**Appendix 2 - Pre-Qualification and Evaluation of Contractor (1/3)**

Below shall be completed by the potential Contractor (pages 1/3 and 2/3) **– For Contractor**

|  |  |
| --- | --- |
| **Company Information** | |
| Company Name: | Address: |
| Contact Person: | Contact Number: |
| Email: | Workforce size: |
| Years in this service: | NTU PIC & Department: |
| bizSAFE or equivalent? Yes / No (delete where applicable)  If yes, state bizSAFE level and/or other certification achieved: | Engaged by NTU before? Yes / No (delete where applicable) |
| Service or scope of work providing to NTU: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *#* | **Qualification Questions** | **Yes**  **(1 pt)** | **No**  **(0 pt)** | **NA** |
| 1 | Does your organization have an established safety policy?  *(Attach a copy to NTU PIC)* |  |  |  |
| 2 | Does your organization have a certified safety management system? (e.g. ISO 45001, bizSAFE STAR, etc.). Submit a copy if available. |  |  |  |
| 3 | Is your organisation bizSAFE level 3 certified? (attach certificate if any) |  |  |  |
| 4 | Are your first-tier subcontractors at least bizSAFE level 3 or equivalent certified? (attach a copy of the certificate) |  |  |  |
| 5 | Does your organisation have a dedicated safety person to be present at the work area to ensure safety of your workers and/or persons within the work vicinity and against property damage? |  |  |  |
| 6 | Does your organization have an established process for conducting regular checks on tools / equipment used is in safe working condition? |  |  |  |
| 7 | Does your organization have an established process to ensure that statutory equipment is certified or licensed? |  |  |  |
| 8 | Does your organization conduct risk assessment prior to starting the work?  This should include risk assessment done by your sub-contractors.  *(A copy of the risk assessment shall be submitted to NTU PIC for each contract or project)* |  |  |  |
| 9 | Are all your workers (include subcontractors) qualified in performing the job and provided with the necessary Personal Protective Equipment (PPE) with instruction on the proper use? *(attach relevant safety training cert & record)* |  |  |  |
| 10 | Did your organization maintain a good safety record in the preceding 36 months, i.e. no accident or not having received any warning, conviction or compounded fines by local Authorities (e.g. MOM, SCDF, NEA, etc.)? |  |  |  |
| **Total percentage (%) attained base on the answered questions** | |  | | |

**Appendix 2 - Pre-Qualification and Evaluation of Contractor (2/3) - For Contractor**

**Contractor’s Declaration**

I declare that the information above is true and I have not wilfully suppressed any material fact.

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration by: |  | Signature: |  |
|  | (Name of Contractor Management Rep.) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company stamp: |  | Date: |  |