**APPENDIX 2.3 – SUPPLIER’S COMPLIANCE WITH SCOPE OF WORK**

Supplier shall ensure that all statements under "Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**Yes**" or” **No” and provide the required information** in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in supplier's response to bid proposal and clarifications.

Supplier proposed system shall meet the technical specifications

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **COMPANY’s Requirements** | | **Supplier’s Comment** |
| **Supplier shall be able to perform the following services but not limited to:** | | | |
| 1 | Supplier to supply Centralizer 9-5/8” x 12-1/4” Ultra-Low Friction Composite / Torque and Drag Reducer that meets or exceeds API 10D specification including centralization programs  **Supplier is required to submit the following as evidence:-**   * **Track records i.e. Purchase Order/Contracts/Work Orders from existing/previous client** * **Product brochures**   Non-submission of Track Record and Product Brochures may result in disqualification of Supplier from this tender. | Evidence submitted:  Yes / No | |

**Supplier is required to submit Centralizer Placement and Torque and Drag Analysis Report for 9- 5/8” Casing as evidence based on the Well Information Appendix (a, b, c, d & e) provided in Exhibit I- SCOPE OF WORK.**

**APPENDIX 2.4 – SUPPLIER’S COMPLIANCE WITH TECHNICAL SPECIFICATIONS**

Supplier shall ensure that all statements under "Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**Yes**" or” **No” and provide the required information** in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in supplier's response to bid proposal and clarifications.

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirements** | **Supplier’s Comment** |
| **Supplier shall be able to perform the following services but not limited to:** | | |
| 1 | Supplier to supply Centralizer 9-5/8” x 12-1/4” Ultra-Low Friction Composite / Torque and Drag with following specifications including centralization programs | |
|  | Type:  Rigid Body, preferably comes with low friction material i.e. Teflon | We will comply  Yes / No |
|  | Blade:  Bladed type, high total flow area | We will comply  Yes / No |
|  | Cementing Operation:  Able to provide casing “stand-off” for shallow long horizontal well with an optimum centralizer placement | We will comply  Yes / No |
|  | Stop Collar:  Slip on | We will comply  Yes / No |
|  | Compatibility:   * 9-5/8” 47ppf – 53.5ppf casing * Oil Base Mud (OBM) * Water Base Mud (WBM) * Rotate while Run in Hole | We will comply  Yes / No |

**APPENDIX 2.5 – SUPPLIER’S COMPLIANCE WITH PERFORMANCE REQUIREMENTS**

Supplier shall ensure that all statements under "Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**Yes**" or” **No” and provide the required information** in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in supplier's response to bid proposal and clarifications.

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirement** | **Supplier’s Comment** |
| 1 | Supplier is able to provide low coefficient of friction material for:   1. Cased Hole 2. Open Hole   Supplier is **required** to submit the following documents as evidence:-   1. Centralizer Specification which includes friction factor of Material and Dimension 2. Case History 3. Calculated vs Actual Runs Report 4. Centralizer Placement & Torque and Drag Analysis Report for 9-5/8” Casing, Well A by using the value of coefficient friction Actual Run on (iii) above based on Well Information Appendices (a, b, c, d & e) provided in **Exhibit I - SCOPE OF WORK**   Non-submission of any of the above required documents (i – iv) may result in disqualification of Supplier from this tender. | **Cased Hole**  Yes / No  Coefficient of friction material:  **\_\_\_\_\_\_\_\_\_**  **Open Hole**  Yes / No  Coefficient of friction material:  **\_\_\_\_\_\_\_\_\_**  All four (i – iv) required documents appended to ITB response:  Yes / No |

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirement** | **Supplier’s Comment** |
| 2 | Supplier is able to provide torque profile with  rotation while running the casing at 20 rpm and 30 rpm casing through horizontal well.  Supplier is required to submit Torque Profile using the value of co-efficient friction Actual Run on #1(iii) above as evidence based on the Well Information Appendices (a, b, c, d & e) provided in **Exhibit I - SCOPE OF WORK**.  Non-submission of Torque Profile may result in disqualification of Supplier from this tender. | Yes / No  Degree of deviation:  **\_\_\_\_\_\_\_\_\_** |

**APPENDIX 2.6 – SUPPLIER’S COMPLIANCE WITH BUY BACK PROVISION**

Supplier shall ensure that all statements under " Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**We Will Comply**" or” **We Will Not Comply because ….**" in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in Supplier's response to bid proposal and clarifications.

