



**Detailed Engineering and Construction of the
Corrib Onshore Pipeline Trench Less Crossing**

QUALIFICATION QUESTIONNAIRE

Name of Applicant: _____

Questionnaire Issue Date:

**** March 2010**

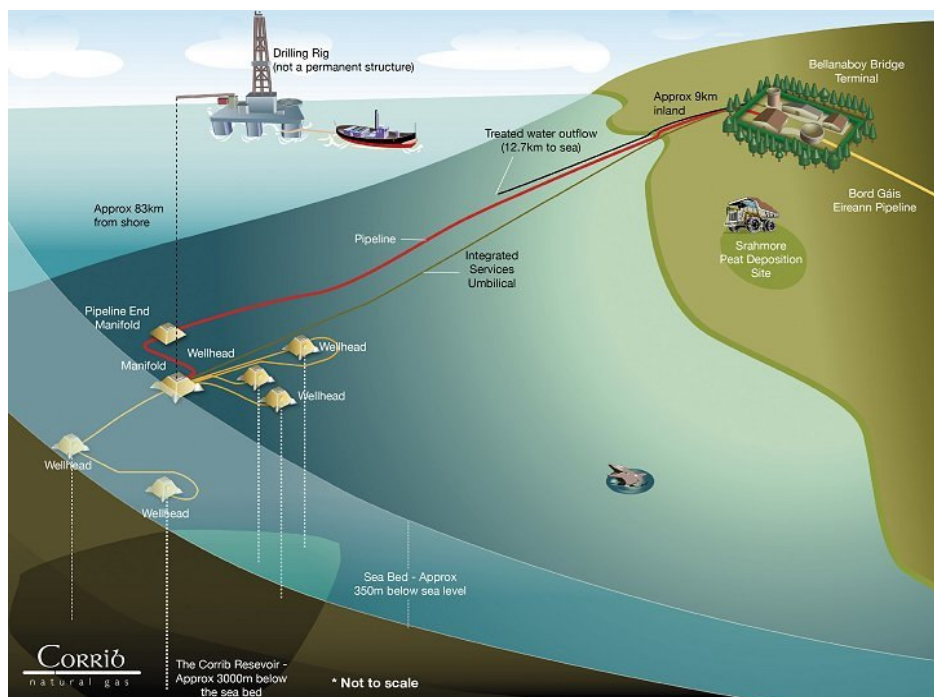
Questionnaire Submission Deadline:

**** March 2010**

INTRODUCTION

The Corrib natural gas field is being developed as a subsea tie back to an onshore processing facility by Shell E & P Ireland Ltd ('SEPIIL'). This field lies approximately 80km off the northwest coast of Ireland. The gas will be piped ashore from the offshore wells to a gas processing terminal at Bellanaboy Bridge, Co. Mayo, West of Ireland, where it will be processed before it enters the Bord Gáis Éireann national network. The field will provide up to 60% of Irelands gas needs at peak supply.

The figure below shows a pictorial overview of the project.



In this development a 20 inch onshore pipeline is required from the landfall to the terminal, a distance of approximately 10 km. Three umbilicals and an outfall pipe (will also be installed along the onshore pipeline route.

Based on a recently carried out concept study one of the options being considered, is to build a tunnel underneath Sruwaddacon bay and install the 20" Gas pipeline and services within the tunnel. The approximate length is 5 km.

The work scope covers the engineering, procurement of construction related materials and the construction of the tunnel and thereafter the installation of the pipeline and services within the tunnel.

The time scale currently envisaged for the execution of the framework is as follows:

Milestone	Date
Closing date for questionnaire submissions	09 th April 2010
Issue of Tender Documents	30 th April 2010
Closing date for Tender submissions	15 th June 2010
Award of contracts	15 th August 2010
Contract Mobilisation period	March – June 2011

SUBMISSION OF QUESTIONNAIRES

- ➔ All queries in relation to this questionnaire must be sent by email only to David Fretwell (email: Dave.Fretwell@shell.com). Responses will be circulated in Clarification bulletins, which will be issued only to the applicants who have requested a copy of the questionnaire. The details of the person making a query will not be disclosed when circulating the response.
- ➔ 1 electronic copy and 1 paper copy of the completed questionnaire are required.
- ➔ Applicants must complete the Qualification Questionnaire enclosed without reference to other documents (i.e. brochures, etc). Essential highlighted appendices required as part of this questionnaire may, however, be attached.
- ➔ Please note that only the information provided on this questionnaire will be considered for evaluation. Applicants must not submit additional information, e.g. brochures, etc. Unnecessary information causes undue delay and will not be evaluated.
- ➔ Deadline for receipt of submissions is ******March 2010.
- ➔ Paper submissions must be addressed using the following label as a template:

