

**SUPPLIER EVALUATION QUESTIONNAIRE****Instructions**

It is Freo Group (FG) policy that before a business can be engaged or maintained as an Approved Supplier, the following Supplier Evaluation Questionnaire must be completed and nominated documents provided via mail, fax on **(08) 9499 9696** or by email at stores@freogroup.com.au.

Please note, dependant on the goods and/or services being provided to FG, only certain sections of the Supplier Evaluation Questionnaire are to be completed, in accordance with the Supplier Definitions and Supplier Matrix detailed below.

Supplier Type

Definitions	<p>a) Product Supplier – the provision of a tangible good to FG.</p> <p>b) Professional Services & Consultant – infrequent, technical, or unique service provided by a professional advisor whose occupation is the rendering of such services (eg lawyer, architect, accountant, etc.).</p> <p>c) Product & Service Supplier – the supply, install and in some circumstances on-going maintenance of goods provided to FG.</p> <p>d) Owner/Operator Contracting Arrangement – an independent contracting arrangement for the provision of plant or machinery with operator on an ad hoc basis. <i>(Note: applies to Transports Services only)</i></p> <p>e) Subcontractor - Generally will be any person other than an FG employee who is undertaking work on an FG site using equipment, tools or plant and / or installing, modifying or operating plant, equipment or machinery.</p>
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Supplier Matrix

Supplier Type	Sections of Supplier Evaluation Questionnaire to be completed:							
	Section 1 General	Section 2 Insurances	Section 3 Quality	Section 4 Technical	Section 5 Financial	Section 6 HR/IR	Section 7 HSE	Section 8 Transport
Product Supplier	X							
Professional Services & Con.	X	X	X					
Product & Service Supplier	X	X	X				X	
Owner/ Operator	X	X						X
Subcontractor	X	X	X	X	X	X	X	X

Conditions:

- Any supply to FG will be in accordance with FG's Terms and Conditions of Supply which are located on FG's website at www.freogroup.com.au.
- All goods and services supplied to FG require a purchase order. All invoices and delivery dockets must refer to the purchase order number. Failure to refer to the purchase order number may result in a delay in processing payment.
- FG pays its suppliers via its Direct Credit Payment System. Payments are made electronically into the nominated bank account and a remittance provided to your organisation within 24 hours detailing the transaction(s).
- Freo Group Limited is a subsidiary of Berkshire Hathaway Inc. and **does not, under any circumstances, provide directors' guarantees.**

Signed for and on behalf of the Supplier by:

Name		Date	
Signed		Position	

**SUPPLIER EVALUATION QUESTIONNAIRE****Section 1. Company / Individual Details – TO BE COMPLETED BY ALL SUPPLIER TYPES.**

Company Name			
ABN			
Goods / Services to be provided to FG			
Postal Address		Purchase Orders	
Street name & no		Email address	
Post Code		Contact name	
City / Suburb		Phone	
State	Country	Fax	
EFT Details		Remittance Information (tick preferred method)	
Bank Name		Email address	
BSB No		Fax number	
Account No		Printed / Posted	
Business Entity Details			
<i>Please tick <u>one</u> box only below based on what the contractor's business is carried through.</i>			
Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Trust	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>

Service Providing Locations*Please tick locations where service can be provided:*

Goldfields WA	<input type="checkbox"/>	Perth Metro	<input type="checkbox"/>	QLD	<input type="checkbox"/>	SA	<input type="checkbox"/>
Midwest WA	<input type="checkbox"/>	Southwest WA	<input type="checkbox"/>	NSW	<input type="checkbox"/>	ACT	<input type="checkbox"/>
Northwest WA	<input type="checkbox"/>	NT	<input type="checkbox"/>	VIC	<input type="checkbox"/>	TAS	<input type="checkbox"/>
Other <input type="checkbox"/> (please specify locations): _____							

(We require copies of the following to facilitate payment)

Section 2. Insurance, Registration and License Details – EXCLUDES PRODUCT SUPPLIERS ONLY.

