

**Kingdom of Saudi Arabia**  
**Ministry of Housing**



Pre-Qualification  
For  
Housing Projects

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For  
Housing Projects



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## 1- Introduction:

Under the directives of the Custodian of the Two Holy Mosques, the Ministry of Housing would like to implement the project that includes all infrastructure in all parts of the Kingdom of Saudi Arabia.

In this regard, the Ministry of Housing calls the companies wishing to participate in this competition to submit requests for qualification for the type of project or the following projects:

### A - Infrastructure works, including

Roads, Water & Sanitation Works, Electrical Works, bridges and public utilities.

### B - Coordination of the work site, including Coordination work, landscaping.

Contractors are requested to apply and complete the attached pages with the provision of full details about the company's organizational structure, financial resources and experiences. All points should be completed you can add supplementary pages to complete with the instructions specified in this document.

The contractors make sure that their application must include all the required documents that demonstrate their experiences and their potential in the projects mentioned above and through previously completed works which are offered by the company and dealt with according to which the completion of the company and the completion of its work in complete manner.

And contractors should provide all the information specified in this document, to consider their eligibility for competition in these projects. The applications that are not filled out completely or ignored the required information without proper study will not be considered.

It is also provide the prequalification documents, according to documents described in the Appendix (1) and the 2 sets hard copies with a CD in a sealed envelope and mentioned the filed of prequalification and class of classification and submit at Ministry of Housing to the following address:

Ministry of Housing  
Al Ameer Abdul Azeez Bin Mused Bin Jalawi (Dhabbab street)  
Pre-qualification Department  
3<sup>rd</sup> Floor.

Write down on the our side of the envelope:  
Ms/ Subject-Application of Pre-Qualification - Housing Projects

Company Name: .....  
Pre-Qualification Field 1: ..... Classification:.....and/or  
Pre-Qualification Field 2: ..... Classification:.....and/or  
Pre-Qualification Field 3: ..... Classification:.....and/or  
Pre-Qualification Field 4: ..... Classification:.....and/or

## 2 - General Information

### 2.1 General

The information mentioned below are to assist contractors to apply the prequalification. These information does not constitute a public part of any competition or contract is concluded for the implementation of the projects. And do not constitute the information contained in this document is no commitment by the Ministry of Housing regarding the accuracy or completeness of this information, contractors may not raise any claims based on any case of inaccuracies, omissions or deficiencies in the information.

### 2-2 Project Information

Often sites of various projects will be dispersed in parts of the Kingdom:

1. Riyadh
2. Makkah
3. Madina
4. Qassim
5. Eastern Province
6. Aseer
7. Hail
8. Tabuk
9. Al Baaha
10. The northern borders
11. Al Jouf
12. Jazan
13. Najran

### **2-3 Nature of the contract**

The Ministry of Housing to appoint some engineering offices as an Engineer to oversee the projects. The competition will include the documents put forward by the Ministry of Housing Conditions of Contract and engineering designs and technical specifications and bills of quantities.

And projects of the Ministry of Housing will undergo as per rules and regulations of Kingdom of Saudi Arabia.

### **2-4 Requirement of staff and workers**

The contractor are demanded to the extent possible consistent with its obligations set out the status of construction contract with him, employing as much as possible of the staff and products from Saudi Arabia according to the rules and regulations issued by the concerned authorities.

## **3- Instructions to contractors**

### **3-1 Pre-Qualification forms:**

Contractors who wish to participate in prequalification should complete the following qualification questionnaire forms, note that prequalification application will not be considered if it not fully filled and / or provide a different form other than the specified forms.

### **3-2 Qualification Requirements and Criteria:**

The contractor shall not be considered qualified except, he has the required capabilities, experience and qualified personnel with the suitable tools and existing net assets and sufficient capital to achieve the successful execution of the project.

The basic criteria of qualification shall be as following:

Brief about company:

- Brief history about the company including type of ownership, and organizational chart of the company, duration of work in different parts of the world and in the Gulf Region and KSA.

