

**DELIVERY PARTNER EVALUATION FORM****Region****New Zealand**

Universal Communications Group NZ Ltd ("UCG") would like to evaluate your suitability for being a Delivery Partner (Contractor).

Please send your completed form to the Delivery Partner Support department at work@ucg.co.nz. If you require any assistance do not hesitate to contact a member of the team at work@ucg.co.nz or phone 09 6331247.

APPLICATION TO BE A DELIVERY PARTNER (CONTRACTOR)**Part A: Your Company Details**Company name: **FABRIK SOLUTIONS LIMITED**Company NZBN (Business number): **9429042434795**

Pty Ltd or partnership or sole trader or other:

Contact person name and position: **SIDDHARTHA CHOWDARY DOMA, DIRECTOR**Telephone numbers: **0204057777**Email address: **Siddhu.doma@gmail.com, admin@fabrikSolutions.co.nz****Part B: Your Insurance Details**Public liability insurance: Yes ☒ No ☐

If yes record the sum insured:

*If yes when you submit this form also submit a certificate of currency.*Workers compensation insurance: Yes ☐ No ☒*If yes when you submit this form also submit a certificate of currency.*Personal accident insurance for all workers not covered by workers compensation: Yes ☐ No ☒ N/A☐ *If yes when you submit this form also submit a certificate of currency.*Goods in transit insurance: Yes ☒ No ☐

If yes record the sum insured:

*If yes when you submit this form also submit a certificate of currency.*Comprehensive motor vehicle insurance: Yes ☒ No ☐*If yes when you submit this form also submit a certificate of currency.*

If you have any other insurance policies which you think are relevant record them here and when you submit this form also submit a certificate of currency:



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Part C: Your Health, Safety, Environment & Quality Systems

What is the scope of works you will perform (tick which is applicable)?

- | | |
|---|--|
| <input checked="" type="checkbox"/> MDU Build (Class 3 & above) | <input checked="" type="checkbox"/> Provisioning |
| <input checked="" type="checkbox"/> Class 1-2 Work | <input checked="" type="checkbox"/> Civils – Inside Boundary |
| <input checked="" type="checkbox"/> Civils – Outside Boundary | <input checked="" type="checkbox"/> Scoping/survey |

What are the high risk activities you would undertake when you perform the work?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Operation of mobile plant or heavy vehicles | <input checked="" type="checkbox"/> Hot work |
| <input checked="" type="checkbox"/> Operation of cranes or lifting equipment | <input checked="" type="checkbox"/> Work at heights |
| <input checked="" type="checkbox"/> Operation of power tools | <input checked="" type="checkbox"/> Manual handling |
| <input checked="" type="checkbox"/> Excavation or trenching | <input checked="" type="checkbox"/> Disposal of trade waste |
| <input checked="" type="checkbox"/> Confined space entry | <input checked="" type="checkbox"/> Emissions to air or water or land |
| <input checked="" type="checkbox"/> Electrical work | <input checked="" type="checkbox"/> Electronic identification of underground assets |
| <input checked="" type="checkbox"/> Traffic (vehicle or pedestrian) management | <input checked="" type="checkbox"/> Asbestos handling or removal or transport |

Approximate number of your direct employees who will work on the UCG project: 10

Approximate number of your subcontractor workers who will work on the UCG project: 0

If applicable record the names of subcontractor companies you propose to use on the UCG project:

Does your company hold the necessary permits and licenses for the proposed work? Yes ☒ No ☐
If yes, what permits/licenses does your company hold and please provide copies:

Do your employees/subcontractors hold relevant licenses for the work they will perform Yes ☒ No ☐
Note: - Before any worker commences work on the UCG project, their induction will include the requirement for copies of relevant licenses/qualifications to be provided to UCG.

Do you verify the competency of your employees/subcontractors for any high risk work they will perform? Yes ☒ No ☐

Do you have an OHS management system? Yes ☐ No ☒
If yes, is your system accredited by an external authority e.g. AS4801? Yes ☐ No ☒
If yes, please provide a copy of your OHS management system and/or accreditation.

Do you have an Environmental management system? Yes ☐ No ☒
If yes, is your system accredited by an external authority e.g. ISO 14001? Yes ☐ No ☐
If yes, please provide a copy of your Environmental management system and/or accreditation.

Do you have a Quality management system? Yes ☐ No ☒
If yes, is your system accredited by an external authority e.g. ISO9001? Yes ☐ No ☐
If yes, please provide a copy of your Quality management system and/or accreditation.

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Procedures and Policies

- Do you have procedures for reporting & correction of hazards/incidents/injuries? Yes ☒ No ☐
- Do you have procedures for reporting & correction of environmental non-conformances? Yes ☒ No ☐
- Do you have procedures to identify and deliver training relating to WHS? Yes ☒ No ☐
- Do you have procedures to monitor WHS, environment and quality performance? Yes ☒ No ☐
- Do you have Safe Work Method Statements for your high risk activities? Yes ☒ No ☐
- Do you have Safety Data Sheets for hazardous chemicals/substances/goods you use? Yes ☒ No ☐
- Do you have test certificates for the equipment you shall use? E.g. gas detector. Yes ☐ No ☒
- Do you have an Environment Management Policy? Yes ☒ No ☐
- Do you have an WHS Policy? Yes ☒ No ☐
- Do you have an WHS Plan for the work you will perform for UCG? Yes ☒ No ☐
- Do you have emergency response procedures? Yes ☒ No ☐

Please submit to UCG copies of any of the above procedures, policies or test certificates.