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirement** | **Supplier’s Comment** |
| 1 | Supplier is able to strictly comply with buy back condition/term of Ultra-Low Friction Composite / Torque and Drag Reducer Centralizer Accessories as set-out below:   1. 0-12 months of delivery; 100% Buy Back rate 2. 12-24 months of delivery; 80% Buy Back rate 3. 24-36 months of delivery; 60% Buy Back rate | We will comply  Yes / No |

**APPENDIX 2.7 – SUPPLIER’S COMPLIANCE WITH DELIVERY REQUIREMENT**

Supplier shall ensure that all statements under "Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**Yes**" or” **No” and provide the required information** in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in Supplier's response to bid proposal and clarifications.

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirement** | **Supplier’s Comment** |
| 1 | Supplier is able to deliver and supply the required equipment with minimal lead time | **Yes / No**  Delivery lead time:  \_\_\_\_\_\_\_ weeks |

**APPENDIX 2.8 – SUPPLIER’S COMPLIANCE WITH WAREHOUSE REQUIREMENT**

Supplier shall ensure that all statements under "Supplier's Comment" column in the table below are completely filled.

Supplier shall only state either "**Yes**" or” **No” and provide the required information** in its response to the questions provided in the table below. Supplier shall state reason for any proposed exception or deviation.

COMPANY will not accept statements such as "**Noted**", "**Revert**" or "**Accepted**" in Supplier's response to bid proposal and clarifications.

|  |  |  |
| --- | --- | --- |
| **No** | **COMPANY’s Requirement** | **Supplier’s Comment** |
| 1 | Supplier has warehousing facilities within Kemaman Supply Base (KSB) | **Yes / No**  Address:  Location:  Facility details: |

**APPENDIX 2.9 – SUPPLIER’S COMPLIANCE WITH HSSE CAPABILITY**

1. Please confirm that Supplier has in place documented HSE Management Systems (HSE MS). COMPANY may request Supplier a copy of Supplier’s HSE plan & program and/or HSE MS manual upon award of contract.

|  |  |  |
| --- | --- | --- |
| ***Yes*** |  | ***No*** |
|  |  |  |

1. Please provide your safety statistics for the last three (3) years in the following format

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description |  | 2015 |  | 2014 |  | 2013 |  |
| Date of Last LTI |  |  |  |  |  |  |  |
| No. of Lost Time Injury \* |  |  |  |  |  |  |  |
| No. of Restricted Worked Case |  |  |  |  |  |  |  |
| No. of Medical Treatment Case |  |  |  |  |  |  |  |
| No. of Dangerous Occurrence |  |  |  |  |  |  |  |
| Total of Manhours Worked |  |  |  |  |  |  |  |
| Total Days Lost |  |  |  |  |  |  |  |
| LTIF ( *See notes below*) |  |  |  |  |  |  |  |
| LTIS *(See notes below)* |  |  |  |  |  |  |  |
| No.of HSE Meetings performed |  |  |  |  |  |  |  |
| No.of emergency exercises/drills conducted |  |  |  |  |  |  |  |
| No.of HSE audit & inspection conducted |  |  |  |  |  |  |  |
| No.of Property Damage Case |  |  |  |  |  |  |  |
| Property Damage Loss (Amount – RM) |  |  |  |  |  |  |  |
| Scheduled Waste Generated (Kg) |  |  |  |  |  |  |  |

Notes

For your guideline, our safety performance is indicated by the following formulae:

**LOST TIME INJURY FREQUENCY (LTIF)**

LTIF = No. of \*LTI x 1,000,000

Manhours Worked

**LTI SEVERITY RATE (LTIS)**

LTIS = No. of Days Lost x 1,000,000

Manhours Worked

**DANGEROUS OCCURRENCE :** an occurrence arising out of or in connection with

work and is of a class specified in Part I & Part II,

Scheduled 2 of OSH (NADOOPOD) Regulations 2004.

