**Contractor Pre-Qualification Application Form**

Category: **Traffic Control Systems Installation & Maintenance**

Level: **Communications (SCTV)**

**PRE-QUALIFICATION SCHEME**

**TRAFFIC MANAGEMENT SERVICES GROUP**

**TRAFFIC CONTROL SYSTEMS INSTALLATION AND MAINTENANCE**

Self-Assessment Check List

for

**Communications (SCTV)**

This contractor pre-qualification self-assessment check list has been developed to provide guidance to contractors wishing to apply for Department of Transport (DoT) (previously VicRoads) pre-qualification in the TRAFFIC MANAGEMENT SERVICES GROUP - CONTRACT level **SCTV**.

This application must be completed by the applicant and submitted together with the standard application forms Part A and Part B.

The applicant must complete all relevant sections of this application form and provide copies of all required documentation.

Evidence of Company and Employee work history must be relevant to the pre-qualification level being applied for.

**1) APPLICANT DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Contact Name: |  | | |
| Contact Number: |  | Email: |  |

**2) THIS IS A NEW APPLICATION**

(Check the box above if this is an application for new pre-qualification and go to 4)

**3) THIS IS A REVIEW OF A CURRENT PRE-QUALIFICATION**

(Check the box above if this is an application for review of a current pre-qualification)

|  |
| --- |
| **Levels Currently Held (Tick levels your company currently hold)** |
| **Metro** (and Rural by default) |
| Communications (SCTV) |

**4) OTHER PRE-QUALIFICATION LEVELS CURRENTLY HELD**

(Tick any current pre-qualification levels the company currently holds))

|  |
| --- |
| **Levels Currently Held (Tick levels your company currently hold)** |
| **Metro** (and Rural by default) |
| Traffic Signals Installation (STS1)  Traffic Signals Maintenance (STS2) |
| Public Lighting and Basic Electrical works (STCE1)  Other On-Road Electrical ITS Devices) (STCE2)  Specialist On-Road ITS Devices(STCE3)  Vehicle Detection Loops (SVDL) |
| Supply of On-road Electronic Devices (SOED) |
|  |
| **Rural Only** |
| Traffic Signals Maintenance (STS2) |

**5) COMPANY DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Details** | | | | **Complies Yes / No**  **(DoT use only)** |
| Australian Business Number (ABN): | |  | |  |
| Australian Company Number (ACBN): | |  | |  |
| Evidence of Current Workcover Certificate Provided: Yes  No | | | |  |
| Policy Number: |  | Expiry Date: |  |  |
| “Part A” Declaration completed and attached: Yes  No | | | |  |
| “Part B” Declaration completed and attached: Yes  No | | | |  |

**6) MANAGEMENT SYSTEMS**

Provide details of your Management Systems by ticking the table below as appropriate. Please attach appropriate documentation confirming your management systems.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Management Systems** | | | | | | | | |
| **System** | **Quality** | | **OH&S** | | **EMS** | | **Industrial Relations** | |
| **System Standard** | ISO 9001:2016  DoT Check List CCF code |  | Safety Map Level 1.  AS4801:2001  AS/NZ/ISO 45001  Dot Checklist  CCF code |  | ISO 14001:2016  DoT Check List CCF code |  | DoT (VicRoads) Self-Assessment Checklist and Signed Declaration Provided |  |
| **Approval Type** | Registered by CCF  3rd Party Certification Audited to DoT |  | Registered by CCF  3rd Party Certification Audited to DoT |  | Registered by CCF  3rd Party Certification Audited to DoT |  |
| **Name of Approval Organisation** |  | |  | |  | |  | |
| **Approval Date** |  | |  | |  | |
| **Expiry Date** |  | |  | |  | |
| **Registration No.** |  | |  | |  | |

|  |  |
| --- | --- |
| **Pre-qualification Part A and Part B (DoT Use Only)** | |
| Business Information | Complies  Does Not Comply |
| Quality System | Complies  Does Not Comply |
| OH&S | Complies  Does Not Comply |
| EMS | Complies  Does Not Comply |
| Financial Assessment – *(Requested by DoT once all the documentation is submitted)* | Complies  Does Not Comply |