Have you or your company have any history of:

WHS or environment conviction or penalty notices from a regulating authority? Yes ☐ No ☒

If yes please submit to UCG copies of the details.

Part D: Capability Requirements

Does your company have a workforce that has achieved the below Work Type Competency (WTC) requirements?

WTC 1: Electrical Reticulated Network – Underground. Yes ☒ No ☐

WTC 2: Elevated Work Platform Plant. Yes ☐ No ☐

WTC 3: Electrical Reticulated Network – Overhead. Yes ☒ No ☐

WTC 4: Confined Spaces. Yes ☐ No ☐

WTC 5: Working at Heights. Yes ☒ No ☐

Please indicate which of the below equipment your company uses:

OTDR (Exfo):

Fusion Splicer (Sumitomo/ Fujikura): Yes ☒ No ☐

Blowing Gear: Yes ☒ No ☐

Elevated Work Platform: Yes ☒ No ☐

Cherry Picker: Yes ☐ No ☐

Concrete Cutter: Yes ☐ No ☐

Directional Drill: Yes ☒ No ☐

Excavators: Yes ☐ No ☐

Part E: Your Commercial Status

Do you have any commercial conflict of interest if you were to work for UCG? Yes ☐ No ☒

If yes, please provide details and state how you will manage the conflict of interest?

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Is your company currently solvent?

If no, please provide details:

yes

Is your company currently up to date with payments to your employees and contractors for their entitlements?

If not, please provide details:

yes

Part F: Your Client Referee #1

Client referee company name:

VISIONSTREAM

Client referee contact person's name and position:

Daniel, Field Manager

Client referee contact person's telephone number:

027568137

Describe the work you performed for this client and applicable dates:

SDU Build and connect, Row build, From 1/7/2016 to till date.

Part G: Your Client Referee #2

Client referee company name:

Client referee contact person's name and position:

Client referee contact person's telephone number:

Describe the work you performed for this client and applicable dates:

Part H: Your Declaration

I declare that all the above information and the attached information is a true and accurate reflection of my company and its management systems.

I agree to ensure compliance with my company's management systems and the reasonable management systems of UCG during the course of work performed for UCG.

I agree to communicate and enforce these obligations to all workers (both employees and subcontractors) who work for my company on the UCG projects.

I agree to UCG only using the information provided for assessing our organisation's suitability to provide services to UCG and any other purpose must be approved in writing.

Name and position (print clearly):

SIDDHARTHA DOMA, DIRECTOR

Name of company:

FABRIL SOLUTIONS LTD

Signature and date:

17/01/2018



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APPLICATION TO BE A DELIVERY PARTNER (CONTRACTOR)

UCG INTERNAL USE ONLY This page does not need to be furnished to the Delivery Partner however this page should be forwarded to the Responsible UCG Operational Manager who evaluates the Delivery Partner's application in conjunction with the National Delivery Partner Manager.

Part I: UCG Office Use - Evaluation of Delivery Partner by Relevant UCG Manager

WHS risk rating of Delivery Partner: Low ☐ Medium ☐ High ☐

Refer to next page for information regarding the risk rating scale

Environment risk rating of Delivery Partner: Low ☐ Medium ☐ High ☐

Refer to next page for information regarding the risk rating scale

Quality risk rating of Delivery Partner: Low ☐ Medium ☐ High ☐

Refer to next page for information regarding the risk rating scale

Approved to work for UCG?

☐ Yes

☐ No

☐ Yes, with conditions.

Note that any high rating for WHS or environment or quality risk means the applicant cannot be accepted unless deficiencies are rectified. If so state the conditions.

Name of UCG manager completing the review:

Position held in UCG:

Signature and date:

/

____ / ____

The National Delivery Partner Manager shall counter sign if they agree with the recommendation of the Responsible Operational Manager, or shall provide comments as necessary:

Name of UCG National Delivery Partner Manager completing the review:

Signature and date:

/

____ / ____

Risk Rating Guide

To achieve a medium (or low) risk rating, the following must be in place:

- All insurances are in place, adequate, and evidence has been provided;
- Subcontractors listed have not been excluded from UCG projects;



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- Licenses and/or qualifications for the proposed work are held with evidence provided;
- Systems or processes for all items under the subsection titled "Procedures and Policies".

In addition, if the applicant Delivery Partner does not have the following, they must work under UCG systems and/or SWMS. A notation to this effect must be made under the "Conditions" section.

- An WHS/Environmental/Quality Management System;
- Regular internal audits of their systems;
- An WHS Plan for the work (unless one can be developed and accepted),
- the SWMS provided are inadequate (as evaluated using UCG-BM-Pr-016F2 unless this can be rectified)

If the Delivery Partner has a conviction for an WHS or environmental offence or have previously demonstrated poor performance on UCG sites, they cannot be appointed unless action has been taken by them to address the issues or if waived by the Chief Executive Officer.