**Pre-Qualification Questionnaire - Security Contract**

1. **Instructions for the completion of the questionnaire.**
   1. The purpose of the pre-qualification questionnaire (PPQ) is to enable prospective contractors to provide PNG Power Limited (PPL) with sufficient information to make an initial assessment of that contractor’s ability to provide security services to PPL.
   2. The initial assessment will consider the financial standing, capability and suitability of the prospective contractor. PNG Power will then move to invite organizations that have been shortlisted to tender for the Security Contract.

1.3 All Sections of the questionnaire should be completed as follows:

(a) All responses to be typed and submitted through the Tender Link.

(b) Do not use abbreviations.

(c) Please include where appropriate any supporting documents. All enclosures should be clearly marked with the name of your organization and reference that part of the questionnaire to which they support.

(d) All submissions to be received by close of business on 08th June, 2022 and submitted through the Tender Link.

1. **Request for Information**

**2.1 Full Name of Organization**

|  |  |
| --- | --- |
| 1. **GENERAL INFORMATION** | |
|  | |
| **Company Name** |  |
| **Company Address** |  |
| **Fax Number** |  |
| **Email Address** |  |
| **Company Website** |  |

**2.2 Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Position in Organization** |  |
| **Office Phone** |  |
| **Mobile Phone** |  |
| **Email** |  |

**2.3 Main Address for Correspondence**

|  |
| --- |
|  |

**2.4 Physical Location of Business.**

|  |  |
| --- | --- |
| **Lot Number** |  |
| **Section Number** |  |
| **Street Name** |  |
| **Parish Name** |  |
| **Town or city** |  |

**2.5 Investment Promotion Authority (IPA) Registration Details**

|  |  |
| --- | --- |
| **Type of company**  **(i.e. Public limited, Partnership, Sole Trader, JV or other** |  |
| **IPA Registration Number (Note: Attach a copy of registration)** |  |
| **Date of Registration with IPA** |  |
| **Names and addresses of Directors** |  |

1. **Tax and Insurance compliance.**

**3.1 Internal Revenue Corporation**

|  |  |
| --- | --- |
| **Current IRC certificate of compliance (COC) number.** |  |
| **Date first issued** |  |
| **Previous COC number if applicable.** |  |
| **Date of last Return.** |  |

**3.2 Insurance Coverage**

|  |  |
| --- | --- |
| **Public Liability Insurance**  **Policy Number.** |  |
| **Indemnity Level**  **Note: Attach Copy** |  |
| **Professional Indemnity**  **Policy Number** |  |
| **Indemnity Level**  **Note: Attach Copy** |  |

1. **Regulatory Compliance**

**4.1 Security Industries Authority**

|  |  |
| --- | --- |
| **Organizations Registration**  **Number with SIA** |  |
| **Class of Licence** |  |
| **No of guards registered**  **with SIA** |  |
| **Note: Attach list of guards**  **and their individual**  **Licences.** |  |

**4.2 National Minimum Wage Compliance**

|  |  |
| --- | --- |
| **Provide a list of guards and a breakdown of salary and allowances paid to guards over a two year period.** |  |

1. **Financial Capacity to provide services.**

**5.1 Annual Turnover**

|  |  |
| --- | --- |
| **Indicate the annual turnover of the organization and provide details for the previous three years of operation.** |  |

1. **International Standards**

**6.1 ISO18788:2015 Management System for Private Security Operations**

|  |  |
| --- | --- |
| **Provide evidence the organizations compliance with ISO18788:2015** |  |

**6.2 Quality Assurance Accreditation**

|  |  |
| --- | --- |
| **Provide details of any quality assurance accreditation that your organization holds. i.e. ISO9000** |  |

1. **Training**

**7.1 Evidence of Training**

|  |  |
| --- | --- |
| **Provide details of all guards who have been trained by an SIA accredited training provider** |  |
| **Provide evidence of an ongoing training program** |  |
| **Provide evidence of individual guards attending training and modules completed** |  |
| **Provide details of training staff and give evidence of their accreditation with an Industry standard Training Organization** |  |

1. **Capacity to Provide Security Services**

**8.1 Management**

|  |  |
| --- | --- |
| **Provide CV’s for Senior Management Personnel who would be involved in delivering Security Services.** |  |
| **Provide a copy of your Organization Chart and the reporting hierarchy.** |  |
| **Total Number of staff employed within your organization including support functions.** |  |

**8.2. Capabilities**

|  |
| --- |
| 1. **Please tick the below existing capabilities that can be provided by your company:** |
| * Static Guards * Armed/Unarmed Escorts * Cash Vehicle Transfers * Quick Response Units * Remote monitoring * Other – please specify |
| 1. **Please list the equipment that your company possess (communication equipment , guard monitoring devices, direct phone/alarm line, etc.) and indicate the scope of use and any other details like model, brands, etc.** |
|  |
| 1. **Please tick any management experience models/systems in administration of security services that your company possess and give some more examples if such exits.** |
| * Proper recording and maintaining of personnel time-sheets and post logs * Shift Supervision * Establishing Post Orders * Establishing Standard Operating Procedures * Other – Please specify |

**8.3 Operations**

|  |  |
| --- | --- |
| **Detail the communications methodology between Supervisors and Guards on location.** |  |
| **Detail the communications methodology between guards on site.** |  |
| **Detail the ability of organization to provide back up in the event of an emergency.** |  |
| **Detail the ability of the organization to provide Executive Protection.** |  |
| **Detail the ability of the organization to collect information and disseminate intelligence reports.** |  |
| **Detail the organizations foot and mobile patrol methodology** |  |
| **Detail Cash in Transit services available if required.** |  |

1. **Experience**

**9.1 Similar Contracts.**

|  |  |
| --- | --- |
| **Please provide details of similar contracts you have been awarded over the previous three years.** |  |
| **Client Name or Names** |  |
| **Contact Name and Phone Number** |  |

1. **General Comment**

**10.1 Please insert any general comment you wish to make that was not covered in the questionnaire**

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|  |

1. **Submission.**

**11.1 The Questionnaire should be signed by a Director of the organization.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**