
PREQUALIFICATION QUESTIONNAIRE

Husky Ref. No.: 8.5.1.089 Goods/Services Title: Medical Services

THIS QUESTIONNAIRE IS TO BE COMPLETED BY VENDORS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO HUSKY OIL OPERATIONS LIMITED. THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF HUSKY.

COMPLETED QUESTIONNAIRE MUST BE MAILED OR COURIERED TO:

Husky Energy
Suite 105
351 Water Street
St. John's, NL A1C 1C2
Attention: Don Reid (Don.Reid@huskyenergy.com)

Company Name: _____

The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company.

Information submitted and completed by:

Name (Please Print)_____
Title_____
Signature_____
Date

To be completed by Husky:

Date Received: _____ Procurement Signoff: _____

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General Instructions

We recognize that we have many different types of suppliers / contractors with different core competencies and skill sets. In order to effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Husky is committed to ensuring fairness in our vendor selection process. Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

Submission Requirements

Vendors must submit all requested documentation electronically. Acceptable methods of submission include e-mail, file transfer, or removable memory drive as agreed with the Husky supply chain representative. Responses should clearly identify **Title and Reference Number** of the package for which they would like to be considered.

All submitted documentation should be packaged in such a way as to facilitate the ease of review and evaluation of the contents. This should include a table of contents with organized file/folder structures and specific document page and/or section references for each question in the order they are presented.

Vendors are required to submit their pre-qualification response in the following format and in the exact order as shown:

1. Company Information
2. Subcontracting
3. Work History
4. Current Organizational Structure
5. Facilities and Infrastructure
6. Capabilities Statement
7. Contractor HSEQ Requirements
8. Canada -Newfoundland and Labrador Benefits Compliance
9. Attachments
10. Additional Comments

1. Company Information

1.1 **Company Name:** _____

Street/Mailing Address of Office completing this Questionnaire

City: _____ Province: _____

Postal Code: _____

Telephone: _____ Fax: _____

Key Company Sales Contact

Canadian Head Office: _____

Street/Mailing Address: _____

Local Office: _____

Street/Mailing Address: _____

1.2 Type of Company

Sole Proprietor _____

Partnership _____

Corporation – Private _____

Corporation – Public _____

Other (please identify): _____

Please supply Certificate of Incorporation, and identify and attach as an Appendix. If private ownership, please also identify the Principle Shareholders below.

Name _____

City _____

Province/State _____

Name _____

City _____

Province/State _____

Name _____

City _____

Province/State _____

Name _____

City _____

Province/State _____

1.3 Subsidiaries, Affiliates, etc. (indicate whether wholly-owned or percent controlled)

1.4 Total Number of Employees by Geographical Location

Newfoundland and Labrador _____

Other Canadian Provinces _____

International _____

1.5 Declaration of Business Relationship (Company Owner/Management)

In accordance with the approval policy of Husky, **all Vendors shall, as a condition of supplying goods or services to Husky, make full disclosure of any existing business relationships with any Husky employee and/or contractor or immediate relatives.** If the Vendor fails to disclose an interest and/or the interest is falsely or insufficiently reported, Husky reserved the right to terminate or cancel any agreement of any kind which may have been entered into with the Vendor.

Are you a relative or do you have a relationship with any Husky employee that would cause any real or perceived conflicts of interest?

No

Yes (please specify): _____

1.6 Joint Ventures

The following questions apply to Joint Ventures only;

1. Please provide a copy of your organizational structure showing all members of the Joint Venture.
2. Provide the following Joint Venture Details:
 - i. A copy of the Joint Venture Agreement
 - ii. A statement of the share equity of each of the participants
 - iii. The lead participant within the Joint Venture
 - iv. Outline how the Joint Venture will be managed with regards to objectives
 - v. How are the Key Business Objectives of each Participant reflected in the Joint Venture
 - vi. The share and nature of the work provided by each participant
 - vii. Arrangements for the transfer of systems/information technology
 - viii. How do the Participants envisage the Joint Venture developing in the future
3. In the case of a Joint Venture, detail how Bidder will optimize/merge the different participants, organization, cultures to ensure the greatest benefits are realized for Company.

2. Subcontracting

For the Scope of Work currently being evaluated please identify if any major subcontractors will be involved in delivering the scope.