<p><u>Qualification Questionnaire Enclosed</u></p> <p><u>Detailed Engineering and Construction of the Corrib Onshore Pipeline</u> <u>Trench Less Crossing</u></p> <p>Deadline Date: ** March 2010</p> <p>Delivery to: Shell E&P Ireland Ltd, Corrib House, 52 Lower Leeson Street, Dublin 2, Ireland. Attention: David Fretwell, Senior Contracts Engineer</p>
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- ➔ Electronic submissions must be emailed to Dave.Fretwell@shell.com
- ➔ Questionnaires will not be accepted if they are submitted after deadline.
- ➔ Upon receipt of the completed Qualification Questionnaires by SEPIL, applicants will be evaluated in respect of the financial, economic and technical capacity information and minimum levels stated.
- ➔ Admission to the tender exercise and subsequent contract award may be subject to site visits, presentation and interview.
- ➔ The Questionnaire shall be completed in English language
- ➔ SEPIL is not obliged to assign any reason for rejection of any Questionnaire

A. GENERAL INFORMATION

A1. Contact Details

Name:	
Any previous names in last 5 years:	
Address:	
Registered Office (if different)	
Date of establishment:	
Legal Status:	

A2. Authorised representative

Name:	
Title/Position:	
Address:	
Telephone:	
Facsimile:	
Email	

A3. Parent or holding companies

Is the Applicant a subsidiary of another organisation?

Yes No

If yes, what interest does the parent have in the Applicant?

* Wholly owned by a single ultimate parent company	<input type="checkbox"/>
* Other (please specify including percentage shareholdings):	<input type="checkbox"/>

A4. Sub-Contractors

Does the applicant plan to sub-contract any part of this work? Yes / No

If Yes, please complete details below:

Name of Sub-Contractor	Detail of work to be sub-contracted	Confirm that separate Questionnaire is enclosed? *

**Each sub-contractor proposed must complete this questionnaire in its entirety.*

A5. Joint Venture / Consortia

Does the applicant plan to set up with a partner a joint venture in order to execute this work? Yes / No

If Yes, please complete details below:

Name of Partner	Detail of partner's expertise	Confirm that separate Questionnaire is enclosed? *

**Each partner proposed must complete this questionnaire in its entirety*

B. FINANCIAL, TAXATION AND INSURANCE

B1. Financial Turnover in relation to Logistics Services

Please provide evidence of relevant turnover in relation to the tunnelling engineering and construction for the past three years by way of a statement from your auditors or otherwise.

	2009	2008	2007
Turnover in relation to tunnelling Services	€	€	€
Evidence of Relevant Turnover			
Tick if attached			
Appendix Number			

→ **MINIMUM LEVEL:** Applicants should provide a letter from their auditors or otherwise confirming turnover figures for the last 3 years with regards to tunnelling engineering and construction activities. Only firms that can demonstrate an annual relevant turnover greater than EUR 100,000,000 in the last financial year will be considered.

B2. Please provide a current banker's reference

Tick if attached	
Appendix Number	

B3. Please provide a current Irish Revenue Tax Clearance Certificate if applicable

Tick if attached	
Appendix Number	

→ **MINIMUM LEVEL:** Must be compliant

B4. Insurances

Please provide evidence of current insurances in place:

	Employers Liability	Public Liability	Professional Indemnity	Other (please state)
Level in place (€)				
Details of any excesses (€)				
Name of Insurance Company				
Expiry Date				
Tick if attached				

Appendix Number

➔ **MINIMUM LEVEL:** Applicants must provide a copy of their insurance certificate or a letter from their brokers.

C. TECHNICAL CAPACITY

C1. Organisation Details

Please provide organisational details, including year of establishment, structure, manpower levels, memberships of relevant professional organisations and range of services offered.

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C1.1 Organisation Chart

Tick if attached	
Appendix Number	

C1.2 Resources Available

Please provide details of key personnel in the discipline applied for, including summary CVs, qualifications and relevant experience.

Name	Position in the company	Qualification <i>(please enter full details here, i.e. no acronyms)</i>	Qualifications Awarding Body	CV attached

Overall Manpower	2009	2008	2007
Staff Numbers (permanent)			
Broken down by discipline:			
<i>State discipline.....</i>			
<i>State discipline.....</i>			
<i>State discipline.....</i>			
Staff Numbers (temporary)			
Broken down by discipline:			
<i>State discipline.....</i>			
<i>State discipline.....</i>			

➔ **MINIMUM LEVEL:** Applicants must demonstrate that their organisation has adequate resources to manage contracts of the type and scale envisaged.