- Construction experience in its existing title or under any other companies, that participated with them. The qualification shall explain satisfactory works in the field of construction, (5) similar projects at least, during the past three years. The form CP-1 shall be filled for the above stated experience specified for the project, and a photograph of the executed projects shall be attached (if any).
- List of implemented works, i.e. commercial, housing ...etc.
- The applicants, either contractors or subcontractors entering the bid in any case, shall be registered or licensed as per the rule adopted in the KSA to implement the works (type, size and value) proposed to be executed by them.
- Brief details of the quality control procedures followed by the company shall be submitted, including a copy of the quality control system which is applied by the company with approval certificate (certification) accordingly.

**3-2-2 The Key-Staff:**

- The attached Form SP-1 shall include a list of names and data about the key personnel or staff from which the supervisory staff and site management will be selected. This list shall include high experience staff in the specific work.
- Where the project contract is awarded, the contractor shall recruit the senior staff of the subcontractors and the key personnel who will be hired to the project from subcontractors and the staff included in the attached forms, and any change of the subcontractors shall submit to the approval of the Ministry.
- Names and details about all the existing executive managers, including the existing job, years of experience with the company and in the area of construction.

### **3-3-2 Tools and Equipment of Construction:**

The contractor shall explicitly explain in the attached Form CM-1, a list of his main tools including the type, manufacture and model and benefit of owning them and the equipment which will be leased or hired, as well as the equipment to be provided for the Ministry's projects. These equipment shall be of a suitable type and of sufficient quantity and capacity and in the specific time for that purpose.

### **3-4-2 Project Management and Brief Executing Method:**

A brief statement shall be included in the Form CM-2, concerning the management tools and operations that will be used by your company to develop and ensure the following:

- Working with a safe method and ensure safety and logistic plans.
- Sequence and scheduling of constructions works, and proposed access routes.
- Control of the project value or cost.
- Management of correspondence and submissions of documents
- Supervision the activities of work team of different category.
- Supervising the subcontractor's works.
- Instructions of the project management and variations (variation management).
- Relationship between the main office and the site.
- Supervising the supply and purchases operations.
- Technical and advisory services.

The contractor shall also fill the Form CM-2, and show the idea of the implementation method, the tools and procedures to be used in executing the works with sufficient details to evaluate the technical and technological knowledge of the contractors and possibility of being approved.

### **3-5-2 The Financial Statement:**

- The financial position of the contractor shall be judged or evaluated by using the submitted financial statement with the qualifying data forms and LC from the banks concerning the credit position of the contractor. The contractor shall have the sufficient capital to execute the projects of the Ministry.
- The financial statement shall be submitted on the attached Form FS-1 then to be certified by an approved auditor (chartered accountant) usually used by the contractor.
- Insurance information.
- Guarantee limits/guarantor company agreement.
- Guarantees of the main and branch companies.

**3-6-2 Previous performance.**

- The previous performance of the contractor shall be considered in qualifying the expected bidders, so reference letters from the previous owners of the projects shall be attached (see Item 9-Form PS-1), with attaching photographs of the accomplished projects (if any).
- Participation of the senior staff and partners in other companies.

**3-7-2 Health and Safety:**

- Brief details of the policies and registers of the company related to health and safety shall be provided (Form HS-1).
- The safety and security measures of the project, in particular shall be indicated.

**3-8-2 Subcontractors/Expected Contractors:**

- Brief details concerning all the important subcontractors who will be leased and the subcontractor who will be employed shall be provided, as well as submitting a list of any previous projects executed by these companies with your enterprises.

**3-9-2 Disputes:**

- The contractors who prepare this qualification shall mention if they are participating now in settlement of any disputes as a compromise or arbitration or any form of judgment with full details.

**3-10-2 Quality Control:**

- Size and nature of the projects require strict commitment to quality control as shown on the Form QA-1.

**3-3 Agreement**

The contractor whether individual or joint venture, submit agreement confirming the accuracy of the provided information, see the for SS-1.

