*Editorial Note: This version of the document added requirements for Class 17*

***Instructions on how to complete this form*** *– Use theTab key to move between fields; where applicable, select options from the drop-down box; check boxes using the Space bar.*

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| 1. **ORGANISATIONAL DETAILS**
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Please attach to this questionnaire the organisational details form you have been sent (or email a copy back to the PCCP Executive Officer).

 Name of submitting organisation

 Suburb and State

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| 1. **MARKET PLACE**
 |
| **2.1 Locations** |
| Please give approximate % breakdown by value of where most of your jobs/projects are:       local;       interstate       overseas |
| Please indicate in which markets you actively seek jobs; [ ]  ACT [ ]  NSW [ ]  NT [ ]  QLD [ ]  SA [ ]  TAS [ ]  VIC [ ]  WA [ ]  NZ [ ]  Other overseas. Please nominate:       |
| 1. **QUALITY MANAGEMENT SYSTEM (QMS)**
 |
| **3.1 Policies** |
| Does the organisation have documented policies endorsed by senior management? [ ]  Yes [ ]  NoIf Yes, please nominate which policies:       |
| **3.2 Document control** |
| Does the organisation exercise control over Key Documents ie version & distribution control? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.3 Record control** |
| Does the organisation keep orderly records of its activities? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.4 Management control** |
| Can the organisation demonstrate that senior management is directly involved in the QMS? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.5 Personnel control** |
| Does the organisation have a person who has responsibility for the QMS and all quality matters? [ ]  Yes [ ]  NoDoes the organisation have documented Position Descriptions for Key personnel? [ ]  Yes [ ]  NoDoes the organisation have a documented organisational chart indicating positions & incumbents? [ ]  Yes [ ]  NoDoes the organisation have an accurate & current list of licences, accreditations and skills for its employees? [ ]  Yes [ ]  NoDoes the organisation provide induction training for its new employees? [ ]  Yes [ ]  NoDoes the induction training include instruction in the QMS? [ ]  Yes [ ]  NoDoes the organisation provide induction training for its sub-contractors? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.6 Job control** |
| Does the organisation have a clear system of authorisation for potential jobs? [ ]  Yes [ ]  NoDoes the organisation have a clear system of identifying & minimising risks associated with jobs? [ ]  Yes [ ]  NoDoes the organisation ensure that only personnel with appropriate skills/experience are assigned to jobs? [ ]  Yes [ ]  NoDoes the organisation prepare detailed inspection and test plans (ITPs) for its jobs? [ ]  Yes [ ]  NoDoes the organisation keep records of environmental conditions every 3 hrs during painting & blasting? [ ]  Yes [ ]  NoDoes the organisation have trained and experienced Coating Inspectors that are readily available on jobs? [ ]  Yes [ ]  NoPlease provide the names and qualifications of the Coating Inspectors eg NACE, ACA:     Please provide any additional comments or clarification if appropriate:       |
| **3.7 Equipment control** |
| Can the organisation demonstrate that all plant & equipment is appropriately maintained? [ ]  Yes [ ]  NoCan the organisation demonstrate that all test equipment is calibrated & appropriately maintained? [ ]  Yes [ ]  NoAre calibration methods and intervals documented and are records maintained? [ ]  Yes [ ]  NoDo calibration methods and intervals comply with the requirements detailed in Document PP-T001? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.8 Purchasing control** |
| Does the organisation maintain a List of Key Suppliers (suppliers of Key Goods & Services)? [ ]  Yes [ ]  NoAre Key Suppliers regularly reviewed for compliance to performance standards? [ ]  Yes [ ]  NoAre incoming Key Products checked for compliance to purchasing orders? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.9 Identification & traceability control** |
| Does the organisation assign to each job quoted/won a unique identification number? [ ]  Yes [ ]  NoDoes the unique identification number appear on all documents & records associated with the job? [ ]  Yes [ ]  NoAre key traceability attributes such as paint batch numbers recorded? [ ]  Yes [ ]  NoDoes the organisation record which exact test equipment was used to obtain a reading/record? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.10 Training control** |
| Does the organisation identify training needs and ensure training is given? [ ]  Yes [ ]  NoDoes the organisation maintain records of training given? [ ]  Yes [ ]  NoDo training sign-offs include a training recipient statement? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |
| **3.11 System improvement** |
| Does the organisation carry out regular internal audits to ensure compliance to the QMS? [ ]  Yes [ ]  NoIs the internal auditor trained & independent of the function being audited? [ ]  Yes [ ]  NoDoes the organisation capture and investigate non-conformances including customer complaints? [ ]  Yes [ ]  NoDoes senior management review system improvement activities and records? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:      |

