

	PREQUALIFICATION QUESTIONNAIRE
Husky Ref. No	o.: Goods/Services Title:
	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, East Coast Operations Suite 901, Scotia Centre 235 Water Street St. John's, NL A1C 1B6
	Attention: Mark Collett, Procurement Team Lead
Company Nar	ne:
	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 Hughy
Date Received	



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- 8. Canada-Newfoundland and Labrador Benefits Compliance
- 9. Attachments
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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 two (2) copies of all requested documentation in an envelope or package, which must be clearly marked with the **Title and Reference** number of the Services for which they would like to be considered.

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

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

1.	Company Information	
1.1	Company Name:	
	Street/Mailing Address of Office	completing this Questionnaire
	City is	Drawings
	City:	Province:
	Postal Code:	
	Telephone:	Fax:
	Key Company Sales Contact	
	Canadian Head Office:	
	Street/Mailing Address:	
	Local Office:	
	Street/Mailing Address:	



	Partnership
Corporation – Private	Corporation – Public
Other (please identify):	
lease supply Certificate of Incorpo ease also identify the Principle Sh	oration, and identify and attach as an Appendix. If private own areholders below.
Name	
City	Province/State
Name	
City	Province/State
Name	
City	Province/State
lomo	
Name	
	Province/State
City	Province/Stateindicate whether wholly-owned or percent controlled)
City	
City	
City	
City	
Subsidiaries, Affiliates, etc. (i	indicate whether wholly-owned or percent controlled)
Name City Subsidiaries, Affiliates, etc. (i	indicate whether wholly-owned or percent controlled)



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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.

No			
Yes	(please specify):		
Annual Revenu	e & Operating Income (CD	N\$ in each of the last five	years):
	Rev	enue	Operating Income
Year	\$	\$	
Year Do you have 3 ^r	\$ party certified financial strost recently completed fiscal y	rear?	Noease attach latest copy)
Year Do you have 3 ^r	d party certified financial states	atements Yes	<u> </u>
Year Do you have 3 ^r available for the m	party certified financial strost recently completed fiscal y	atements Yes	<u> </u>
Year Do you have 3 ^r available for the management of the managem	party certified financial strost recently completed fiscal y	atements Yes /ear? (If yes, ple	ease attach latest copy)
Year Do you have 3 ^r available for the management of the management of the management of the following of	party certified financial states are contact to party completed fiscally generally associated work that you we	atements Yes /ear? (If yes, ple	ease attach latest copy)
Year Do you have 3 ^r available for the management of the management of the management of the following of	party certified financial structures are controlled party completed fiscally associated work that you we information for each:	atements Yes /ear? (If yes, ple	ease attach latest copy)
Year Do you have 3 ^r available for the management of the management of the management of the following at the following and the specific to the following of	party certified financial structures are controlled party completed fiscally associated work that you we information for each:	atements Yes /ear? (If yes, ple	ease attach latest copy)
Year Do you have 3 ^r available for the management of the management of the management of the following of	party certified financial structures are controlled party completed fiscally associated work that you we information for each:	atements Yes /ear? (If yes, ple build typically subcontract ed: Province/State:	ease attach latest copy)

3. Work History

Please provide a list of at least the top three (3) recent clients of your firm, with whom you have contracts for scopes of work similar to that covered by this pre-qualification process. Provide the following information for each:

Contr	act Name/Owner:				
CDN	\$ Value:	Date(s) of Contrac	t Term:		
Desci	ription (Contract Scope of Work. Please be spec	cific):			
Locat	ion.				
	rence (Contact Name):	Telep	hone:		
4.	Current Organizational Structure				
person located	e provide a current Organization Chart for younel and reporting relationships. Please also ided. Please ensure the organization chart indicate ope of work. Please also identify where these incomes	entify where this organes personnel (including	ization's n g names)	nanagement personnel which would be suppor	l are
5.	Facilities & Infrastructure				
subject	e provide a description of the facilities & infrastrut t services, if applicable. Please clarify whether tly occupied and utilized by your company. Plea	the facilities & infrasti	ructure wh	ich you are describing	
6.	Capabilities Statement				
	e provide an overview of your company's cap otion of your company's specific capabilities as th				de a
7.	Contractor HSEQ Requirements				
1	Leadership and Accountability				
1.1	Has accountability for HSEQ throughout the defined?	e organization been	Yes	No	
1.2	Are systems for HSEQ management establis and supported at every level in the organization		Yes	No	
1.3	Is commitment to HSEQ demonstrated by resources and through active and visible part implement and improve the system?		Yes	No	