**3-4 Evaluating the Application:**

- 1-5-1 The qualifying applications shall be evaluated depending on the information submitted by the contractor in the forms of questionnaires issued as a part of this documents and any complementary information to be submitted in consideration of the information received from other agencies.

**3-5 Requesting Additional Information:**

- 1-6-1 The Ministry reserves the right in requesting additional information from any contractor or from all contractors added to the written information, or conducting personal interviews to the main staff of the contractor's company. The Ministry may also send its representatives to the contractor's offices or to visit the constructions works sites to ensure the capability and qualifications of the contractor.

**3-6 Approval of the Concerned Department:**

- 1-7-1 The previous experience shall be provided to obtain the approvals of the concerned agencies in the Kingdom of Saudi Arabia at the commencement of handing over the project.

**3-7 Accomplishment and Submitting the Forms:**

- a- The qualification form of this document constitute the base for submitting the required information, and each application shall be delivered as following as mentioned in Item 1-8.

- Hard copy (2 sets).
- One soft copy on CD.

- 3-2-7 The contractor shall answer all questions, and in case of irrelevant question shall reply (not applied) and if inapplicability is due to unclear question, remarks shall be drawn.

3-3-7 Contactors should attaché original copies from this documents and form DC-1.

3-4-7 We encourage contractors to provide the additional supporting information pro-forms, catalogs, brochures and references from clients and consultants etc. in case of sorting independently, additional material is arranged in the order suggested by the forms of these materials.

Attachment No (1)

- a) Agreement.
- b) Pre-Qualification forms

**Agreement:**

**To: The Ministry of Housing**

**Subject: Pre-Qualification application for tender contract.**

After reviewing the provision of prequalification for the project described above, the undersigned agree the following:

**A** -The information provided in the application is true and accurate according to the best of our knowledge.

**B** - In case of qualification, we recognize the right to the Ministry of Housing, and according to what you see, in our invitation to participate in the tender offer in a timely manner on the basis of compliance with the provisions set out in the competition documents.

**C** - When and wherever issued an invitation competition, in the case of changed circumstances or legal, financial, technical or contractual capacity of the company or the company of solidarity other than the information provided, we commit ourselves to inform you and acknowledge the review of the prequalification.

**D** - We enclose all the required qualification data forms and all other documents and additional information required to assess the prequalification.

**E** - It is understood and agreed that the decisions of the Ministry of Housing regarding the qualifications of any contractor for prequalification, is the final decisions are not subject to any kind of objection.

**And** - The signing of this agreement, we sign a waiver of any claims we may have if we have not qualified by the Ministry of Housing for the project.

**G** - In case of qualification, and in case of failure to register as official in Saudi Arabia, we agree to obtain the required registration before the date of the competition.

**H** - We agree that the ministry will not take any responsibility

to pay any expenses we may have suffered when preparing to this prequalification.

**I** - and without the prior written consent of the Ministry of Housing, the contractor will not to disclose or publish or to disseminate or disclose to others, whether alone or together with any person for any information or designs, pictures, or articles or press releases or any of the ads relating to rehabilitation services and this project or with respect to the Ministry of Housing or its work, the Contractor shall take all appropriate measures to ensure the commitment of any of its employees, agents, contractors, subcontractors its affiliates to these provisions.

**J** - The contractor shall determine the type of work required by the participating through tick the appropriate box.

The first section included (Introduction) a general description of the scope of work of each document.

compose the data forms of prequalification is an integral part of this approval.

