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| **CONTRACTOR INFORMATION (TO BE FILLED BY TENDERER)** | | | |
| Company Name |  | Commercial License |  |
| Year of Establishment |  | Issuer of Commercial License |  |
| No. of Permanent Workforce |  | Licensed Business |  |
| Authorized HSE Officer |  | No. of Temporary Workforce |  |
| Email of HSE Officer |  | Contact No. of HSE Officer |  |
| Company Location & Address |  | | |
| Email & Contact No. |  | | |
| **CONTRACT INFORMATION (TO BE FILLED BY TENDERER)** | | | |
| Contract No. & Title  *(To be inserted by CPD)* |  | | |
| Scope of Work  *(Brief Description)* |  | | |
| Start Date |  | End Date |  |
| No. of Permanent Workforce |  | No. of Temporary Workforce |  |
| Contract Work Location |  | No. of Vehicles and Fleet |  |
| Hazardous Materials |  | | |
| Main Equipment |  | | |
| Environmental Parameters |  | | |
| End User  *(To be inserted by CPD)* |  | | |
| Remarks |  | | |

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| **PRE- CLASSIFICATION TYPE, CONTRACT DETAILS (TO BE FILLED BY TENDERER)**  ***select (tick) as many as it is applicable category(s) to reveal the contract scope of work*** |

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| **Type “A”** |  | Purchased items/ material supply |  | Fuel Supply |
|  | Audit / Inspection |  | Training & Consultation |
|  | Security Services |  | Human Resources Agency (Outsourced) |
|  | Rental of vehicles |  | Event Management outside AD Ports |
|  | Design / Studies |  | Desktop IT Services |
| **Type “B”** |  | General Services (Office Boy and Cleaners) |  | Shop / Office/ Warehouse Tenants |
|  | Rental of Heavy / Mobile Equipment |  | Stevedoring; Cargo Operation |
|  | Building Cleaning Services |  | Event Management inside AD Ports |
| **Type “C”** |  | Construction, modification & demolition |  | Preventive & corrective maintenance |
|  | Dry Dock Repairs |  | Spill and Emergency Services |
|  | Container Repairs |  | Waste Management |
|  | Supply of major equipment requiring on-site assembly, testing and commissioning |  | Marine and other Surveys |
|  | Medical/ Ambulance Services |  | Petroleum Operator |
| * **Type “D”** |  | Major Construction Works |  | Container Terminal Operation |
|  | High Risk Tenant |  | Industrial Entity |

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| Previous Contract signed with Abu Dhabi Ports (Last 5 years) | Yes | No | If Yes, Specify |
|  | | | |
| Current/ active Contract/ business signed with Abu Dhabi Ports | Yes | No | If Yes, Specify |
|  | | | |

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| **ACCREDITATION AND CERTIFICATION (TO BE FILLED BY TENDERER)** | | | | | | |
| **Does the Contractor/ Company have a:** | **Yes** | **No** | **N/A** | **Evidence Provided** | | |
| **Yes** | **No** | **N/A** |
| Certified ISO 14001 |  |  |  |  |  |  |
| Certified ISO 9001 |  |  |  |  |  |  |
| Certified OHSAS 18001 |  |  |  |  |  |  |
| Approved HSEMS by OSHAD |  |  |  |  |  |  |
| Internal HSE Management System |  |  |  |  |  |  |
| HSE Policy |  |  |  |  |  |  |
| List of Standard HSE Operating Procedures |  |  |  |  |  |  |
| External HSE Audit (Last 2 Years) |  |  |  |  |  |  |
| Sustainability Report |  |  |  |  |  |  |
| Monthly/ Quarterly HSE Performance Report |  |  |  |  |  |  |

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| **CONTRACTOR DECLARATION** | | | |
| The above information is true and correct to the best of my knowledge. | | | |
| Remarks |  | | |
| **Contractor Authorized Officer** |  | **Designation** |  |
| **Signature** |  | **Date** |  |

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| **CONTRACT DETAILS (TO BE FILLED BY AD PORTS’ END USER)** | | | | | | | | |
| **Hazard/ Risk/ Operation Assessment** | **Low** | | **Moderate** | | **High** | | **Very High** | |
| Size/ volume of the Work |  | |  | |  | |  | |
| Identified Hazard/ Risk Index |  | |  | |  | |  | |
| Operation Impact Index |  | |  | |  | |  | |
| Financial Impact Index |  | **≤100 K** |  | **≤1 M** |  | **≤5 M** |  | **>5 M** |

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| Classification, select as many as it is applicable category(s) to reveal the Contract Scope of Work; e.g. Manpower’s Supply, Preventive Maintenance, Container Terminal Operation |  |
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|  |
| Remarks |  |

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| **END USER DECLARATION** | | | |
| The above information is true and correct to the best of my knowledge. | | | |
| **End User** |  | **Designation** |  |
| **Signature** |  | **Date** |  |

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| **HSE EVALUATION BY AD PORTS HSE** | | | | | | | | | | | | | | | |
| Contractor “HSE Capability Assessment” Reference Number: | | | | | | | |  | | | | | | | |
| **Hazard/ Risk/ Operation Assessment** | | | | **Low** | | | | **Moderate** | | **High** | | | | **Very High** | |
| Size/ volume of the Work | | | |  | | | |  | |  | | | |  | |
| Contractor HSE capability | | | |  | | | |  | |  | | | |  | |
| Identified Hazard/ Risk Index | | | |  | | | |  | |  | | | |  | |
| Operation Impact Index | | | |  | | | |  | |  | | | |  | |
| Financial Impact Index | | | |  | **≤100 K** | | |  | **≤1 M** |  | | **≤5 M** | |  | **>5 M** |
| Based on HSE evaluation to the above information, the above contractor and related scope of work shall be classified as: | | | | | | | | | | | | | | | |
|  | **Type “A”** |  | **Type “B”** | | |  | **Type “C”** | | | |  | | **Type “D”** | | |

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| Qualified by HSE |  | Disqualified by HSE |  |
| Qualified Remarks |  | | |
| Disqualified Remarks |  | | |

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| AD Ports HSE Manager/  HSE Specialist |  | Designation |  |
| Signature |  | Date |  |