1.4	Has the scope, priority and pace for HSEQ system implementation and improvement been established, with consideration given to the complexity of, and risks involved in, the operation?	Yes	No
1.5	Through industry networking, are best HSEQ practices demonstrated by industry adopted by the organization?	Yes	No
1.6	Are HSEQ expectations and requirements transferred into procedures and practices that are effectively communicated to, and used by, all appropriate people in the Organization?	Yes	No
1.7	Does the workforce actively participate in HSEQ processes?	Yes	No
1.8	Are clear goals and specific objectives for the HSEQ Management System established?	Yes	No
1.9	Is performance against HSEQ goals and objectives evaluated?	Yes	No
1.10	Is HSEQ performance regularly communicated to all employees?	Yes	No
2	Safe Operations		
2.1	Is a comprehensive safety program implemented for a safe system of work (including documented safe work practices, job analysis, and hazard and risk assessments)?	Yes	No
2.2	As required by regulation, is an OHS Committee, a worker health and safety representative, or workplace health and safety designate in place and functioning according to legislated requirements and/or individual company policy?	Yes	No
2.3	Is there a Terms of Reference for the organization and operation of the OHS Committee (including a process for receiving, reviewing and responding to employee health and safety concerns)?	Yes	No
2.4	Is a process implemented by which at-risk behaviours, unsafe conditions and other precursors that can lead to incidents are recorded, analyzed and addressed?	Yes	No
2.5	Is a process implemented by which human factors and ergonomic risk considerations, including fatigue management, and workplace physical and mental demands are identified, analyzed and addressed?	Yes	No
2.6	Is an alcohol and drug policy implemented?	Yes	No
2.7	Is an occupational health program implemented to ensure the		
	personal well-being of employees is maintained?	Yes	No
2.8	Are industrial hygiene and medical surveillance programs appropriate for the location implemented?	Yes	No



2.9	Are systems implemented to provide for the safe handling of chemicals, hazardous materials and wastes?	Yes	No
2.10	Is there a process implemented for reviewing, evaluating and approving chemical products for use on Contractor's and Husky's worksite, or at the Contractor's facilities?	Yes	No
2.11	Is there an approved material substance register established that clearly defines those materials that are permitted to be used at any site? (By definition, the use of any substance not identified on this list shall be prohibited).	Yes	No
2.12	Is a process implemented for identifying Personal Protective Equipment (PPE) requirements, ensuring that PPE is available and functional, and training in the use of PPE is conducted for employees?	Yes	No
2.13	Are procedures implemented to ensure information that is critical to safe and efficient operations is effectively communicated between overlapping or adjoining work activities, crew shifts and rotations?	Yes	No
2.14	Is a positive and open safety culture established where employees are educated, encouraged and expected to examine all tasks and work methods?	Yes	No
2.15	Does the organization track HSE performance statistics? (including the following): Total exposure hours worked in the period Number of Fatalities Lost Time Injuries Restricted Work Cases Medical aids, first aids Number of near misses Motor vehicle incidents Lost Time Injury Rate based on 200,000 man-hours Total Recordable Injury Rate based on 200,000 man-hours Number of reportable environmental spills (In addition, Contractor must track number of Restricted Work and Lost Time Days.)	Yes	No
3 3.1	Risk Assessment and Management Are risk assessments conducted for appropriate activities or milestones in order to identify and address potential hazards to personnel, facilities, the public and the environment? (These activities and milestones shall include the following, as a minimum): • early phases of new projects • detailed design of projects • critical decision points in ongoing operations • modifications		
	 simultaneous operations and interfaces between operations decommissioning activities 	Yes	No