Date:

Contractor Name:

Represented by (as):

(Full name and the position of the person signing and sealing)

(Must attach a document from the authority to sign documents on behalf of the Contractor

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|                                                                                             |        |        |        |       |                  |       |      |       |        |                 |        |        |         |
|---------------------------------------------------------------------------------------------|--------|--------|--------|-------|------------------|-------|------|-------|--------|-----------------|--------|--------|---------|
| (Agreement attachment)                                                                      |        |        |        |       |                  |       |      |       |        |                 |        |        |         |
| The Contractor shall determine the type of work desired by the participating (tick the box) |        |        |        |       |                  |       |      |       |        |                 |        |        |         |
| Type of work                                                                                | Riyadh | Makkah | Madina | Qasim | Eastern Province | Aseer | Hail | Tabuk | alBaha | Northern Border | Aljouf | Jazaan | Najraan |
| Infrastructure works                                                                        |        |        |        |       |                  |       |      |       |        |                 |        |        |         |
| Land scape works                                                                            |        |        |        |       |                  |       |      |       |        |                 |        |        |         |



## **Forms**

**From CM-1: Equipments and Tools:**

- 1- What are the tools and equipment you own and considered them suitable and available to implement the Housing projects? (attach extra papers if needed).

| Equipment or Tool | No. of Units | Description type, manufacture, model, capacity | Existing condition | Years of service | The existing location |
|-------------------|--------------|------------------------------------------------|--------------------|------------------|-----------------------|
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |

- 2- What are the tools and equipment you need to purchase, or lease to use them in implementing the Housing projects if you win the contract.

| Equipment or Tool | No. of Units | Description type, manufacture, model, capacity | Existing condition | Years of service | The existing location |
|-------------------|--------------|------------------------------------------------|--------------------|------------------|-----------------------|
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |
|                   |              |                                                |                    |                  |                       |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

- 3- Submit the details about the concerned utilities of production that you own and operated by the company (i.e. (stone) quarry, concrete, mixer, precast, manufacturing workshops)

| Item | Description | Location |
|------|-------------|----------|
|      |             |          |
|      |             |          |
|      |             |          |
|      |             |          |
|      |             |          |
|      |             |          |

- 4- Please, include the computer software/system used by the company to perform the following:
- Financing the project, and accountancy.
  - Estimation.
  - Budget and cost management.
  - Planning and scheduling the project work.

Quality Control Management:

Other Operations:

- 5- Providing a list of the available computer supplies for your company, including PCs and software.
- 6- State the available resources that you will use in expediting the purchase of the imported materials and long term items ... etc.
- 7- How can you obtain the required resources to produce the shop drawings of the project.

**Form CM-2: Project Management and Proposed Construction Method:**

- 1- Present brief details about the project management of your company as indicated in 1-2-3 (D).
- 2- Provide the experience details and sustainable construction methods with a separate attachment including names, locations, dates and a brief information about the project, how do you execute the sustainable construction work your answer shall be made for three projects, as the answer shall not exceed 3 pages for each project.
- 3- Give a brief summary about your experience in programming the critical path of the project and/or the compact term, and specify how do you intend to communicate with the project owner and consultants to achieve and/or improve the completion of the project in a timely manner (due date).
- 4- How long you take to prepare for the project.

Form CP-1: Typical Contracts, implemented or under construction during the past three years:

Note: A separate form shall be filled for each contract:

- 1- Title and description of the project:
- 2- Location, site
- 3- Works executed by the contractor.
- 4- Partnership: main contractor                      Subcontractor ☐    Subcontractors ☐
- 5- A- Initial value of the works executed by the contractor (SR .....).
- B- Final value of the works contract executed by the contractor.
- C-Causes of variation
- D-Other claims
- 6- Start date
- 7- Initial duration of achievement indicated in the contract.
- 8- The actual date of completion.
- 9- Delay reasons (if any).
- 10- Owner of the project (title).  
    Address:  
    Tel.:                                              Fax:
- Ref.:
- 11- Names of the senior staff of the contractor and the professional labor, their jobs, tasks or duties.

12- Brief description of the project including any special aspects.