a) Certificate of Currency for Workers' Compensation	Policy No:	Exp.Date:	Ins. Provider:
b) Certificate of Currency for Public Liability	Policy No:	Exp.Date:	Ins. Provider:
c) Certificate of Currency for Motor Vehicle (if applicable)	Policy No:	Exp.Date:	Ins. Provider:
d) Certificate of Currency for Professional Indemnity (if applicable).	Policy No:	Exp.Date:	Ins. Provider:
e) Marine Transit Insurance (if applicable)	Policy No:	Exp.Date:	Ins. Provider:

**SUPPLIER EVALUATION QUESTIONNAIRE****Registrations / Licenses**

Provide details of all Statutory Registrations & Licenses held by your organisation for example; Painters, Electrical, Plumbing, Gas, Builders, Architects, Dangerous Goods, etc. (Please supply copies of each with this questionnaire)

Category	Type	Number	Expiry Date	Copy Supplied with Questionnaire.
e.g. Electrical	License	EW165999	01-01-2014	Yes

Section 3. Quality Management Systems

TO BE COMPLETED BY PROFESSIONAL SERVICES & CONSULTANTS, PRODUCT & SERVICES SUPPLIERS AND SUBCONTRACTORS ONLY.

		Yes	No
1	Is your management system formally certified to ISO9001? ⇒ If YES, attach a copy of the Certificate		
2	If NO, is the Company Proceeding to Third Party Certification? Expected Completion Date:		
3	If NO, does the Company have a Documented Quality System?		

Section 4. Experience & Technical Capability – TO BE COMPLETED BY SUBCONTRACTORS ONLY.

Major Area(s) of Expertise and Experience (brief summary)

Prior Experience with FG

YES

NO

(If 'YES' provide details below)

Most Recent Project / Works	FG Contact Name	From	To

(If 'NO' provide details below of works performed in the last 3 years similar to those being offered to FG.)

Most Recent Project / Works	Reference Contact Name	Reference Contact Ph. #	From	To

**SUPPLIER EVALUATION QUESTIONNAIRE****Section 5. Financial Criteria****TO BE COMPLETED BY SUBCONTRACTORS ONLY. IS ONLY TO BE COMPLETED IF THE PRODUCT / SERVICE BEING OFFERED TO FG EXCEEDS A TOTAL CONTRACT VALUE OF \$500,000**

1	Externally Audited Accounting Statements for the past three years (attach copies). If audited accounts are not available please provide your management accounts at year end for the last three years	
2	Maximum Contract Value per year for the previous three financial years.	
3	Average Contract Value per year for the previous three financial years.	
4	Current Ratio of Current Tangible Assets to Current Liabilities.	Current Tangible Assets / \$ _____ Current Liabilities \$ _____ Ratio _____%

Section 6. Industrial Relations - TO BE COMPLETED BY SUBCONTRACTORS ONLY.

1. Does your company have a current Employee Enterprise Bargaining Agreement covering your workscope?

YES NO *If 'YES' please provide details.*

Agreement Title:

Agreement Number:

Date of Expiry:

If 'NO' provide details of the Industrial Instrument / Modern Award that would apply to your employees

2. Are employees engaged by your organisation given a Contract of Employment or Letter of Offer prior to commencement?

YES NO **Note: Subcontractors maybe required to provide a copy of your Enterprise Agreement / Contract of Employment / Letter of Offer prior to commencement.**

3. Will you be using 3rd Party Subcontractors to carry out any of your works? (Including the use of any labour hire company)

YES NO *If 'YES' please provide details of the Industrial Instrument that would apply to these Subcontractors?*

4. Provide details of the relevant Union that cover your employees for the proposed works.

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5. Provide details of any Employer Groups or Industry Associations your organisation is a member of.