3.2	Are risk assessments performed by qualified personnel including, where appropriate, suitable expertise sought from outside the immediate business unit?	Yes	No
3.3	Is a follow-up process in place to ensure that risk management decisions are implemented?	Yes	No
4	Emergency Preparedness		
4.1	Is there an Incident Coordination and Emergency Response Plan that describes how emergencies will be managed?	Yes	No
4.2	Is a business recovery plan developed and implemented to address how critical business operations will be restored after an emergency to ensure employee well-being, regulatory compliance, and resumption of the service to Husky?	Yes	No
5	Reliability and Integrity		
5.1	Is there an inventory of critical processes, systems, equipment & components included in the preventative maintenance system?	Yes	No
5.2	Has there been identification of the inspection, calibration, maintenance & repair requirements associated with critical processes, systems, equipment & components?	Yes	No
5.3	Has a spare parts inventory been developed for critical equipment?	Yes	No
5.4	Has there been identification of the training, certification and competency requirements for personnel responsible for the preventative maintenance system?	Yes	No
5.5	Has an acceptable methodology been developed for identifying the schedule or frequency for performing inspection, maintenance and repair operations including the filing of the related reports & verification documents?	Yes	No
5.6	Have the requirements for the reporting of hazardous conditions and/or damaged equipment to appropriate personnel been developed?	Yes	No
5.7	Do designated personnel ensure that inspection reports are analyzed on a periodic basis to identify the basic underlying causes for repetitive, sub-standard conditions?	Yes	No
5.8	Are inspection files reviewed regularly to ensure follow-up on outstanding items & does the result of the analysis get communicated to management?	Yes	No
5.9	Is there a process for the identification of critical suppliers (and services) based on their ability to meet required specifications?	Yes	No
5.10	Has assignment of responsibility for the overall development, implementation and updating of the preventative maintenance systems been conducted?	Yes	No

6	Personnel Training and Competency		
6.1	Are there definitions of job descriptions and the relevant competencies for all personnel carrying out activities that may affect integrity?	Yes	No
6.2	Is there a systematic approach for personnel recruitment, including fit for work assessments and pre-employment medical, where appropriate?	Yes	No
6.3	Is there a process for screening, selection, placement and ongoing assessment of the qualifications and abilities of personnel to meet specified job requirements?	Yes	No
6.4	Is there initial, ongoing and periodic refresher training to meet job and legal requirements?	Yes	No
6.5	Does each training session set out clear deliverables that are established before training commences? (Training delivery includes mechanisms for assessing effectiveness and, where appropriate, demonstrated competence on the job).	Yes	No
6.6	Has a Competence Program been established and resourced to ensure that necessary levels of individual and collective demonstrated competence are maintained and carefully considered when personnel changes are made? (This Competence Program shall apply to all people undertaking critical work or having a responsibility in the HSEQ Management System).	Yes	No
6.7	Are periodic reviews conducted to ensure appropriate levels of personnel staffing is maintained to assure safe and efficient operations?	Yes	No
6.8	Do new or transferred employees undergo appropriate site orientation and induction training? (At a minimum it shall include HSEQ rules and emergency procedures).	Yes	No
7	Incident Management		
7.1	Is there an incident management system to ensure all incidents are reported and that the company learns from incidents and uses the information to take corrective action and prevent recurrence?	Yes	No
7.2	Are investigation activities directed towards determining the facts and circumstances related to the incident; identifying the contributing factors and underlying causes, and developing follow-up and corrective actions to manage the risks and prevent recurrence?	Yes	No
7.3	Are investigations conducted using proven investigation techniques and are the results of the investigation documented? (The level of the investigation carried out shall reflect the actual or potential severity of the incident).	Yes	



7.4	Is there a process implemented to analyze incidents and incident investigation data periodically to identify emerging trends and potential system weaknesses?	Yes	No
7.5	Are recommendations stemming from investigations made to address any identified issues or improvements to practices, standards or procedures?	Yes	No
7.6	Is there a process to ensure that serious incidents are to be reported to Husky Energy immediately, with a follow-up investigation report to be provided in ten (10) days?	Yes	No
8	Environmental Management		
8.1	Is a process implemented to assess the risks and potential impacts to the environment associated with operations?	Yes	No
8.2	Are environmental risk assessments subject to regular review?	Yes	No
8.3	Is there a process to ensure environmental incidents are investigated, including criteria to mandate the level of the investigation carried out reflects the actual or potential severity of the incident?	Yes	No
8.4	Have management systems been established and specific mitigation and protective measures implemented to address known negative environmental impacts?	Yes	No
8.5	Is environmental impact being monitored and reported to demonstrate compliance with relevant local, national and international regulations?	Yes	No
8.6	Are local site performance indicators and targets set to drive continual improvement in managing waste, emissions and discharges and energy efficiency?	Yes	No
9	Management of Change		
9.1	Is there a process in place to ensure the management of risks associated with both permanent and temporary changes to facilities, operation, documentation, and key personnel within the	Voo	No
	organization?	Yes	No
9.2	Does the management of change procedure clearly define what constitutes a change?	Yes	No
9.3	Does the management of change procedure have a mechanism to ensure the registration of change requests?	Yes	No
9.4	Is there a process for the evaluation of health, safety, environmental and quality impacts of proposed changes, and of proposals to mitigate risk to tolerable levels?	Yes	No
9.5	Does the management of change process give consideration of reliability, maintainability and operability factors?	Yes	No



