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| **SECTION 1: Contact Information** | | | |
| * *Please fill out the document in its entirety and provide as much detail as possible. Where applicable, provide additional documentation to support answers.* * *Once you have completed the form save it with your company name in the file name and return to the sending party.* | | | |
| Designated Contact:  *(name and title)* |  | Date: |  |
| Email Address: |  | Cell Phone: |  |
| Direct Phone: |  | Fax Number: |  |
| Mailing Address: |  | | |

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| SECTION 2: Company Information | |
| *Please provide information based on your company headquarters.* | |
| Legal Name |  |
| DBA name if different than legal name |  |
| Mailing Address |  |
| Country |  |
| Year Company founded |  |
| D&B Number (if applicable) |  |
| Website URL |  |
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| SECTION 3: HSE | | | |
| *Information provided herein by the Contractor will be verified prior to issue of contract. Any false or misleading responses will remove subject Contractor from the bid list.* | | | |
| **Activity** | | | **Yes, No or N/A** |
| Does your company perform and document annual reviews of your HSE management system? | | | **Yes  No  N/A** |
| Do managers/executives perform and document leadership visits and audits of the field worksite? | | | **Yes  No  N/A** |
| Does your company have documented evidence that your Stop Work Authority policy is made available to the entire organization? | | | **Yes  No  N/A** |
| Does your company have a written Injury/Illness Case Management Procedure that identifies preferred occupational medical specialists/clinics and relative contacts that has been communicated to the workforce? | | | **Yes  No  N/A** |
| Does your company have a documented Industrial Hygiene monitoring program for hazards such as high noise, silica, etc., with records available for immediate customer viewing? | | | **Yes  No  N/A** |
| Does your company have a written Short Service Employee program? | | | **Yes  No  N/A** |
| Does your company have written field emergency response plans? | | | **Yes  No  N/A** |
| Does your company perform and document audits/scoring/review of Job Safety Analysis (JSA) submitted by work crews? | | | **Yes  No  N/A** |
| **Please provide HSE statistical data requested below for current and previous two (2) full calendar years.**  **Data is expected to be in alignment with OSHA definitions.** | | | |
|  | **Last Calendar Year** | **2 Years Ago** | **3 Years ago** |
| Citations from a regulatory agency |  |  |  |
| Number of Fatalities |  |  |  |
| Total Recordable Injury Rate |  |  |  |
| Lost Time Injury Rate |  |  |  |

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| SECTION 4: Technical Questionnaire | |
| ***Vessel Assurance*** | |
| Is the vessel currently Working  Warm Stacked  Cold Stacked | |
| What is the Class Notation? | |
| Are there any current conditions of Class? | |
| Has Class notation been suspended within the past year for any reason? | **Yes  No  N/A** |
| Is OVID, CMID valid within the last year? | **Yes  No  N/A** |
| Were there any major findings and/or any findings not yet closed out? | **Yes  No  N/A** |
| What is Company’s experience related to the provided scope of work? (provide references of past jobs) | |
| What is Vessel experience related to the provided scope of work? (provide references of past jobs) | |
| Please provide details of any CG-835V USCG or Flag State write ups in the last 5 years. | |
| ***Dynamic Positioning (DP)*** | |
| Are the DP FMEA, DP FMEA Proving Trials, last Annual Trials and DP Operations Manual available if needed? | **Yes  No  N/A** |
| Does the proposed vessel have a Class approved FMEA? | **Yes  No  N/A** |
| If yes, what is its report number and when was it issued? | |
| Is there a Class approved FMEA Proving Trials document? | **Yes  No  N/A** |
| If yes, please provide report number. | |
| When were the last Annual DP Trials conducted? | |
| Is there a Class approved DP Operations Manual on Board? | **Yes  No  N/A** |
| Please provide a copy of the vessel DP CAMO and most recent ASOG (or equivalent documents) | **Yes  No  N/A** |
| Are capability plots for intact and worst case failure conditions available? | **Yes  No  N/A** |
| Please provide details of vessel’s DP Worst Case Failure mode. | |
| What type of DP system does the vessel have? | |
| What position reference(s) does the vessel use? | |
| What system reference(s) does the vessel use? | |
| Does the crew perform a formal DP familiarization that can be evidenced? | **Yes  No  N/A** |
| If yes, please provide summary details. | |
| ***General Maintenance*** | |
| Is there a current Class approved maintenance program in place? | **Yes  No  N/A** |
| Is it based on a formal maintenance program (e.g. ? | **Yes  No  N/A** |
| Is there any outstanding or upcoming major maintenance that could impact safe and continued operations? | **Yes  No  N/A** |
| When is the next regulatory inspection due ? | |
| ***Stacking & Reactivation*** | |
| Has the proposed vessel been subject to a period of warm or cold stack during the last 12 months? | **Yes  No  N/A** |
| Does the company have a vessel preservation plan in place for stacked vessels? | **Yes  No  N/A** |
| If vessel was stacked, how long was the stacking period? | |
| During lay up what level of maintenance was undertaken? | |
| Assess your vessel’s readiness as per the draft DP Asset Reactivation Guidance proposed by MTS and advise, based on your assessment, where the vessel sits in the Criticality Matrix.  Is it in the (Green) (Yellow) or (Red) status? | **Green**  **Yellow**  **Red** |
| ***Crew – Vessel Familiarity / Relevance*** | |
| Does the crew perform a documented vessel induction and familiarization? | **Yes  No  N/A** |
| Briefly detail the crew experience that will be onboard during the execution of the SOW as related to the work scope and area. | |
| How is vessel specific knowledge, experience and continuity maintained? | |
| ***Crew – Knowledge and Competency*** | |
| Beyond STCW, how is vessel specific knowledge sustained? | |
| Please provide most recent training matrix for personnel assigned to vessel. | |
| If re-manning, how is competency and knowledge assured and what training is carried out? | |
| Please provide details of all DPO’s certifications and experience. | |
| Does the operator follow the guidance of IMCA M117 – ‘The training and Experience of Key DP Personnel’? | **Yes  No  N/A** |
| ***Project Specific Verification*** | |
| Refer to provided scope of work for project specific information and please provide verification that vessel is fit-for-purpose for the specified SOW. | |
| Please confirm the mission critical equipment is fit for purpose as per the provided SOW. | |