**PROPERTY** **LOSS/DAMAGE** : Any incident which involves property damage/loss other

than a fire or explosion.

**SCHEDULED WASTES** : As defined under EQ (Scheduled Wastes) Regulations 2005

c) Subcontractor HSE Questionnaire

Please fill out the required parts of the Subcontractor HSE Questionnaire in **Attachment 1** fully and attach any relevant documentation that will aid your submission in this **Appendix 2.9**

**ATTACHMENT 1**

**SUBCONTRACTOR HSE QUESTIONNAIRE**

| **No** | **Questionnaire items** | **Supporting Documents** | **Response** | **Comment** |
| --- | --- | --- | --- | --- |
| **Section 1 : Leadership and commitment** | | | | |
| 1.1  Commitment to HSE aspects through  leadership | 1. How senior managers are personally involved in HSE management for example objective-setting and monitoring? |  |  |  |
| **Section 2 : HSE policy and strategic objectives** | | | | |
| 2.1  HSE policy documents | 1. Does your company have an HSE policy document? If the answer is YES please attach a copy. |  |  |  |
| 1. Who has overall and final responsibility for HSE in your organization? |  |  |  |
| **Section 3 : Organization, responsibilities, resources, standards and documentation** | | | | |
| 3.1  Organization – Commitment and Communication | 1. Do you have a focal point in the organization for HSE |  |  |  |
| 1. What arrangements does your company have to ensure existing and new staff HSE knowledge is up to date including the worksite Supervisor? (If training is provided please give details of content) |  |  |  |
| 1. What provision does your company make for HSE communication meetings? |  |  |  |
| 3.2  Assessment of suitability of Subcontractors/ other companies (if applicable) | 1. How do you assess HSE competence & record of the Subcontractors and companies with whom you place contracts |  |  |  |
| **Section 4 : Risk Management** | | | | |
| 4.1  Risk assessment and Control | 1. How does your company identify hazards, assess risk, control and mitigation consequences, to a level as low as reasonably practicable? |  |  |  |
| 4.2  Personal Protective Equipment | 1. What PPE do you provide for your personnel? |  |  |  |
| 4.3  Waste Management | 1. What systems are in place for identification, classification, minimization and management of waste? |  |  |  |
| 4.4  Drugs and Alcohol | 1. Do you have a drugs and alcohol policy in your organization? If so, does it include pre-employment and random testing? |  |  |  |
| **Section 5 : Planning and Procedures** | | | | |
| 5.1  HSE or Operations  manual | 1. Do you have a document with simple procedures/rules covering HSE issues? |  |  |  |
| 5.2  Equipment Control and Maintenance | 1. How do you ensure that infrastructure, plant and equipment used within your operations (own premises, client site, or at other locations) are correctly certified, registered, controlled and maintained in a safe working condition? |  |  |  |
| **Section 6 : Implementation and Performance Monitoring** | | | | |
| 6.1  Management and performance monitoring of work activities | 1. What arrangements does your company have for monitoring of HSE performance? |  |  |  |
| 1. Does your company have a procedure for recording and investigation of incidents? |  |  |  |
| 6.2  Safety performance  indicators | 1. Please provide the following statistics for each year for the last five years:   • Number of fatalities  • Number Lost Time Injuries  • Number of Lost Workday Cases  • Number of Restricted Work Day Cases  • Number of Medical Treatment Cases  • Number of first aid cases  • Number of near miss incidents  • Fatal Accident Rate  (per 100 million hours worked)  • Lost Time Injury Frequency  (per million hours worked)  • Total Recordable Incident Rate  (per million hours worked) |  |  |  |
| **Section 7: HSE auditing and management review of HSE-MS** | | | | |
| 7.1  Audits | 1. Do you have a method for the management to carry out simple audits or HSE inspections of contract operations? |  |  |  |
| **Section 8: HSE management – additional features** | | | | |
| 8.1  Additional features of your HSE-MS | 1. Does your company have any other HSE features or arrangements not described elsewhere in your response to the questionnaire which you believed that contribute your Company HSE performance? |  |  |  |