9.6	Does the management of change process consider the impact to documentation and the changes required?	Yes	No
9.7	Does the management of change process consider the requirements for the updating of facilities or organizational documentation? (i.e.: drawings, plans, procedures, etc.)	Yes	No
9.8	Does the management of change process have management controls to ensure new practices are reviewed and approved prior to implementation?	Yes	No
9.9	Does the management of change process consider requirements for personnel training?	Yes	No
9.10	Is there a system in place to ensure that the original scope and duration of temporary changes are not exceeded without review and formal approval?	Yes	No
9.11	Is there a system in place to embrace changes in technology or applicable industry codes and standards, and to reflect those changes in the relevant facilities and operations?	Yes	No
9.12	Is there a process to consider that all changes that directly affect Husky facilities shall be managed through the Husky East Coast Management of Change process?	Yes	No
9.13	Is there a process for effective communication of changes to the affected parties or individuals?	Yes	No
10	Information, Documentation and Effective Communications		
10.1	Is there a system in place to effectively manage drawings, design data, operational instructions, and other pertinent documentation necessary for safe, environmentally-sound operations and the maintenance of facilities?	Yes	No
10.2	Is there an implemented document control system in place?	Yes	No
10.3	Is information on potential hazards associated with materials or products involved in operations maintained and current?	Yes	No
10.4	Information on applicable laws and regulations, licenses, permits, codes, standards and practices is documented and kept current?	Yes	No
10.5	A process is in place to ensure that pertinent records covering operations, maintenance, inspections and facility changes are maintained and that these records are auditable?	Yes	No
10.6	Employee health, medical, occupational exposure and training records are maintained with appropriate confidentiality?	Yes	No
10.7	Is a system in place for the dissemination of best practices and procedures, lessons learned from incident investigations and other relevant information?	Yes	No



11	Compliance Assurance and Regulatory Advocacy		
11.1	Is there a system in place to ensure compliance with regulatory requirements and codes?	Yes	No
11.2	Are the systems to ensure compliance with regulatory requirements and codes documented and included as part of the Management System?	Yes	No
11.3	Is there a process for reporting and managing any non- conformances to, planned deviations from, or potential violations of legal and company requirements?	Yes	No _
11.4	Is there a process in place to identify, track and comment on proposed legislation, regulations and emerging policy issues?	Yes	No
12	Design, Construction Commissioning, Operating and Decommissioning		
12.1	Is a project execution process used to incorporate health, safety, environment, loss prevention, and technical standards requirements? (Including considerations and practices in the design, construction, commissioning, operating, or decommissioning of a system).	Yes	No
12.2	Is operability, maintainability, reliability and total life-cycle cost are systematically considered in the planning, design and construction of new or modified facilities? Is operations and maintenance expertise fully integrated early into the process at the design and project stage?	Yes	No
12.3	Are approved health, safety, environment and loss prevention guidelines, design practices and standards, that meet or exceed applicable regulatory requirements, and encompass responsible requirements where regulations do not exist, fully utilized in the design, procurement and construction of all new or modified facilities?	Yes	No
12.4	Are risk management practices implemented to ensure designs meet integrity objectives?	Yes	No
12.5	Are deviations from approved design practices and standards, or from the approved design permitted only after review and approval by the designated technical authority, and after the rationale for the decision is fully documented?	Yes	No
12.6	Are quality assurance processes in place to ensure that facilities and materials specified received and used meet design specifications and that construction is in accordance with the applicable standards?	Yes	No
12.7	Is a formal pre-startup review performed and documented on all new or modified facilities prior to operation to confirm that they meet all applicable technical and operational requirements?	Yes	No
12.8	Is a process in place to ensure that any performance or integrity related issues identified during the course of commissioning are captured, assessed and, where appropriate, resolved?	Yes	No