**Form CP-2: The General History of the Project:**

- 1- Did you fail in completing any project awarded to you:  
Yes ☐ give details  
No ☐
- 2- Has any of your contract terminated for a positive reason or for the benefit of the employer (the owner of the project) during the past ten years  
Yes ☐ give details  
No ☐
- 3- Provide details of three related projects, completed or ongoing projects, which the Ministry can visit to evaluate the performance.  
a/  
b/  
c/
- 4- Provide list and details for all the existing works.
- 5- Explain the company management methods for the big projects.
- 6- Provide your statement, why do you think that your company is the best to undertake these works:

**Form FS-1: Financial Data:**

- 1- The capital
- 2- The annual value of construction executed for each of the past five years, and expected value for the current year, all values shall be in million Saudi Riyals:

| Year/location   | 2007 | 2008 | 2009 | 2010 | 2011 |
|-----------------|------|------|------|------|------|
| KSA             |      |      |      |      |      |
| Gulf States     |      |      |      |      |      |
| Other Countries |      |      |      |      |      |

- 3- Approximate value of the ongoing works.
- 4- Copies of the company's accounts during the past three years in (SR) (profit/loss/assets/receivables) and other financial statements which you may consider useful. Provide a list of the following attachments:
- 5- Record of company's currency transactions if any.
- 6- Details of company's share and determine the major shareholders (who account more than 5%)
- 7- Titles and addresses of the bank, from which we can obtain the reference and available credit lines with each bank.
- 8- Mention changes in company's share exceed more than 30% over last 3 years.

- 9- Details about the company's accounts auditors.
- 10- Name and address of the guarantor bank from which we can obtain the reference and allowed guarantee limit.
- 11- Name and addresses of the partners from whom we can obtain the references.
- 12- Minimum and maximum level of jobs within their capabilities.
- 13- Attach authorization letter to obtain the reference.

**Form FS-2: Financial Data:**

- 1- Financial budget approved by the chartered accountant for the last two years and a certificate from any national banks where your company dealing with them and explain the financial ability of the competitor
- 2- Provide details of cash available to company for the previous 12 months.
- 3- Submit the audited revenues of the company in (SR) during the following years:  
2007  
  
2008  
  
2009  
  
2010  
  
2011
- 4- Provide the cash reserves amounts in (SR).
- 5- State the expected reserves amounts for the year 2011 in (SR).
- 6- Explain the limit of the credit facilities in (SR).
- 7- Provide the LC limit in (SR).

8- Give details about the company ability, from which bank, it obtains the performance bond should be that from a registered bank in the city of Riyadh.

Bank:

Address:

Tel.:

9- Provide the current guarantee value in (SR):

Tender guarantee:

Performance bond:

Retained amounts guarantees:

10- Give details about the ability of the company for guarantee, which is not currently used in (SR).

Form HS-1: Health and Safety:

| 1- Injuries and diseases                                                                                             |           |      |    |      |    |      |    |
|----------------------------------------------------------------------------------------------------------------------|-----------|------|----|------|----|------|----|
| a- Total working hours of the company                                                                                | Hour/year | 2009 |    | 2010 |    | 2011 |    |
|                                                                                                                      | Site      |      |    |      |    |      |    |
|                                                                                                                      | Total     |      |    |      |    |      |    |
| b- Provide information about your workers compensation and provide details of all claims during the past three years |           | 2009 |    | 2010 |    | 2011 |    |
|                                                                                                                      |           | No.  | 1% | No.  | 1% | No.  | 1% |
| Constructions                                                                                                        |           |      |    |      |    |      |    |
| Loss of a working day due to injury or disease which led to absence for many days.                                   |           |      |    |      |    |      |    |
| Injuries and diseases that require medication only.                                                                  |           |      |    |      |    |      |    |
| Note: (1) percentage (5) of total employees during that year.                                                        |           |      |    |      |    |      |    |

2- Did you receive any systematic civil or criminal claims during the past three years?

Yes ☐ No ☐

3- Name of the high rank officer in-charge of safety and health in the company.