If portions of the scope are being subcontracted, identify the scope being performed by each subcontractor. Responses to the HSEQ Questionnaire in Section 7 below may include the subcontractors' policies, procedures and processes where the main contractor's management systems do not adequately support delivery of the scope.

Subcontractor Name	Component of Scope (e.g. Design, Fabrication, Manufacturing, etc.)	Subcontractor Address	Subcontractor Contact Information
1.			
2.			
3.			

3. Current Organizational Structure

Please provide a current Organization Chart for your company, indicating, but not limited to, management personnel and reporting relationships. Please also identify where this organization's management personnel are located. Please ensure the organization chart indicates personnel (including names) which would be supporting the scope of work. Please also identify where these individuals are located geographically.

4. Facilities & Infrastructure

Please provide a description of the facilities & infrastructure which your company would utilize in provision of the subject services, if applicable. Please clarify whether the facilities & infrastructure which you are describing are currently occupied and utilized by your company. Please provide photographs / drawings as appropriate.

5. Work History and Capabilities Statement

Please provide an overview of your company's capabilities. In addition, please ensure that you provide a description of your company's specific capabilities as they related to the subject services being requested.

6. Contractor HSEQ Requirements
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READ CAREFULLY AND ANSWER COMPLETELY

These pre-qualification questions are based on Husky's Contractor HSEQ Requirements. They are intended to establish the content and maturity of an organization's HSEQ management system.

For any “**Yes**” answer provided, Husky requires a documented reference to a policy/procedure/standard and a copy of supporting documentation which can be referenced as evidence to validate any “**Yes**” answers. Any “**Yes**” answers not supported by documentation and appropriate references cannot be evaluated and may result in disqualification. All answers may be subject to further verification efforts by Husky.

Specific examples of the types of documentation such as procedures, samples of records etc. are described below each question as a suggested way of satisfying the required supporting evidence.

All submitted documentation must be packaged in such a way as to facilitate the ease of review and evaluation of the contents. This includes specific document page and or section references for each question in the order they are presented i.e. a Procedure to support an answer for question 5.8 must come after a procedure to support 2.6.

In many cases the same procedure or document may support multiple questions, please ensure the page or section reference is clear.

For Example:

Question 9.2. Does the change process clearly define change?

Response: YES Tab 9 Management of Change Procedure ABB-MOC-OPS-1234 Section 3.1 Page 4

In some cases a specific documented procedure may not exist to satisfy the question however a process may still exist. In such a case please provide a description of the process as it exists in your organization, these processes however will be subject to further verification as necessary.

Much of this HSEQ Questionnaire can be answered by submitting the following documentation. This checklist list is ONLY A GUIDE and is not meant to be comprehensive or exclusive of other relevant information your organization may be able to provide to support your answers.

If there are any questions please contact the Husky Procurement Representative.

Document Submission Checklist	
Document	YES/NO
1. HSE Manual	
2. Quality Manual	
3. HSEQ Policy(ies)	
4. Drug and Alcohol Policy	
5. New Employee Orientation and Induction Procedure(s)	
6. Risk Management Procedure(s)	
7. Emergency Response Plan	
8. Business Recovery/Continuity Plan	
9. Equipment Maintenance Program Manual	
10. Hazardous Areas Procedure(s)	
11. Training and Competency Procedure(s)	
12. Incident Management and Investigation Procedure(s)	