**7) COMPANY WORK HISTORY**

Provide details of relevant projects that the Company has worked on over the previous 3-6 years. Projects should be electrical in nature and preferably relevant to the level of prequalification being applied for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPANY PROJECT HISTORY** | | | | |
| **PROJECT** | **COMPANY NAME** | **DURATION WORKED *(start and completion date*)** | **DETAILED DESCRIPTION OF WORKS** | **ReFEREE contact detail *(email and phone number)*** |
|  |  |  |  |  |
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**8) SCTV COMMUNICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCTV WORKS** | | **Relevant Work Undertaken** | **Complies Yes / No**  **(DoT use only)** |
| * CCTV Camera Network Systems | | Yes  No |  |
| * CCTV Transmission Equipment | | Yes  No |  |
| * CCTV Distribution & Termination Cabins | | Yes  No |  |
|  |  |  |  |
| **Specific Eligibility Criteria** | | **Complies** | **Complies Yes / No**  **(DoT use only)** |
| * Minimum of two permanent full time employees that are licensed in accordance with ACMA requirements and based at company’s office/depot. (Evidence that the staff are permanent such as payroll summary) | | Yes  No |  |
| * Minimum of one permanent full time employee that is holder of an Electrician’s License and based at company’s office/depot. | | Yes  No |  |
| * Minimum of three years’ relevant field experience within the last six years within this area of competency. | | Yes  No |  |
| * Minimum number of two suitable vehicles. | | Yes  No |  |

**8.1) Personnel Experience and Qualifications**

You must provide evidence that the nominated personnel have relevant qualifications and experience in CCTV and associated transmission equipment works as described in **Traffic Management Services (Contractor) GROUP Categories and Levels Eligibility Criteria.** The criteria document can be found on the VicRoads website.

Relevant experience means that the nominated personnel have been employed as CCTV/communications technicians, with an SCTV pre-qualified contractor, for a minimum period of three years during the previous six years. During the three year period, each of your nominated personnel must have worked ‘in the field’, hands-on as a CCTV/communications technician, in a full time capacity. Personnel who have spent a large percentage of their time in an office based, management role, will not be considered as meeting the criteria.

**8.2) Nominated Personnel Qualification and Experience Summary**

Note that multiple copies of this page may need to be submitted in order for company to demonstrate that nominated employees meet the minimum experience requirements specified in the Eligibility Criteria. All the relevant works and projects need to be listed, their description, duration as well as the company that the employee worked for at the time.

**8.3) Nominated Employees**

Provide details of each nominated employee.

**a) Employee 1**

|  |  |
| --- | --- |
| Name: |  |

***i) Employee’s Relevant Licences and Qualifications.***

Ensure that copies of all listed licences and qualifications are submitted with the application.

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Copies provided** | **Complies Yes / No**  **(DoT use only)** |
|  |  |  |
|  |  |  |
|  |  |  |

***ii) Employee’s Work History***

Provide details of the nominated employee’s employment history including how long they have been with this company and who they were employed by previously. Include start and finish dates of previous employment and the position title of their previous employment. *(Additional rows can be added if required)*.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYER** | **COMPANY NAME** | **Employment Dates** | | | **Position Held** | **ReFEREE contact detail *(email and phone number)*** |
| **From** | **To** | **Total years** |
| Current Employer |  |  |  |  |  |  |
| Previous Employer |  |  |  |  |  |  |
| Previous Employer |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Details of referees contacted (DoT Use only)** | | |
| **Name** | **Comments** | **Complies Yes / No** |
|  |  |  |
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***iii) Employee’s Work Experience***

Provide details of the nominated employee’s CCTV/Communications experience. Include main roles, major projects worked on, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WORK EXPERIENCE** | | | | |
| **COMPANY NAME** | **NAME OF THE PROJECT** | **DURATION WORKED *(start and completion date*)** | **DETAILED DESCRIPTION OF WORKS** | **ReFEREE contact detail *(email and phone number)*** |
|  |  |  |  |  |
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| --- | --- | --- |
| **Details of referees contacted (DoT Use only)** | | |
| **Name** | **Comments** | **Complies Yes / No** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**b) Employee 2**

|  |  |
| --- | --- |
| Name: |  |

***i) Employee’s Relevant Licences and Qualifications.***

Ensure that copies of all listed licences and qualifications are submitted with the application.

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Copies provided** | **Complies Yes / No**  **(DoT use only)** |
|  |  |  |
|  |  |  |
|  |  |  |

***ii) Employee’s Work History***

Provide details of the nominated employee’s employment history including how long they have been with this company and who they were employed by previously. Include start and finish dates of previous employment and the position title of their previous employment. *(Additional rows can be added if required)*.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYER** | **COMPANY NAME** | **Employment Dates** | | | **Position Held** | **ReFEREE contact detail *(email and phone number)*** |
| **From** | **To** | **Total years** |
| Current Employer |  |  |  |  |  |  |
| Previous Employer |  |  |  |  |  |  |
| Previous Employer |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Details of referees contacted (DoT Use only)** | | |
| **Name** | **Comments** | **Complies Yes / No** |
|  |  |  |
|  |  |  |
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|  |  |  |