Name: Job Title: Certificate:

Tel.: Fax:

That official shall report to:..... Job:

4- Did you have or shall hire:

a- Safety/health manager working full-time: Yes ☐ No ☐

b- Safety/health supervisor on site, working full time: Yes ☐ No ☐

5- Did you have or shall provide:

a- Safety/health incentive program: Yes ☐ No ☐

b- Safety/health training paid by the company: Yes ☐ No ☐

| Programs/procedures of health, safety and environment                                                  | Yes                      | No                       | Not applicable           |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 6-                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a- Have you a linear program for health & safety and environment?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b- Is the program includes the following key elements?                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Management expectations and obligations                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Employer's participation                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Obligations towards the manager and supervisors                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Resources meet the requirements of safety/health and environment.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5- Periodical evaluations for the employees performance relating to safety and health.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6- Special program of safety, health and environment.                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7- Acknowledgement the risks and control of them.                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c- Does the program meet your responsibility under the law, about following?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure that your staff abides by the safety regulations of the building in which they work.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7- Inform the employer about any unique risks due to the contractor's works or any risks found by him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a- Does the program include activities and work procedures such as:                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Entering restricted area                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Registering diseases or incidents cases                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Protection from falling                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                      |                          |                          |                          |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 4- Personal protection equipment                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5- Electrical equipment/portable power                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6- Cars safety                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7- Compressed gas cylinder                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8- Ensuring grounding of electrical equipment                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9- Industrial vehicles operated with power (cranes, forklifts ..etc.)                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10- Management of properties and supply of accessories                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11- Inform about accidents                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12- Inform about unsafe cases                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13- Preparing for emergency including the evacuation plan.                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14- Wastes disposal/reduce waste/prevent spill                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15- Prevent recurrence of injuries                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16- Build and use scaffolding                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b- Do you have a written program for:                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Maintenance of hearing                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Prevent spilling of liquids and reduce wastes                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Exchange information about risks                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Respiratory protection                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c- Where applicable, do you undertakes                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- staff training                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- staff fitness test                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- clinically approved staff                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8- Do you hold meetings concerning safety/health and work environment for the following:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Field supervisors (on site)                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Employees                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- New employees                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Subcontractors                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5- Personal protection equipment                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6- Do you document the meetings of safety, health and environment?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9- Do you provide suitable personal protection equipment for the employees?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10- Do you have a program to ensure inspection and maintenance of the personal protection equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                             |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 11- Do you apply corrective measures to address the issue of deficiencies of performance in health and personal safety?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12- Equipment and Materials:                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Do you have a system to determine the appropriate specifications for safety/health and possession of materials and equipment?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Do you inspect the operating equipment such as the cranes and forklifts?                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Do you maintain/repair the operating equipment according to statutory requirements?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Do you keep the approval registers of inspection and maintenance required for operating the equipment?                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13- Subcontractor                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Do you use subcontractors?                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Do you use the performance criteria for health, safety and environment when you select the subcontractor?                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Do you evaluate the ability of the subcontractor to abide by the suitable requirements of safety, health and environment as a part of selection process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Is a written program about health safety and environment available to your subcontractor?                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14- Do you involve you subcontractors in the following:                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Instruction concerning health, safety and environment.                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Meetings concerning health, safety and environment.                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- Inspection of health, safety and environment                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Verifying the works of safety, health and environment.                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15- Inspection and audit/check works:                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Do you inspect and check health, safety and environment?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Do you inspect and check programs relating to health, safety and environment?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16- Training Health, Safety and Environment                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1- Do you know the statutory requirements to train your staff on health, safety and environment, and do you document this activity?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- Do you conduct any training and retraining for your staff on safety health and environment, and do you                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                    |  |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|--------------------------|
| document this?                                                                                                                     |  |                          |                          |                          |
| 3- Do you have a specific training program on health environment and safety for supervisors?                                       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- Provide information about any group of safety, health and environment in which you obtain membership.                           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5- Provide information about any of the incentives relating to health, safety and environment, which you apply in your activities? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