Document Submission Checklist	
Document	YES/NO
13. Environmental Protection and Management Procedure(s)	
14. Management of Change Procedure(s)	
15. Document Control Procedure(s)	
16. Confidential Information Procedure(s)	
17. Project Execution Procedure(s)	
18. Contractor Management Procedures	
19. Non-Conformance Procedure(s)	
20. Supplier/Contractor Evaluation Procedure(s)	
21. Materials Receiving Procedure(s)	
22. Audit Procedure(s)	
23. Lessons Learned Procedure(s)	
SAMPLES OF:	
1. Annual HSEQ Performance Objectives, KPIs and current status	
2. Management Review Meeting Minutes	
3. Safety Meeting Minutes	
4. Safety Alerts or Bulletins	
5. Safety Observation Cards	
6. MSDS Register	
7. Risk Ranking Matrices	
8. Emergency Drill and/or Exercise Reports	
9. Job Descriptions for Management, Safety Critical Roles and those responsible for the Management System	
10. Hazardous Area Equipment Register	
11. Critical Equipment List	
12. Spare Parts for Critical Equipment Inventory List	
13. Failure Trends Analysis Report	
14. Maintenance System record for a critical system or piece of equipment	
15. Preventative Maintenance Backlog Statistics	
16. Sample of Calibration Record(s)	
17. Training Matrices	
18. Training Course Outline	
19. Incident Investigation Report	
20. Management of Change Form	
21. Internal and Supplier Audit Report	
22. Audit Schedule and current status	
23. Audit protocols or templates	
24. Corrective Action Management report and current status of all actions	
25. Purchasing/Contract Template	
26. Contractor Prequalification Questionnaire/Evaluation Form	
27. OHS Committee Meeting Minutes	
28. OHS Committee/WHSR Membership list and Terms of Reference	
29. Weld Map & NDE Log	

Document Submission Checklist	
Document	YES/NO
30. Sample Inspection and Test Plan	
31. Standard manufacturing record Book Index/Table of Contents	



Provide HSE performance statistics for the last 3 years for the following information:

Statistics including Sub-Contractor data

ITEM	20--	20--	20--
Fatalities			
Lost Time Injuries			
# of Lost time Days			
Restricted Work Cases			
# of Restricted Work Days			
Medical Aids			
First Aids			
Near Misses			
Total Exposure Hours			
LOST TIME INJURY RATE			
TOTAL RECORDABLE INJURY RATE			
Motor Vehicle Accidents			
Reportable Environmental Spills			

Statistics for Proponent Alone

ITEM	20--	20--	20--
Fatalities			
Lost Time Injuries			
# of Lost time Days			
Restricted Work Cases			
# of Restricted Work Days			
Medical Aids			
First Aids			
Near Misses			
Total Exposure Hours			
LOST TIME INJURY RATE			
TOTAL RECORDABLE INJURY RATE			
Motor Vehicle Accidents			
Reportable Environmental Spills			

- Lost Time Injury Rate based on 200,000 person hours
- Total Recordable Injury Rate based on 200,000 person hours

1	Leadership and Accountability	YES/NO	Tab #	Document Title	Document Number	Section and Page #
1.1	Does the organization have an HSEQ Policy or policy statement?					
1.2	Does the organization have a formalized documented Management System					
1.3	Does the leadership actively and visibly participate in and promote the Management System?					
1.4	Does the organization participate in industry associations and other networking activities in order to integrate best practices?					
1.5	Are the roles, responsibilities and accountabilities within the management system known, accepted and exercised?					
1.6	Are clear goals and specific objectives for the management system established and is performance measured against these goals and objectives?					

2	Safe Operations	YES/NO	Tab #	Document Title	Document Number	Section and Page #
2.1	Is a comprehensive safety program implemented including documented safe work practices, job analysis, and hazard and risk assessments?					
2.2	Is there an OHS Committee and/or a worker health and safety representative, or workplace health and safety designate in place?					
2.3	Is there a program in place that includes requirements for human factors, ergonomic risk considerations, fatigue management, and workplace physical and mental demands are identified, analyzed and addressed?					
2.4	Does the organization have a process by which at-risk behaviours and substandard conditions can be identified, recorded, analyzed and addressed e.g. a Safety Observation system?					
2.5	Is there an industrial hygiene and medical surveillance program?					
2.6	Is there a safe handling of chemicals and/or hazardous materials system?					
2.7	Does the organization have a Drug and Alcohol Policy?					
2.8	Is a process implemented to ensure the provision, training and use of appropriate Personal Protective Equipment (PPE)?					
2.9	Are procedures implemented to ensure that information which is critical to safe and efficient operations is effectively communicated between all relevant personnel, including crew shifts and rotations.					

3	Risk Assessment and Management	YES/NO	Tab #	Document Title	Document Number	Section and Page #
3.1	Is there a documented risk assessment and management process or program?					
3.2	Are risk assessed and managed to As Low as Reasonably Practicable?					
3.3	Is a defined risk matrix tool used for risk assessments?					
3.4	Are risks prioritized to people, environment assets and reputation?					
3.5	Is a follow up process in place to ensure that risk management decisions and actions are recorded and tracked to closure?					
3.6	Are risk assessments performed by qualified personnel with appropriate expertise?					