13	Contracted Services and Materials			
13.1	Is the Sub-Contractor selection and approval process defined and documented? As a minimum, the following must be considered when selecting and evaluating Sub-Contractors:			
	A. HSEQ program B. HSE performance (current and past) C. Regulatory actions and enforcement (current and past)	Yes	No	
13.2	Is there a process in place to monitor and evaluate Sub-Contractor HSEQ performance for all active Sub-Contractors carrying out work?	No _		
13.3	Is the sub-contractor HSEQ performance process documented in the HSEQ Management System?	Yes	No	
14	Performance Assessment and Continuous Improvement			
14.1	Are operations regularly audited to establish the degree to which operational integrity expectations are met?	Yes	No	
14.2	Is an audit scope and frequency is established based upon the complexity of the operation, level of risk and performance history?	Yes	No	
14.3	Do audits follow established protocols and are they conducted by competent auditors, or audit teams, including expertise from outside the immediate unit?	Yes	No	
14.4	Are findings from audits recorded, discussed and agreed with the assessed party?	Yes	No	
14.5	Do audited parties develop documented action plans to address accepted findings and track and report completion progress to senior management?	Yes	No	
14.6	Is management review of the HSEQ Management System conducted periodically to address the possible need for alterations in light of changing circumstances and the commitment to continual improvement? Is the audit process reviewed periodically to ensure its continuing suitability, adequacy and effectiveness?	Yes	No	
8.	Canada-Newfoundland and Labrador Benefits Comp	liance		
abrado equireo equirer	Energy strongly supports providing opportunities to Canadian a or companies and individuals, on a commercially competitive based to complete a Canada/Newfoundland and Labrador Benefit Quenents of Husky Energy (or any governmental authority) with respenses of Husky Energy?	is. Pre-qualified of sectionnaire. Will	companies will be you comply with	
	Yes: No:			



9. Attachments

Please indicate all attachments:

No.	Attachment	Yes/No
1.	Certificate of Incorporation.	
2.	Declaration of Residency.	
3.	Certified 3 rd Party Financial Statements.	
4.	Facilities & Infrastructure photographs/drawings.	
5.	Copy of the Health, Safety, Environment and Quality Policy.	
6.	Copy of the Alcohol and Drug Policy.	
7.	Copy of the Incident/Accident Investigation Procedure and a copy of Incident Report Format.	
8.	Copy of the Emergency Response Plan table of contents.	
9.	Copy of the HSEQ (Health, Safety, Environment and Quality) Management System manual table of contents (including safe work practices).	
10.	Copy of the Management of Change Procedure.	
11.	Copy of Organization Chart (with names) for personnel supporting the contract scope of work.	
12.	Copy of the Internal Audit and Inspection Schedule for Health, Safety, Environment and Quality (with completion status and copy of most recent Health, Safety, Environment and Quality internal audit report).	
13.	Copy of the Minutes of the most recent Health, Safety, Environment and Quality Management Review.	
14.	A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company.	
15.	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.	
16.	Copy of the most recent customer satisfaction survey relating to customer perceptions and customer satisfaction.	
17.	Copy of the control of documents and control of records procedure.	
18.	Copy of the current Health, Safety, Environment and Quality objectives for the current year.	
19.	A copy of the training and competence policy or procedure.	
20.	Copy of the following safety statistics for the previous three years: Total exposure hours worked in the period Number of Fatalities Lost Time Injuries Number of Restricted Work Cases Number of Medical aids, first aids Number of Number of near misses Number of Motor vehicle incidents Lost Time Injury Rate based on 200,000 man-hours Total Recordable Injury Rate based on 200,000 man-hours Number of reportable environmental spills. Number of Restricted Work and Lost Time Days.	



No.	Attachment	Yes/No
21.	Copy of the procedure, policy or process in place to monitor and evaluate Sub-Contractor HSEQ performance.	
22.		

10.	Additional Comments
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-	



Sample Declaration of Residency

Vendor represe	ents that *	for Canadian Income tax purposes
** is a resident	of Canada	_
is not a resid	lent of Canada	
•	re attach a Certificate of In hited of any future change in	corporation and undertake to immediately inform Husky Oil our company's tax status.
Name:		
Title:		
Signature:		
Date:		

^{* (}please include complete entity name ** (please check as appropriate)