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| 1. **HEALTH SAFETY & WELFARE CONTROL**
 |
| Does the organisation have an effective OH&S compliance plan? [ ]  Yes [ ]  NoIs the OH&S compliance plan documented and discussed with employees? [ ]  Yes [ ]  NoDoes the OH&S compliance plan include Safe Work Methods Statements? [ ]  Yes [ ]  NoDoes the organisation issue, instruct and maintain appropriate PPE for its employees? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:       |
| 1. **ENVIRONMENTAL CONTROL**
 |
| Does the organisation have an effective environmental compliance plan? [ ]  Yes [ ]  NoIs the environmental compliance plan documented and discussed with employees? [ ]  Yes [ ]  NoIs the environmental compliance plan appropriate to the range of activities undertaken? [ ]  Yes [ ]  NoPlease provide any additional comments or clarification if appropriate:       |
| 1. **TECHNICAL CAPABILITY**
 |
| **6.1 Test Equipment** |

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| Equipment/Standard | **Requirement (1)** | **Current Status** |
| **Class 18** | **Class 17** |  |  | **Equipment is owned** | **Equipment can be obtained** | **Do not have** |
| Temperature - ambient | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Relative Humidity - electronic | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Whirling psychrometer | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Dew Point – electronic  | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Dew Point – calculator  | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Optical Magnifier (x10) | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Wet film thickness gauge | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Dry film thickness gauge 0-500µm | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Dry film thickness gauge 1-10mm | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Set of primary DFT shims | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Pencil hardness set | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Pull-off adhesion tester | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Masking tape | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Stanley knife/scalpel | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Tape measure – 8m minimum | M | M |  |  | [ ]  | [ ]  | [ ]  |
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Note 1: M = Mandatory that equipment is owned or can be hired/leased/borrowed. O = Optional. |

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| **6.2 Surface preparation equipment** |
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| Equipment | **Requirement (1)** | **Current Status** |
| **Class 18** | **Class 17** |  |  | **Equipment is owned** | **Equipment can be obtained** | **Do not have** |
| Diamond grinder - hand | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Diamond grinder – walk behind | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Diamond saw | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Scarifier | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Angle grinder | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Disk sander | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Orbital sander | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Shot blast – captive system | O | O |  |  | [ ]  | [ ]  | [ ]  |
| High pressure water blaster | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Dust collection system | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Jack hammer | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Wheelbarrows, shovels & brooms | M | O |  |  | [ ]  | [ ]  | [ ]  |
| PPE & first aid gear  | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Vacuum cleaner | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Vacuum surface preparation tools | O | O |  |  | [ ]  | [ ]  | [ ]  |

Note 1: M = Mandatory that equipment is owned or can be hired/leased/borrowed. O = Optional. |

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| **6.3 Application equipment** |
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| Equipment | **Requirement (1)** | **Current Status** |
| **Class 18** | **Class 17** |  |  | **Equipment is owned** | **Equipment can be obtained** | **Do not have** |
| Hand trowels | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Conventional spray gun | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Airless spray gun | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Paint rollers | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Brushes | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Pad applicators | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Measuring equipment - weight | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Measuring equipment - volume | M | O |  |  | [ ]  | [ ]  | [ ]  |
| Power mixing equipment | M |  |  |  | [ ]  | [ ]  | [ ]  |
| PPE & first aid gear  | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Scrapers/Filling Blades | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Plastic Sheets | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Appropriate lighting | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Scaffolding | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Vacuum Cleaner | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Vacuum Surface Prep. Tools | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Respirators | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Flame Proof Lighting | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Exhaust Conduits/Flexible | O | O |  |  | [ ]  | [ ]  | [ ]  |
| Extractor fans/sleeves | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Appropriate signage | M | M |  |  | [ ]  | [ ]  | [ ]  |
| Storage Capacity | O | M |  |  | [ ]  | [ ]  | [ ]  |
| Tape measure | M | M |  |  | [ ]  | [ ]  | [ ]  |
| High Pressure Water Washers | O | M |  |  | [ ]  | [ ]  | [ ]  |

Note 1: M = Mandatory that equipment is owned or can be hired/leased/borrowed. O = Optional. |

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| 1. **JOBS UNDERTAKEN1**
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| Please detail any significant jobs completed or won recently; [ ]  none |
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| **JOB2** | **CONTACT3** | **JOB LOCATION** | **YEAR** | **TYPE OF WORK PERFORMED** |
|       | Name      Email      Tel       |       |       |       |
|       | Name      Email      Tel       |       |       |       |
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|       | Name      Email      Tel       |       |       |       |

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| Notes to Section 11;1. Information detailed in this section will be Commercial-in-Confidence and will not be released to a third party without the express permission of the company. It will be used by PCCP officers to gain a picture of customer satisfaction with jobs performed.
2. Include name of project owner & short project name
3. Include name of person, email contact details and phone.
 |
| 1. **OTHER ISSUES OF WHICH PCCP NEEDS TO BE AWARE**
 |
| Please detail any other issues of which PCCP needs to be aware. Include any specific points of discussion for audit day.       |
| 1. **SIGN OFF**
 |
| Sign off by senior Manager or authorised equivalent;As a duly authorised representative of the Contractor organisation described above, I hereby warrant that the information given above is true, correct and complete. It accurately represents the way we, as a reputable organisation, go about our business of satisfying our customer’s requirements.We affirm that, should our application for PCCP accreditation be successful, we will abide by all the rules and requirements of the Scheme.       (print name for electronic submission of form)       date |
| For manually completed form: |
| Signature | Print name | Date |

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