4	Emergency Preparedness	YES/NO	Tab #	Document Title	Document Number	Section and Page #
4.1	Does the organization have a response plan appropriate for their facilities/operation that is documented and communicated throughout the organization?					
4.2	Is the plan based on specific hazards and risk assessments?					
4.3	Are the incident coordination and area emergency response plans integrated with local responders as appropriate?					
4.4	Are emergency preparedness and response plans reviewed periodically and updated?					
4.5	Are emergency response personnel trained?					
4.6	Is response equipment maintained?					
4.7	Are simulations, drills or exercises conducted regularly?					
4.8	Is a business recovery plan developed to address how critical business activities will be continued following a disruptive event?					

5	Reliability and Integrity	YES/NO	Tab#	Document Title	Document Number	Section and Page #
5.1	Is there a process implemented for the calibration and control of measuring and testing equipment?					

6	Personnel Training and Competency	YES/NO	Tab #	Document Title	Document Number	Section and Page #
6.1	Are there documented role descriptions?					
6.2	Are there documented training requirements for roles that identify initial, ongoing and refresher training?					
6.3	Is there a competency assessment process or program?					
6.4	Is there a company and role orientation program for new and/or transferred employees including safety training as a minimum?					
6.5	Are there regular performance reviews?					

7	Incident Management	YES/NO	Tab #	Document Title	Document Number	Section and Page #
7.1	Are all incidents, including near misses reported, documented and maintained in an incident management system?					
7.2	Is a proven investigation methodology used to identify root cause and actual/potential severity of incidents?					
7.3	Are incident investigators appropriately trained?					
7.4	Are actions raised, tracked and followed through to closure?					
7.5	Are safety alerts and lessons learned from incidents communicated and acted upon?					
7.6	Is incident data analyzed and reviewed?					

9	Management of Change	YES/NO	Tab #	Document Title	Document Number	Section and Page #
9.1	Is there a documented management of change process to consider all changes that directly affect facilities, assets and people?					
9.2	Does the process clearly define change?					
9.3	Does the process include appropriate management review and approval?					
9.4	Does the process ensure the documentation and tracking of changes?					
9.5	Does the process consider requirements for training and documentation updates resulting from the change?					
9.6	Does the process include tracking and closure of actions resulting from the change?					
9.7	Does the process consider both permanent and temporary changes and ensure the scope and duration of temporary changes are not exceeded without review and formal approval?					

10	Information, Documentation and Effective Communications	YES/NO	Tab #	Document Title	Document Number	Section and Page #
10.1	Is there a document management system to manage technical and other documentation and ensure it is accessible and readily retrievable?					
10.2	Is technical and management system documentation controlled to include peer review and management approval to manage creation and change?					
10.3	Is information on applicable laws and regulations, licenses, permits, codes, standards and practices accessible?					
10.4	Are superseded, cancelled or obsolete documents restricted or are clearly identified to prevent unintentional use?					
10.5	Are records covering operations, maintenance, inspections and facility changes maintained and are these records auditable?					
10.6	Are employee health, medical, occupational exposure and training records maintained with appropriate confidentiality?					

11	Compliance Assurance and Regulatory Advocacy	YES/NO	Tab #	Document Title	Document Number	Section and Page #
11.1	Is there a register of applicable laws regulation, codes and standards etc. identifying the need for regular currency review and the responsible roles?					

13	Contracted Services and Materials	YES/NO	Tab #	Document Title	Document Number	Section and Page #
13.1	Is there a supplier or contractor pre-qualification and selection process?					
13.2	Is there an approved prequalified Supplier/Contractor list?					
13.3	Is there a process to ensure that received materials and services are verified against requirements?					
13.4	Are interfaces with suppliers identified and managed?					
13.5	Is supplier/contractor performance monitored and audited?					

