



السريـر للعمليات النفطية بي. في. فرع ليبيا

Sarir Oil Operations B.V. Libya Branch

Questionnaire



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1- Guidelines for filling out the questionnaire:

1- All required data must be completed to enable the company to evaluate the client company according to its experience, capabilities, efficiency, organization, financial position, and ability to complete the work.

2- The client may provide any additional data as supporting documents for its pre-qualification, which is not included in this questionnaire. Please mention any information, data, or marketing materials, etc. that describe the client company and its products.

3- The questionnaire must be completed or certified by representatives from the upper management of the client company.

4- Ensure to provide complete answers supported by documents related specifically to regulatory and organizational plans of the company.

5- If necessary, or if requested, discussion with the management of the client company will continue.

6- All questions must be answered, and, in addition, your answers should be concise in the field of your specialized work.



Attachments:

Attachments refer to the questions in paragraph 3.

1. Section 1: Please attach a copy of your company's registration documents in Libya.

3- Questionnaire

Question		Response	
Section 1: Operating Company Data			
1	Company name		
2	Address		
3	Phone number		
4	Fax number		
5	Email address		
6	Date of establishment of the operating company		
7	Is your company part of a group of companies? If yes, please provide complete data.		
8	Declared capital		
9	Source of the capital		
10	Number of shareholders		
11	Names of heads of the operating company		
12	Total number of employees included in the payroll system		
13	revenues of the company during the last (5) years	Sales	Year



14	Previous financial claims, if any, to mention the data of the civil cases pending or under legal procedures in the last (5) years.		
15	Name of the general commissioner of the company		
16	Name of the deputy general commissioner of the company		
17	Is your company a private or public company?		
Question		Response	
18	Number of accountants and auditors who prepare and review the financial statements and final accounts of the company.		
19	Names and addresses of the company's banks.		
Section 2: Activities of the operating company			
20	Indicate the nature of the company's main activity		
21	What are the other activities that the company can carry out?		
22	Does the company contract internally to carry out work?		
23	Indicate the total number of employees included in the payroll system as follows:		
	Type	Number	Years of experience in this field (from..... to)
	Workers and craftsmen		
	The heads of the workers		



	The supervisors and those responsible for the work		
	The specialists		
	Permanent workers		
	Temporary workers		
	Management	Number	
	The management committee		
	Purchasing		
	Follow-up		
	Planning		
	Finance		
	Human resources		
Question		Response	
	Management	Number	
	Training		
	Others		
24	Make sure that the data recorded in this questionnaire reflects the company's ability to produce or provide services.		
Section 3: Insurance data			
25	Your company's insurance, please mention:		
	types of insurance documents and name and address of the insurance company.		
	specifications		
	discounts and additions		
	expiration dates		
Section 4: Company organizational structure:			
26	Please provide the organizational chart of the company.		



27	Please provide a typical project organizational chart that shows lines of communication and identifies responsibilities, which must be within the organizational structure of the company. Note/important to know who will manage the projects later.	
Section 5: Quality Assurance / Quality Control		
28	Does your company have an ISO9000 certificate?	
29	Does your company have an ISO14001 certificate?	
30	The number of company procedures to ensure and control quality	
31	Name any reviewers or symbols of recognition or accreditation of quality management standards used by the company.	
Question		Response
Section 6: Experience		
32	The number of projects executed by the company during the last five years, as well as the expected execution in the coming years.	
	Client's name	
	Contractor's name	
	Location	
	Type and field of work	
	Key achievements	
	Value (in Libyan dinars)	
33	Indicate full details of the projects currently being contracted in general and, in particular, projects to be funded by the company.	
	Client's name	



	Location	
	Type of work	
	Total working hours	
	Value (in Libyan dinars)	
	Type of contract	
	Timeline for project implementation	
	Name of the customer arbitration authority	
34	Indicate full details of the work volume during the period from 2009/2010 (Expansion in registration upon request)	
	Description of the contract	
	Value of the contract (in Libyan dinars)	
	Total working hours (estimated) for each stage of the stages	
Section 7: Work		
35	Does the company comply with local and international labor laws and regulations?	
36	A certificate is required to pay for social security and health insurance for company employees.	
Question		Response
4 Health, Safety, and Environment (HSE) questionnaire:		
1 (A) Does your company have a written and documented safety and environmental plan?		Yes No
1 (B) If the plan exists, how can it be communicated and explained to employees?		
2 Does your company have a documented management system for health, safety, and environment? If yes, attach a copy (preferably electronically).		Yes No
And if the answer is yes, is it compliant with PSC, ISO 14001, OSHAS 18001 safety certification for the contractor or any globally recognized standard?		Yes No
Standards:		