***iii) Employee’s Work Experience***

Provide details of the nominated employee’s CCTV/Communications experience. Include main roles, major projects worked on, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WORK EXPERIENCE** | | | | |
| **COMPANY NAME** | **NAME OF THE PROJECT** | **DURATION WORKED *(start and completion date*)** | **DETAILED DESCRIPTION OF WORKS** | **ReFEREE contact detail *(email and phone number)*** |
|  |  |  |  |  |
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|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Details of referees contacted (DoT Use only)** | | |
| **Name** | **Comments** | **Complies Yes / No** |
|  |  |  |
|  |  |  |
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**8.4) DoT review Summary**

|  |  |
| --- | --- |
| **Summary and Comments (DoT use only)** | |
|  | |
| Does the experience and qualifications of the employees comply with SCTV level? | Yes  No |

**9) PLANT AND PREMISES ASSESSMENT**

For all pre-qualification levels applied for, the company shall provide plant and premises detailed below, as required.

* ***Existing applicants: -*** *please fill out and sign the declaration for Plant & Premises self-assessment checklist below (Please indicate how your company’s premises meet the criteria):*
* ***New applicants: -*** *site inspection will be conducted after reviewing your application on the checklist below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Criteria** | **Description of Facility at Company Premises** | **Complies Yes / No**  **(DoT use only)** |
| **1.** | Does the company maintain a secure, suitable size lockable depot in the works area for the purpose of storing goods and equipment relevant to the works? | *(Attach images in Appendix A)* |  |
| **2.** | Does the company maintain a manned office (staff of the company and not a third party) that is serviced during business hours for the purpose of receiving and relaying work instructions? |  |  |
| **3.** | Does the company have a secure storage facility, electronic and manufacturing factory or workshop with the capability to supply/maintain/repair on-road electronic devices including test facilities? | *(Attach images in Appendix A)* |  |
| **4.** | As nominated by the level, suitable vehicles that are equipped to readily undertake the works associated with the area of competency.  Vehicle should be fitted with a minimum of:   * Flashing yellow lights * Safety cones * First Aid Kit * Fire extinguisher.   Evidence in form of picture and registration numbers needs to be provided in the application. | *(Attach images in Appendix A)* |  |
| **5.** | Does the company maintain an after-hours communication system which enables direct communication between the company and/or field personnel and DoT (staff of the company and not a third party) for the purpose of receiving and relaying after hours work instructions? |  |  |

**10) COMPANY DECLARATION**

|  |  |
| --- | --- |
| Company name: |  |

Company Representative undertaking assessment

|  |  |
| --- | --- |
| Name (print): |  |
| Signature: |  |
| Date of assessment: |  |

|  |
| --- |
| **Declaration – to be made by a director or chief executive** |

I declare that the particulars shown herein are true and correct in every detail:

|  |  |
| --- | --- |
| Name (print): |  |
| Signature: |  |
| Position in Company: |  |
| Date: |  |

**11) DoT ASSESSMENT SUMMARY**

**11.1) General summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | **Satisfactory** | **Comments** | **Complies** |
| Part A | Yes  No |  | Yes  No |
| Part B | Yes  No |  | Yes  No |
| Company | Yes  No |  | Yes  No |
| Personnel | Yes  No |  | Yes  No |
| Referee checks | Yes  No |  | Yes  No |
| Premises | Yes  No |  | Yes  No |

**11.2) Financial check**

|  |  |
| --- | --- |
| Financial check conducted | Yes  No |
| Satisfactory | Yes  No |
| Recommended maximum project value |  |

**11.3) Recommendation**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Date:** |  |
| **Application:** | New Contractor |
|  | Existing Pre-qualified Contractor |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Rating** | | | |
| **Level** | **Applied For** | **Rating** | **Comments** |
| SCTV | Yes  No |  |  |

**Ratings Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualifies** | | | **Does Not Qualify** | | |
| **Very Good** | **Good** | **Conditional** | **Limited** | **Poor** | **Suspend** |
| 1 | 2 | 3 | 4 | 5 | 6 |

|  |  |
| --- | --- |
| **DoT Officer:** |  |
| **Date:** |  |
| **Business Area:** |  |
| **Section:** |  |

**11.4) Conditional pre-qualification - summary & recommendation**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **RECOMMENDED CONDITION** |
| 1 |  |  |
| 2 |  |  |

**Appendix A – Plant and Premises Images from Section 9**

(Images of your plant and premises to be attached here)