14	Performance Assessment and Continuous Improvement	YES/NO	Tab #	Document Title	Document Number	Section and Page #
14.1	Are HSEQ performance indicators established and evaluated?					
14.2	Is there an internal audit process?					
14.3	Do audits follow established protocols and are they conducted by competent auditors, or audit teams, including expertise from outside the immediate unit?					
14.4	Are findings from audits recorded, discussed and agreed with the assessed party and corrective action plans developed and tracked to closure?					
14.5	Are management system processes and documentation periodically reviewed for effectiveness and adequacy?					
14.6	Is a management review meeting held periodically?					
14.7	Is there a Nonconformance process in place where nonconformities and potential nonconformities are identified and corrected including those from production?					

7. Technical Requirements

All respondents are asked to complete the questions below as part of your technical submission. Answers to these questions can be submitted as an attachment to the questionnaire. Respondents should note that **all questions** must be answered and appropriate documentation supplied.

No.	Technical Questions
1	Please provide your relevant experience associated with provision offshore Medical Personnel and associated services.
2	Please provide your relevant experience in the provision of on call physician support.
3	Does your company have experience in providing 24/7 MedEvac support through the provision of medical escort personnel and equipment? Provide details of relevant experience.
4	Does your company have a local office to provide onshore medical support requirements? Provide details.
5	Does your company have experience in the completion of medical screening in accordance with CAPP and Transport Canada requirements? Provide details.
6	Does your company have a sufficient network of medical doctors to provide 24/7 on-call medical support? Please provide details of arrangements in place.
7	Please provide the relative experience of management team, physicians and offshore personnel. Include resumes.
8	Does your company have experience in the provision and maintenance of medical equipment and supplies? Provide details.
9	Does your company have experience of drug and alcohol screening? Provide details

8. Canada-Newfoundland and Labrador Benefits Compliance

Husky Energy strongly supports providing opportunities to Canadian and in particular Newfoundland and Labrador companies and individuals, on a commercially competitive basis. Pre-qualified companies will be required to complete a Canada/Newfoundland and Labrador Benefit Questionnaire. Will you comply with requirements of Husky Energy (or any governmental authority) with respect to benefits and with all applicable guidelines of Husky Energy?

Yes No

9. Supplier Diversity

As part of our White Rose Diversity Plan, Husky Energy is collecting data on businesses owned and operated by members of designated groups (women, Aboriginal peoples, persons with disabilities, and members of visible minorities). Responding to the following questions is voluntary and will help us to better understand the diverse makeup of our supply chain. All information provided will be kept confidential by Husky and will be used only to assist us in ensuring that information related to procurement opportunities is appropriately targeted to diverse business owners.

1) Is your business 51% or more owned, managed and controlled by one of the following groups? Please check all that apply.

- Women
- Aboriginal peoples
- Persons with disabilities
- Visible minorities
- None

2) Is your business currently certified with a national certifying organization(s)? Please check all that apply and provide applicable certification number.

- CAMSC Certification #: _____
- WEConnect International Certification #: _____
- WBE Canada Certification #: _____
- Other, please specify: _____
Certification #: _____
- None

3) Is your business currently a member of a supplier organization/association? Please check all that apply.

- NLOWE
- Noia
- St. John's Board of Trade
- Other, please specify: _____
- None

10. Attachments

Please indicate all attachments:

No.	Attachment	Yes/No
1.	Certificate of Incorporation.	
2.	Declaration of Residency. <i>(sample format attached)</i>	
3.	Copy of Organization Chart (with names) for key personnel supporting the contract scope of work.	
4.	A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company.	
5.	A written statement indicating there are no outstanding non-conformances or audit action plans stemming from a Husky conducted Health, Safety, Environment and Quality supplier audit.	
6.	Is a Certificate of Clearance from the provincial Workplace Health, Safety and Compensation Commission (WHSCC) available upon request by Husky? (Note: The Workplace Health, Safety and Compensation Act requires all employers performing work in Newfoundland and Labrador to register with the Commission. Source: http://www.whscc.nf.ca/employers/Emp_RegisteringYourBusiness.whscc .	

12. Additional Comments

Sample Declaration of Residency

Vendor represents that * _____ for Canadian Income tax purposes

** **is** a resident of Canada

is not a resident of Canada

Furthermore, we attach a **Certificate of Incorporation** and undertake to immediately inform Husky Oil Operations Limited of any future change in our company's tax status.

Name: _____

Title: _____

Signature: _____

Date: _____

* (please include complete entity name)

** (please check as appropriate)