  

|                                                                                                                                                                  |                          |                                        |                                     |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|-------------------------------------|-------------------------------------------------------------|
| 17- Management and Procedures:<br>Does the written safety program address the administrative measure/procedures?<br>If the answer is yes, mark the square with ✓ |                          | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>                                    |
| Previous planning of the projects and duties                                                                                                                     | <input type="checkbox"/> | Commercial                             |                                     | <input type="checkbox"/>                                    |
| Registers keeping                                                                                                                                                | <input type="checkbox"/> | Check and inspection                   |                                     | <input type="checkbox"/>                                    |
| Safety committees                                                                                                                                                | <input type="checkbox"/> | Investigation and report on incidents  |                                     | <input type="checkbox"/>                                    |
| Hazardous pollutants                                                                                                                                             | <input type="checkbox"/> | Training documentation                 |                                     | <input type="checkbox"/>                                    |
| Prevent of materials hazards                                                                                                                                     | <input type="checkbox"/> | Permits for hazardous works            |                                     | <input type="checkbox"/>                                    |
| Return to work                                                                                                                                                   | <input type="checkbox"/> | Qualifying subcontractors              |                                     | <input type="checkbox"/>                                    |
| 1- Do you inspect safety on the work site?                                                                                                                       |                          | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>                                    |
| 2- Does this inspection work include routine safety check for equipment (i.e. scaffolding, stairs, trenches and extinguishers)                                   |                          | Daily                                  | <input type="checkbox"/>            | Monthly <input type="checkbox"/>                            |
| 3- Do you address the issue of safety in all the previous meetings of implementation and work progress?                                                          |                          | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>                                    |
| 4- Do you inspect excavation equip., lift equip. before lifting                                                                                                  |                          | <input type="checkbox"/> for employees | <input type="checkbox"/> for equip. | <input type="checkbox"/> heavy loads more than 10000 pounds |

**Form PS-1 Structure and Organization:**

- 1- The Contractor:  
Title of company  
Registered address:  
Tel.:  
Fax:  
Person to be contacted for this application:  
Full details of registration in KSA:  
Title and address of sponsor in KSA:
- 2- The main company (if any) and its partnership in the project:
- 3- Title and address of any partners to the company in KSA who may provide support:
- 4- Information about organization and work:  
Attach the organizational chart including the relevant jobs of managers and senior staff.
- 5- The year of establishing or inclusion of work.
- 6- The company's works description in the contract.

- 7- Experience period as a contracting company:
- In the KSA:
  - At global level:
- 8- Attach a brief list of typical projects (values) for each year, and enter the name and Tel. of the agent who will be called by the current employer as a reference five references at least shall be provided and for each one the following shall be submitted:
- a- Contact information for the person who will provide the project No.
  - b- Description of performed services.
  - c- Duration of submitting the services.
- 9- Experience: the contractor shall abide by classification of their experiences concerning the main areas similar to the main scope of work as following:
- a- Total experience years in similar construction works.
  - b- List of similar contractual projects of any size, that confront problems or disputes concerning the imposed fines, or labors disputes or claims, suspension of work or disobedience ...etc. refer to CP-1 form.
- 10- Subcontractors: Do you intend to subcontract any main part of the works?
- 11- Attach a chart for organizing the work indicating the relationship between the contractor and subcontractors and for the joint-venture specify the line of responsibility and details of the unified system for the partners.

- 12- The contractor shall provide the total available number of staff according to the technical and administrative category including all the joint-venture establishment.
- 13- Employees: Provide the names of the main specialists and members of the supervisory staff. The employees selected from shall work full-time in this project. Please fill the form SP-1 for each personnel.
- 14- Ongoing works and total facilities provide approximate total value of the existing construction contracts or those abide by them as well as the maximum limit of available facilities:
- 1- Value of the ongoing construction projects, or those abide by them.
  - 2- The maximum facilities.

**Form QA-1: Quality Control Program:**

- 1- Do you have a formal quality control program?  
Yes ☐ No ☐  
If your answer is (Yes) state the company/authority that inspect and approve your quality control program.