C2. Previous Experience – Tunnelling

C2.1 PREVIOUS EXPERIENCE

Please submit full details of all segment lining Tunnelling contracts, which you are currently undertaking. Please also include any other contracts you feel may be of particular relevance, which you have undertaken in the last five years.

Please submit:

- a) Name of the client and location of the project and tunnel usage;
- b) Specify if you carried out engineering
- c) HSE Performance on such projects
- d) Description of the contract, e.g. scope and extent of service;
- e) Extent of involvement, i.e. full service or provision of expertise within specific areas;
- f) Length, size of the tunnel and depth of tunnel;
- g) Construction technique deployed (e.g. slurry mode, EPB, Open front excavation...etc)
- h) Size and type of tunnelling machine deployed
- i) Geotechnical features (e.g. sand, gravel, rock...etc)
- j) Pipeline installation, cables or umbilicals within tunnel if applicable.
- k) Value and type of contract,
- l) Tunnelling construction/duration, Average progress rate
- m) Start/completion dates;
- n) Names of contact points within these organization who would be willing to allow us to have a brief telephone contact with them regarding your performance;
- o) Any major subcontractor involvement in any of the above.
- p) Pressurised working conditions, operating airlock (Please provide max air pressure).
- q) Maintenance of tunnel required or was the tunnel backfilled/grouted

Tick if attached	
Appendix Number	

C2.2 Bay/water course crossing experience

Did the contractor execute in the past five years a bay or water course under ground water conditions using a trenchless technique:

:

Yes No

If the response is Yes. Please provide the following details:

1. Location of the project and tunnel usage
2. Specify if you carried out engineering
3. HSE Performance
4. Crossing length.
5. Geotechnical environment, overview of the geotechnical investigation carried out
6. Tunnel depth, and water level
7. Construction technique
8. Size and type of TBM - Manufacturer of TBM
9. Pipeline installation, cables or umbilicals within tunnel if applicable.
10. Tunnelling construction/duration and average progress rate
11. Start/completion dates;

- 12. Names of contact points within these organization who would be willing to allow us to have a brief telephone contact with them regarding your performance;
- 13. Any major subcontractor involvement in any of the above.
- 12. Environmental restrictions in relation to the execution of the crossing
- 13. Maintenance of tunnel required or was the tunnel backfilled/grouted

C2.3 TUNNEL BOREHOLE MACHINES AVAILABILITY

Does the contractor own Tunnel borehole machines (TBM):

Yes No

If the response is yes. Please provide the following:

- 1. Type of TBM(s) owned by contractor (Slurry TBM, earth pressure balance TBM...etc.) suitable for Segment lining, pipe jacking...etc
- 2. Size of TBM (s) owned by contractor
- 3. Hydrostatic pressure range where the TMB can be used
- 4. Age Of TBM
- 5. Manufacturer of TBM
- 6. Work recently carried out with TBM
- 7. TBM machine certification (s) available

Tick if attached	
Appendix Number	

C2.3 SKILLS COMPETENCE AND TRAINING

Please submit a copy of your company competence assurance policy and define your approach to the following:

- Competence requirements / Skills matrix
- Maintenance of competence records
- Training provision and policy
- Maintenance of training records
- Meeting .

Tick if attached	
Appendix Number	

➔ **MINIMUM LEVEL:** Applicants must provide details of the successful delivery of at least three (3) previous relevant contracts .

C3. Quality Assurance

Please outline the organisation’s policy on quality assurance, if any.

If 3rd party accredited please provide details of:

Date of accreditation	
Name of accreditation body	
Scope of accreditation	
Name of person responsible for quality management	

Tick if attached	
Appendix Number	

➔ **MINIMUM LEVEL:** Applicants should demonstrate that their organisation has adequate quality policy in place to effectively manage contracts on the size and scale envisaged.

C4. Health, Safety And Environment

C4(a) Please provide a copy of a recent Safety Statement and HSE Policy which you have compiled for contract of a similar size and scope.

Tick if attached	
Appendix Number	

C4(b) Please provide details of your company's HSE Statistics as classified below:

Data	Exposure hours	No. of Fatalities	No. of Permanent Total Disabilities	No. of Lost Workday Cases	No. of Restricted Workday Cases	No. of Medical Treatment Cases	No. of First Aid Cases	Reportable Accidents to HSA
Date	Exp. Hours	FAT	PTD	LWC	RWC	MTC	FAC	
2009 - TOTAL								
2008 - TOTAL								
2007 -TOTAL								
2006 -TOTAL								
2005-TOTAL								

Note: If figures are not available in the prescribed format then please provide the figures that are available and give details/definitions of same.