**APPENDIX 2.10 – UNPRICED CONTRACT EXCEPTIONS FORM**

a) Any exceptions, deviations or alternatives to the Contract MUST be included in the CONTRACT EXCEPTIONS FORM. Any exceptions to the terms not so included therein shall be null and void.

b) No prices shall be shown on this Unpriced Contract Exceptions Form. Any priced cost impact shall only be included in the Priced Commercial proposal.

c) If Supplier complies with COMPANY’s terms and conditions of CONTRACT, then Supplier shall insert the following wording in the form:

“**COMPLY – This proposal complies with all terms and conditions of CONTRACT**”

|  |  |  |  |
| --- | --- | --- | --- |
| ARTICLE NO./ APPENDIX NO. | Exact new wording proposed by  BIDDER | Reason for exception | Change in bid price/delivery if exception is accepted by COMPANY |
|  |  |  |  |

Note : Supplier will indicate the following in the Change of Bid Price column:-

- “Quote” - If exceptions have cost impact on bid price.

- “NIL” – If exceptions do not have cost impact on bid price.

- “FIRM” – If Bidder will not accept COMPANY wordings at any price and is willing to risk having its Bid Proposal rejected on this basis

**APPENDIX 2.11 – UNPRICED COMMERCIAL PROPOSALS**

a) Supplier shall submit a complete response to the “Unpriced Commercial Proposal”, **BUT** Supplier is to be reminded that  **no costs or prices** shall appear in the technical proposal submission. Bidder is to indicate “**Quote**” or “**Unquote**” only in the price column (underlined) provided as per format in **Exhibit II – Schedule of Compensation** of Contract Form.

b) Reminder – No cost or prices shall appear in this **Appendix 2.11**

**APPENDIX 2.13 – FINANCIAL STATEMENT**

a)         Supplier shall submit the following questionnaire duly completed.

            (i)   Company’s paid-up capital                MYR………………

            (ii) Company’s authorized capital            MYR………………

           (iii) Summary of assets and liabilities based on the audited financial statement of **the last three (3) financial years (2013, 2014, 2015 and/or latest)** of which must be attached to support this submission

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Description** | **YEAR 2015** | **YEAR 2014** | **YEAR 2013** |
| 1 | Total Assets |  |  |  |
| 2 | Current Assets |  |  |  |
| 3 | Inventory |  |  |  |
| 4 | Total Liabilities |  |  |  |
| 5 | Current Liabilities |  |  |  |
| 6 | Net Worth (1-4) |  |  |  |
| 7 | Working Capital (2-5) |  |  |  |

            (iv) Credit facilities information

                 Supplier shall submit information on credit facilities as per table below:-

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | *Type of Facilities* | **Total Credit Facilities (MYR)** | **Amount Utilized to Date (MYR)** |
| 1 | Bank Guarantee |  |  |
| 2 | Bank Overdraft |  |  |
| 3 | Letter of Credit |  |  |
| 4 | Bankers’ Acceptance |  |  |
| 5 | Others (Please specify) |  |  |

b)         Supplier shall submit copies of **audited Financial Statements** for the **last three (3) years (latest)** for review and evaluation.

      Management Account is strictly **NOT** acceptable. If Bidder’s operations are less than three years, please submit any audited Financial Statement (s) available.

c)         Supplier shall submit copies of documents to support information provided in this Section.