3- Who is responsible in your company for the following: (A) Developing and developing an HSE plan? (B) Providing professional advice for HSE? (C) Inspection of the work site? (D) Review of compliance with the plan? (E) The ultimate responsibility for HSE issues?	Name	Title
4- How is the management of health, safety, and environment related to quality assurance, control, and training within your company? Please provide the organizational chart.		
5 (A): Does the company have regular safety meetings?	Yes	No
- If yes, provide data on their periods, agendas, topics, attendance, and subcontractor roles, etc.		
5 (B): Does your company regularly deliver information or reports on environmental health and safety issues to all employees?	Yes	No
- If the answer is yes, explain how that is done.		
6- Does your company have a formal plan for identifying hazards, assessing risks, and ensuring that control and monitoring measures are implemented, especially how do you identify and document risks on the job site? Please provide examples.	Yes	No
7- What business areas have developed safe practice regulations?		
8- How are good work practices conveyed to your employees?		
9- What is the job description that clearly defines HSE responsibilities?		
Question	Response	
10- Mention ways to provide employees with personal protective equipment.		
11- Does the company conduct activation courses on safety, health, and the environment?	Yes	No
- Who is given those courses?		
12- Mention other formal training received by your employees.		
13 (A) Mention the following statistics for your company (identify the country or region in which the company operates) during the last 3 years.		
	Last 3 years	2 years ago, Last year



Average number of employees			
Hours worked/year			
Reported injuries			
Reported deaths			
Injuries resulting in absence from work for less than 10 days.			
Injuries leading to missed work for more than 10 days and restricted work cases			
Number of near-miss incidents.			
Environmental accidents and damages that cost less than 50,000 euros.			
Number of car accidents resulting in injury.			
13- (B) Do you have an official accident inquiry procedure? Please mention this procedure or attach reports for the inquiries for 3 accidents if they exist.	Yes	No	
14- Has the company received any notifications concerning improvements, hazard notifications, or been obligated to defend civil lawsuits related to health and safety issues in the last two years?	Yes	No	
If the answer is yes, please briefly state the details.			
15- Do you have a written and documented plan to combat (drugs and alcohol)?	Yes	No	
- If the answer is yes, please mentioning its details and attach a copy.			
16- If your company plans to supply hazardous materials to job sites, please mention your arrangements for managing risks arising from that.			
Question	Response		
17 (A) Does your company evaluate the competence of subcontractors about HSE issues? Please mention how this is accomplished.			
17 (B) What are the procedures and methods your company takes to monitor the commitment of subcontractors to HSE regulations?			
18- Does your company conduct internal HSE monitoring and review? Please mention the details.			



19- Does your company have an annual HSE plan that outlines the desired goals for HSE system improvements? Please mention at least one example, preferably for the current or past year.			
5- Quality and Efficiency questionnaire:			
1- Does your company have a written and documented quality plan?	Yes	No	
- If the answer is yes, please provide a copy or a list of the main objectives. How are the employees informed about this plan?			
2- Does your company have a documented quality management system?	Yes	No	
If the answer is yes, attach a copy (preferably electronically). And if the answer is yes, is it compliant with ISO 9000, 9001, 9002 international standards or any internationally recognized standard?	Standard		
- If no, please provide a brief explanation of your interest in development and application.			
3 (A) Does your company have a documented plan to ensure quality and a training plan?	Yes	No	
If the answer is yes, provide a copy with a list of the main objectives.			
3 (B) Does the company renew the competency requirements for all work areas? Please clarify.			
3 (C) Does your company maintain modern records of employee competency and training?			
4- How does your company assess compliance with quality, and what are the measures of your company's procedures? Please clarify.			
6- Financial questionnaire:			
Please provide an income statement for the last three years (use this form).			
Income statement	Last Year	2021	2020
Sales			
Question	Response		
Cost of sales			
Total income			
Selling, general and administrative expenses			



Operating income before depreciation			
Depreciation, depletion and amortization			
Operating income			
Interest expenses			
Income or operating expenses of other operations			
Income before taxes			
Taxes			
Net Income			
Please provide the general budget for the last three years (use this form).			
General budget	Last Year	2021	2020
Assets			
Current assets:			
Cash and cash equivalents			
Short-term investments			
Net debtor			
Inventory of goods			
Income tax (deferred)			
Other current assets			
Total current assets			
Fixed assets			
Fixed assets minus accumulated depreciation			
Long-term investments			
Other assets			
Total fixed assets			
Total assets			
Liabilities and equity			
Question		Response	
Current liabilities:			



Short-term loans.			
Current liabilities for long-term debts			
Creditors			
Employee retirement reserve			
Due wages and salaries			
Other current liabilities			
Total current liabilities			
Long-term debt, excluding current liabilities			
Deferred tax liability on liabilities			
Other long-term liabilities			
Total creditors			
Equity:			
Capital			
Retained earnings			
Total equity			
Total liabilities and equity			