Definitions

Exposure hours:

The total amount of man-hours (office, onshore worksite, offshore, etc.) spent on work activities during requested years (from 2005 to 2009). This includes Subcontractor man-hours. Onshore hours shall be based on 8 man-hours per day. Offshore hours shall be based on 13 man-hours per day to give a like-for-like comparison with Shell exposure hours.

Fatality (FAT):

A death resulting from a work related injury or occupational illness, regardless of the time intervening between the exposure or incident causing the injury or illness and the death.

Permanent Total Disability (PTD):

Any work related injury that permanently incapacitates an employee and results in termination of employment.

Lost Workday Case (LWC):

Any work related injury that renders the injured person temporarily unable to perform their normal work or restricted work on any day after the day on which the injury occurred. In this case any day includes rest day, weekend day, scheduled holiday, public holiday or subsequent day after ceasing employment.

Restricted Work Case (RWC):

Any work related injury which renders the injured person temporarily unable to perform all, but still some, of their normal work on any day after the day on which the injury occurred.

Medical Treatment Case (MTC):

Any work related injury that involves neither lost workdays nor restricted workdays, but which requires treatment by a physician or other medical specialist. *In case an MTC has been classed as LWC or LTI, then avoid reporting it as MTC.*

First Aid Case (FAC):

Any single treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc. that do not normally require medical care by a physician. Such treatment and observation is considered first aid case even if provided by a physician or registered professional personnel. *Note that FAC is not included into TRC.*

C4(c) Please can you describe your company's HSE culture and how the intervention is promoted and encouraged?

Tick if attached	
Appendix Number	

C4(d) Please give an overview of the major risks/hazards involved in tunnelling activities and detail what measures you have in place to manage them.

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Tick if attached	
Appendix Number	

C4(e) What arrangements does your company have to ensure job and HSE competency for those jobs involving HSE hazards and risks?

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Tick if attached	
Appendix Number	

C4(f) What arrangements does your company have to ensure job and HSE competency for those jobs involving inspection/change tools at head of TBM?

C4(g) Has your company been issued with any Fines, Improvement Notice or Prohibition Notice by the relevant National Authority for any breaches in Health, Safety or Environmental legislation or been the subject of legal proceedings under any HSE legislation in the last 5 years? (If your answer is YES please give details below)

Tick if attached	
Appendix Number	

C4(h) Has your company received any Industry Safety Awards for HSE performance?

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Tick if attached	
Appendix Number	

MINIMUM LEVEL: Applicants should demonstrate that their organisation has adequate HSE policies and working practices in place to effectively manage contracts on the size and scale envisaged.

C5. Please provide a Profile Graph of past, current and projected workload and commitments with matching resources. The graph should cover the period 2010-2015.

Tick if attached	
Appendix Number	

DECLARATION OF BONA FIDES

THIS DECLARATION, DULY COMPLETED, MUST BE SUBMITTED BY ALL APPLICANTS

Name of Applicant: _____

Address: _____

Please tick Yes or No as appropriate to the following statements relating to the current status of your organisation.

1. The Applicant is bankrupt or is being wound up or its affairs are being administered by the court or has entered into an arrangement with creditors or has suspended business activities or is in any analogous situation arising from a similar procedure under national laws and regulations. Yes [] No []
2. The Applicant is the subject of proceedings for a declaration of bankruptcy, for an order for compulsory winding up or administration by the court or for an arrangement with creditors or of any other similar proceedings under national laws and regulations. Yes [] No []
3. The Applicant, a Director or Partner, has been convicted of an offence concerning his professional conduct by a judgement which has the force of res judicata or been guilty of grave professional misconduct in the course of their business. Yes [] No []
4. The Applicant has not fulfilled its obligations relating to the payment of taxes or social security contributions in Ireland or any other State in which the tenderer is located. Yes [] No []
5. The Applicant, a Director or Partner has been found guilty of fraud. Yes [] No []
6. The Applicant, a Director or Partner has been found guilty of money laundering. Yes [] No []
7. The Applicant, a Director or Partner has been found guilty of corruption. Yes [] No []
8. The Applicant, a Director or Partner has been convicted of being a member of a criminal organisation. Yes [] No []
9. The Applicant has been guilty of serious misrepresentation in providing information to a public buying agency. Yes [] No []
10. The Applicant has contrived to misrepresent its Health & Safety information, Quality Assurance information, or any other information relevant to this application. Yes [] No []

THIS FORM MUST BE COMPLETED AND SIGNED BY A DULY AUTHORISED OFFICER OF THE APPLICANT'S ORGANISATION

I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from participation in this and future tenders.

SIGNATURE _____ DATE: _____
NAME _____ TEL: _____
POSITION _____ FAX: _____