIER SUPPLIERS:	
6. SUPPLIER TO EXPLAIN HOW IT MANAGES THE LOWER TIER SUPPLIERS DURING EXECUTION OF THE WORKS TO MAINTAIN SCHEDULE AND QUALITY OF THE WORKS BEING PERFORMED BY LOWER TIER SUPPLIERS	
7. SUPPLIER TO EXPLAIN ITS PROCESS AND PROCEDURE FOR THE QUALITY INSPECTIONS, ASSURANCE, DELIVERY, STORAGE AND DISTRIBUTION OF MATERIALS AND EQUIPMENT BY LOWER TIER SUPPLIERS	
8. SUPPLIER TO EXPLAIN HOW THEY ENSURE SUPPLIERS OR SUPPLIERS ARE CONTRACTED ON TERMS AND CONDITIONS ALIGNED WITH THE MAIN CONTRACT AND THE MANAGEMENT OF SUCH OBLIGATIONS FOR WORKS PERFORMED BY THE LOWER TIER SUPPLIERS	

Supplier shall list in the table below the typical scopes of work or supply that are subcontracted to lower tier companies in execution of works of a similar scope or complexity who will furnish major components, equipment, materials, and/or perform elements of the Works – the completion of the table and submission is in addition to the four (4) page limit:

No.	INFORMATION REQUIRED	SUPPLIER RESPONSE
1	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
2	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
3	SCOPE OF WORKS OR SUPPLY	



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

No.	INFORMATION REQUIRED	SUPPLIER RESPONSE
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
4	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
5	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
6	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
7	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	
8	SCOPE OF WORKS OR SUPPLY	
	BASIS OF SELECTION OF LOWER TIER SUPPLIERS	
	TERMS OF LOWER TIER SUPPLIERS	

NOTES: **Basis of Selection:** Enter if selected based on prequalification, preferred supplier, sole source or competitive tender.
Terms of Lower Tier Supply Chain: Enter Typical Commercial model (Cost Reimbursable, Lump Sum, Unit Price, etc.).



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 8: Manufacturing / Fabrication / Production Capacity

If Supplier to list its manufacturing, production and fabrication capacity:

Column Completion Notes:

8. Commodity: Common Name – (i.e. Rolled Steel Sections).
9. Manufacturing Location: Where are the facilities located and Suppliers / Supplier name if not self performed by the Supplier
10. Monthly Capacity: What is the monthly capacity.
11. Current Capacity: Current workload as a percentage of monthly capacity
12. Forward Capacity: Future workload as a percentage in 6 -12 months time
13. Date Available: Next available production slot
14. Space: Quantity Available in next production slot

Item No.	Commodity	Manufacturing Plant Location	Monthly Capacity (Qty)	Current Capacity (%)	Forward Capacity (+6 mths)	Date available
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



Approval of 2nd Party Subcontractors, Suppliers and Consultants Procedure

Section 9: Electrical / Mechanical Manufacturing Data

Supplier to complete following tables to demonstrate its technical proficiency in the manufacturing of electrical and mechanical materials and/or equipment

ELECTRICAL MANUFACTURING DATA			
I. Code Construction			
NEMA			
IEEE			
ANSI			
ASI			
Underwriters			
Other (Specify):			
Does the supplier have at the manufacturing location all codes and standards required by specification?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Principal Electrical Manufacturing Equipment:			
Description	Quantity	Size – Capacity	
Ovens			
Coil Press			
Coil Winding Equipment			
Coil Spreaders			
VPI Tanks			
Balance Equipment			
Other (specify):			
Principal Metal Forming and Cutting Equipment:			
Description	Quantity	Size – Capacity	
Testing Equipment and Facilities:			
Description	Quantity	Capacity	Calibration
Megger Meters			
A.C. Hi-Pot			
D.C. Insulation Testers			
Volt Meters			
Amp Meters			
Oscilloscopes			
Power Factor Meters			
Ratio Testers			
Analyzers			
Corona			
Dynamometer			



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Load Box				
Noise Analyzer				
Vibration Analyzer				
Leak Detectors				
4) Other Principal Equipment:				
Welding Equipment and Personnel:				
Description	No. of Machines – Type	No. of Qualified Welders	Qualifications	
Arc Welding				
Hard Solder				
Soft Solder				
Other Special Processes (specify):				
Mechanical Manufacturing Data				
I. Principal Manufacturing Code & Standard				
Code & Standard	Effective Date	Comments		
Does the supplier have at the manufacturing location all codes and standards required by specification?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
II. Tools and Equipment				
Principle Machine Tools:				
Description by Type	Quantity	Size – Capacity		
Principal Metal Forming and Cutting Equipment:				
Description by Type	Quantity	Size – Capacity		
Testing Equipment:				
Type Test	Number	Description	Capacity	Calibration
Hydrostatic				
Pneumatic				
Helium Leak				
Halogen Leak				
Tensile				
Bend				
Impact				
Hardness				



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Chemical Alloy Analyzer				
Chemical Laboratory				
Mechanical Laboratory				
1) Other Principal Equipment:				
Welding Equipment and Personnel:				
Process	No. of Machines	Number of Qualified Welders		
		ASME IX	AWS	OTHER
Shield Metal ARC				
Gas Tungsten ARC				
Gas Metal ARC				
Flux Cored ARC				
Submerged ARC				
Electro Slag				
Plasma ARC				
Electron ARC				
2) Metals and Alloys normally welded:				
3) Melting and Heat Treating Furnaces:				
Furnace Type	Maximum Temp	Capacity	Automatic or Manual	
			Recorder	Controller
4) Non-destructive Examinations (NDE)				
a) NDE performed by the Supplier:	All	Partial	None	N/A
b) NDE Subcontractor:	Name		Location	
Method	Procedure Designation	*ID*	Rev.	Date Day-Alpha Month-Year
MT – Prod				
MT – Coil				
MT – Yoke				
PT – Solvent Removable				
PT – Post Emulsifying				
UT – Angle Beam				
UT – Straight Beam				
RT – X Ray				
RT – Gamma Ray				
ET – Eddy Current				
VT – Visual				



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<i>*ID* = Enter "S" for Supplier and "S/C" for Subcontractor</i>				
c) NDE Personnel Qualifications and Testing Equipment:				
	Personnel Qualifications SNT-TC-1A Level			
Method	1	2	3	Description of Test Equipment
MT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	