Attach one copy of quality assurance policy

- 2- ISO Yes ☐ No ☐  
Level of approval 9001 ☐ 14001 ☐  
Point/unit of authentication:  
(submit a copy of the current ISO issued to you)
- 3- Attach a graph to explain the organizational chart to the quality representatives in the company
- 4- Do you conduct a regular inspection to your projects: Yes ☐ No ☐  
Attach the current inspection table

**Form SP-1: The Key Supervisory Staff and Specialized/Professional Personnel:**

Fill a separate form for each person

- 1- Name
- 2- Job within the project's team
- 3- Education and qualifications
- 4- Period of service with the company (years)
- 5- If item (4) is less than 5 years, provide the names, service period, jobs assumed by that person with the previous employees so as to cover a 5 years period.
- 6- Experience in construction works; provide the following for each project.
  - a- Title of the project.
  - b- Type and nature of the project.
  - c- Contract value and total value of the project.
  - d- Location of the project.

- e- Periods of working in the project.
- f- Jobs and duties assumed by individuals in the project.
- g- Any relating responsibilities (attach extra pages as needed).

**Form SP-2: Labor Force:**

- 1- Explain the organizational chart, to indicate the lines of responsibilities with comments about the company's method in directing a project with such value and size.
- 2- Provide the currently working labor in your company with the following categories:

| Category       | KSA | Abroad (B) | Local + abroad (c)<br>(A+B=C) |
|----------------|-----|------------|-------------------------------|
| Administration |     |            |                               |
| Technical      |     |            |                               |
| Management     |     |            |                               |
| Labor          |     |            |                               |

### 3- Formation of Labor (% or No.)

|                     |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|
| Nationality         |  |  |  |  |  |  |  |
| Equipment operators |  |  |  |  |  |  |  |
| Different crafts    |  |  |  |  |  |  |  |
| Assistant labor     |  |  |  |  |  |  |  |
| Ordinary labors     |  |  |  |  |  |  |  |
| others              |  |  |  |  |  |  |  |

#### 4- Certificate for saudization

5- What is the method adopted by your company to lease or hire ordinary labor force (local lease, direct employment, partners in the joint-venture ...etc).

6- Types of the currently used works.

**Form DC-1: Check List:**

Make sure that you have filled all the following documents:

|           |                                                     |                          |
|-----------|-----------------------------------------------------|--------------------------|
| From CM-1 | Equipment and tools                                 | <input type="checkbox"/> |
| Form CM-2 | Project management and proposed construction method | <input type="checkbox"/> |
| Form CP-1 | Similar completed or ongoing contracts              | <input type="checkbox"/> |
| Form CP-2 | General history of the project                      | <input type="checkbox"/> |
| From FS-1 | Financial data                                      | <input type="checkbox"/> |
| Form FS-2 | Financial data                                      | <input type="checkbox"/> |
| Form HS-1 | Health and safety                                   | <input type="checkbox"/> |

|           |                                                  |                          |
|-----------|--------------------------------------------------|--------------------------|
| Form PS-1 | Organizational chart                             | <input type="checkbox"/> |
| Form QA-1 | Quality assurance program                        | <input type="checkbox"/> |
| Form SP-1 | Key supervisory staff and professional personnel | <input type="checkbox"/> |
| Form SP-2 | Labor force                                      | <input type="checkbox"/> |
| Form DC-  | Check list                                       | <input type="checkbox"/> |

Make sure that you enter the following document in your submittal:

- Copy of commercial license ☐
- Copy of a membership certificate to chamber of commerce ☐
- Copy of classification certificate, contractor category in the KSA ☐
- List and copy of any registration or commercial license or certificates ☐
- Copy of health, safety and environment manual of the company ☐



- Copy of quality assurance manual and policy of the company ☐
- Copy of ISO or similar certificates issued to the company ☐
- Copy of social responsibility policy of the company ☐
- Letter of authorization to obtain the reference ☐
- Financial data ☐