**Prequalification Questionnaire**

**Seismic Acquisition Survey Services for**

**2D Gandalf Seismic Acquisition Project**

**in AUSTRIA**

# Company data

* 1. Full Company name:
  2. Business operating address - street, city, state/province, country, postal code:
  3. Contact person (name, telephone number, e-mail):
  4. Please attach Company structure / organization chart (ownership structure, subsidiaries, joint ventures and shared companies…)
  5. Parent Company name and address (shareholder information):
  6. Former Company name and address within the last 5 years (please note any change in company structure like name, shareholder change, former parent company name):
  7. Attach a general presentation of your Company
  8. Attach a copy of the Registration Certificate
  9. Attach a copy of Management System Certificate (e.g. ISO 9001)
  10. Attach a copy of the Environmental System Certification (e.g. ISO 14001)
  11. Attach a copy of the Occupational Health and Safety Management Systems Certificate (e.g. ISO 45001)

# Financial Status and Information

* 1. Please provide a recent creditworthiness assessment, if available, from one of the international credit agencies [Coface, D&B, etc].

Agency Name:

Date of rating:

Rating:

* 1. State annual turnover for the last three (3) full operating years (2022, 2023, 2024), in EURO (if you keep your accounting in other currencies, please make a conversion and specify here the exchange rate that you have used).
  2. State net profit/loss for the last three (3) full operating years (2022, 2023, 2024), in EURO (if you keep your accounting in other currencies, please make a conversion and specify here the exchange rate that you have used).

# Relevant Experience

* 1. Provide details of your company’s main projects/achievements providing comparative or equal services during the last five years:

|  |  |
| --- | --- |
| Client Oil Company : |  |
| Project Content : |  |
| Spare part delivery by bidder or by client |  |
| Country Location : |  |
| Contract Duration : |  |
| Value of services (EUR) |  |

|  |  |
| --- | --- |
| Client Oil Company : |  |
| Project Content : |  |
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|  |  |
| --- | --- |
| Client Oil Company : |  |
| Project Content : |  |
| Spare part delivery by bidder or by client |  |
| Country Location : |  |
| Contract Duration : |  |
| Value of services (EUR) |  |

* 1. Relevant experience in the oil&gas industry (number of years)

………………….

# Personnel Competency, Training, Qualifications and Certification

* 1. Average number of employees over the last three (3) years relevant for the scope of work. Please split per departments (i.e. service department) and separate workers / white collars:

|  |  |  |  |
| --- | --- | --- | --- |
| **Resources:** | **Y1** | **Y2** | **Y3** |
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* 1. Is there a formal, organized company personnel training program for all employees, with each position having a job description, competency definition, specific training or qualification requirements, training course specifications, training plans or schedules or matrix, training records, and qualification and certification records?

**YES NO**

* 1. Is training normally informal, in-house, “on-the-job” training; or, are trainers used who are qualified and approved to issue national or internationally recognized certificates for specialized training?

# Technical Expertise

* 1. Please provide number of similar commercial projects in agricultural area in the last 5 years in Europe.

# QA/QC information

* 1. Does a formal Quality Assurance System exist?

**YES NO**

* 1. Is there an approved Quality Manual? (DO NOT include a copy of your quality manual)

**YES NO**

* 1. Has your QA system achieved accredited compliance with any national or international standards (such as ISO 9000, BS 5750, API Q1, or equivalent)?

**YES NO**

* 1. List any national or international standards which are fully covered within your quality system and to which your equipment, services, and procedures comply (such as specific API, ASTM, NACE, DIN, ISO, IP, BS standards, and such like)
  2. Has your Quality Management / Quality Assurance System been audited within the last three years by an oil and gas operating company?

**YES NO**

If yes, please state the details of the last two audits, including: auditor company name, address, contact name, date of audit, result of QA / QC audit (accepted and satisfactory; number of corrective actions or recommendations to be instigated following the audit; confirmation that the identified corrective actions and recommendations have been instigated; or, was the Quality System not accepted and deemed unsatisfactory as a result of the audit):

|  |  |
| --- | --- |
| Auditor Company: |  |
| Address: |  |
| Date of QA/QC audit: |  |
| Result of QA/QC audit |  |
| Corrective actions required: |  |
| Confirmed corrective actions implemented: |  |

|  |  |
| --- | --- |
| Auditor Company: |  |
| Address: |  |
| Date of QA/QC audit: |  |
| Result of QA/QC audit |  |
| Corrective actions required: |  |
| Confirmed corrective actions implemented: |  |

* 1. Does Senior Management review and audit the effectiveness of the quality system?

**YES NO**

* 1. Is there a formal QC / QA Internal Audit process?

**YES NO**

* 1. How do you ensure that suppliers and sub-contractors meet all specified requirements?
  2. What formal records of your suppliers and sub-contractors performance do you maintain?
  3. What is your procedure for dealing with non-conforming items?
  4. Does your company use a documented and auditable planned preventative maintenance, servicing, and inspection procedure for company equipment?

**YES NO**

* 1. Does your company use an independent, third-party, reputable specialized Service Company to inspect equipment, to relevant standards (e.g. API) and recommended practices, or original manufacturers’ specifications, whichever is the highest standard?

**YES NO**

* 1. State the contact details for the last used inspection company (or companies).

|  |  |
| --- | --- |
| Inspection Company: |  |
| Mailing Address: |  |
| Contact in Company: |  |
| E-Mail address: |  |
| Phone number : |  |
| Fax number: |  |

* 1. What is the normal frequency of such inspections? Specify equipment & inspection intervals: