**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 | | | |  | | | | |  | |  | |