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Section 7. Health, Safety and Environment- *TO BE COMPLETED BY SUBCONTRACTORS ONLY.*

		Yes	No
1	Does your Company have a documented Safety Management System and Safety policy?		
2	Does your Company have a Safety Induction Process in place?		
3	Has all of your site staff completed the mandatory blue/white card? ⇒ If Yes, please ensure a copy is provided to the FG site supervisor prior to commencement.		
4	Does your company ensure that all employees undergo a pre-employment medical to deem they are fit for work?		
5	Are employees trained and involved in processes that identify hazards on the job at the start of each day or task?		
6	Are Safe Work Method Statements (SWMS) / Job Safety Analyses (JSA) developed and communicated for all work activities? ⇒ If Yes, attach a copy of a SWMS / JHA for the proposed works.		
7	Are relevant licenses, training and competency assessments to operate plant or equipment or perform high risk work checked prior to commencement of the work activity? ⇒ If Yes, please ensure copies are provided to the FG site supervisor prior to commencement.		
8	Will you be using Hazardous Substances to carry out tasks on site? ⇒ If Yes, please ensure a copy of the relevant Material Data Safety Sheets (MSDS) is provided to the FG site supervisor prior to commencement.		
9	Are on-going maintenance and inspection of machinery and equipment in place, as per statutory inspection requirements.		
10	Is all electrical equipment proposed for the works tagged and maintained?		
11	Have you been issued with any prohibition/improvement notices or a safety offence within the last 3 years? ⇒ If Yes, please provide details		
12	Do you have a system for the recording of safety performance statistics? ⇒ If Yes, please complete table below		

Provide the following Safety Statistics for the last three years (refer AS1885.1).	Last Year	Year Before Last	2 Years Before Last
Total Man-hours worked for each period			
No. of Lost Time Injuries			
Lost Time Injury Frequency Rate			
No. of Medical Treatments			

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Medical Treatment Frequency Rate

1. **Lost Time Injury Frequency Rate (LTIFR)** - is the rate of all Lost Time Injuries (LTI) for each 1,000,000 hours worked over a 12 month period.

$$\text{LTIFR} = \frac{\text{(LTI 's)}}{\text{No\# of hrs worked}} \times 1,000,000$$

2. **Medical Treatment Injury Frequency Rate (MTIFR)** - is the rate of all Medical Treated Injuries (MTI) (ie Any workplace injury that has resulted in the person requiring medical treatment from a practicing GP however does not result in a full working day lost from the injury) for each 1,000,000 hours worked over a 12 month period.

$$\text{MTIFR} = \frac{\text{(MTI's)}}{\text{No\# of hrs worked}} \times 1,000,000$$

Section 8. Owner / Operator Contracting Arrangement

FG's policy is to only enter into contracts with an owner / operator in which the the owner of the vehicle is the sole driver of the vehicle supplied. Under no circumstances shall relief / additional drivers be used without formal authorisation from FG.

		Yes	No
1	Has the owner/operator received endorsement as part of the Western Australia Heavy Vehicle Accreditation Program? ⇒ If YES, attach a copy of certificate		
2	Does the driver of the vehicle have a valid driver's license for class of vehicle? ⇒ If YES, attach a copy		
3	Has the driver completed a Commercial Vehicle Drivers Medical Assessment in accordance with Section 3.131 of the 1996 OSH Regulations (WA) with the last 3 years? ⇒ If YES, attach a copy		
4	Does the driver maintain a log with respect to work time, breaks from driving, and non-work time in accordance with Section 3.134 of the 1996 OSH Regulations (WA)? ⇒ If YES, ensure record is attached with invoice on completion of works.		
5	Has the driver successfully completed the WorkSafe Commercial Vehicle Driver Fatigue Management - Self Assessment Tests? ⇒ If YES, attach a copy		

All Owner / Operators contracted by FG will be required to undertake the FG General Induction and be issued with the FG Fatigue Management Plan that is to be read, understood and signed off prior to mobilising for site.

OFFICE USE ONLY**Reviewed and Approved By:**

Name		Date	
Signed		Position	

Payment Terms:

Authorisation required by Finance Manager for all accounts less than 30 days.

Payment Terms (Tick one box only)	30 days EOM		
	60 days EOM		
	90 days EOM		
	Other		Specify: