*Editorial Note: This is an initial document*

***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** |

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  No  If Yes, please nominate which policies: |
| **3.2 Document control** |
| Does the organisation exercise control over Key Documents ie version & distribution control?  Yes  No  Please provide any additional comments or clarification if appropriate: |
| **3.3 Record control** |
| Does the organisation keep orderly records of its activities?  Yes  No  Please 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  No  Please 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  No  Does the organisation have documented Position Descriptions for Key personnel?  Yes  No  Does the organisation have a documented organisational chart indicating positions & incumbents?  Yes  No  Does the organisation have an accurate & current list of licences, accreditations and skills for its employees?  Yes  No  Does the organisation provide induction training for its new employees?  Yes  No  Does the induction training include instruction in the QMS?  Yes  No  Does the organisation provide induction training for its sub-contractors?  Yes  No  Please 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  No  Does the organisation have a clear system of identifying & minimising risks associated with jobs?  Yes  No  Does the organisation ensure that only personnel with appropriate skills/experience are assigned to jobs?  Yes  No  Does the organisation prepare detailed inspection and test plans (ITPs) for its jobs?  Yes  No  Does the organisation keep records of environmental conditions every 3 hrs during painting & blasting?  Yes  No  Does the organisation have trained and experienced Coating Inspectors that are readily available on jobs?  Yes  No  Please 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  No  Can the organisation demonstrate that all test equipment is calibrated & appropriately maintained?  Yes  No  Are calibration methods and intervals documented and are records maintained?  Yes  No  Do calibration methods and intervals comply with the requirements detailed in Document PP-T001?  Yes  No  Please 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  No  Are Key Suppliers regularly reviewed for compliance to performance standards?  Yes  No  Are incoming Key Products checked for compliance to purchasing orders?  Yes  No  Please 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  No  Does the unique identification number appear on all documents & records associated with the job?  Yes  No  Are key traceability attributes such as paint batch numbers recorded?  Yes  No  Does the organisation record which exact test equipment was used to obtain a reading/record?  Yes  No  Please provide any additional comments or clarification if appropriate: |
| **3.10 Training control** |
| Does the organisation identify training needs and ensure training is given?  Yes  No  Does the organisation maintain records of training given?  Yes  No  Do training sign-offs include a training recipient statement?  Yes  No  Please 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  No  Is the internal auditor trained & independent of the function being audited?  Yes  No  Does the organisation capture and investigate non-conformances including customer complaints?  Yes  No  Does senior management review system improvement activities and records?  Yes  No  Please 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  No  Is the OH&S compliance plan documented and discussed with employees?  Yes  No  Does the OH&S compliance plan include Safe Work Methods Statements?  Yes  No  Does the organisation issue, instruct and maintain appropriate PPE for its employees?  Yes  No  Please provide any additional comments or clarification if appropriate: |
| 1. **ENVIRONMENTAL CONTROL** |
| Does the organisation have an effective environmental compliance plan?  Yes  No  Is the environmental compliance plan documented and discussed with employees?  Yes  No  Is the environmental compliance plan appropriate to the range of activities undertaken?  Yes  No  Please provide any additional comments or clarification if appropriate: |
| 1. **TECHNICAL CAPABILITY** |
| **6.1 Test Equipment** |

**Sub-classes:**

**1:** Liquid Waterproofing Membrane (e.g., polyurethane)

**2:** Torch Applied Bituminous Membrane

**3:** Self Adhered Sheet Membrane (e.g., HDPE)

**4:** Mechanically Bonded to Poured Concrete (e.g., Prootex Engage)

**5:** Cementitious Waterproofing (e.g., Xypex type products)

**6:** Thermoplastic Elastomer Membrane (e.g., rubber, weldable TPV/TPER)

**7:** Remedial Liquid Injection (hydrophilic or hydrophobic)

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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Test Equipment | **Requirement (1)** | | | | | | | **Current Status** | | | | **40-1** | **40-2** | **40-3** | **40-4** | **40-5** | **40-6** | **40-7** | **Equipment is owned** | **Equipment can be obtained** | **Do not have** | | Temperature – Ambient | M | M | M | M | M | M | O |  |  |  | | Relative Humidity – Electronic | M | M | M | M | M | M | O |  |  |  | | Dew Point – Electronic | M | O | M | M | M | M | O |  |  |  | | Dew Point – Calculator | O | O | O | O | O | O | O |  |  |  | | Optical Magnifier (x10) | O | O | O | O | O | O | O |  |  |  | | Wet Film Thickness Gauge | M |  |  |  |  |  |  |  |  |  | | Dry Film Thickness Gauge  (1-10 mm) | O |  |  |  |  |  |  |  |  |  | | Set of Primary DFT Shims | M |  |  |  |  |  |  |  |  |  | | Pencil Hardness Set | O |  |  |  |  |  |  |  |  |  | | Pull-Off Adhesion Tester | O |  |  |  |  |  |  |  |  |  | | Moisture Meter | M | M | M | M | M | M |  |  |  |  | | Seam Probe |  | M | M | M | M | M |  |  |  |  |   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** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Surface Preparation Equipment | **Requirement (1)** | | | | | | | **Current Status** | | | | **40-1** | **40-2** | **40-3** | **40-4** | **40-5** | **40-6** | **40-7** | **Equipment is owned** | **Equipment can be obtained** | **Do not have** | | Diamond Grinder – Hand | M | M | M | M | M | M | M |  |  |  | | Diamond Grinder – Walk behind | M | M | M | M | M | M |  |  |  |  | | Angle Grinder | M | M | M | M | M | M |  |  |  |  | | Disk Sander | O | O | O | O | O | O | O |  |  |  | | High Pressure Water Cleaner | O | O | O | O | O | O |  |  |  |  | | Dust Collection System | M | M | M | M | M | M | M |  |  |  | | Drill |  |  |  |  |  |  | M |  |  |  | | Jack Hammer | M | O |  |  | O |  |  |  |  |  | | Vacuum Cleaner Wet / Dry | M | M | M | M | M | M | M |  |  |  | | Vacuum surface preparation tools | M | M | M | M | M | M | M |  |  |  |   Note 1: M = Mandatory that equipment is owned or can be hired/leased/borrowed.  O = Optional. |

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| General Resources | **Requirement (1)** | | | | | | | **Current Status** | | |
| **40-1** | **40-2** | **40-3** | **40-4** | **40-5** | **40-6** | **40-7** | **Equipment is owned** | **Equipment can be obtained** | **Do not have** |
| PPE & First Aid Gear appropriate to activity | M | M | M | M | M | M | M |  |  |  |
| Exhaust conduits / flexible | O | O |  |  |  | O |  |  |  |  |
| Extractor fans / sleeves | O | O |  |  |  | O |  |  |  |  |
| Appropriate signage | M | M | M | M | M | M | M |  |  |  |
| Covered paint store with sufficient capacity | O | O | O | O | O | O | O |  |  |  |
| Trestles | O | O | O | O | O | 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** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Application Equipment | **Requirement (1)** | | | | | | | **Current Status** | | | | **40-1** | **40-2** | **40-3** | **40-4** | **40-5** | **40-6** | **40-7** | **Equipment is owned** | **Equipment can be obtained** | **Do not have** | | Hand Trowels | M | M |  |  | M |  |  |  |  |  | | Conventional Spray Gun | M |  |  |  |  |  |  |  |  |  | | Airless Spray Gun | M |  |  |  |  |  |  |  |  |  | | Paint Rollers | M |  |  | O |  | O |  |  |  |  | | Brushes | M |  | O |  |  |  |  |  |  |  | | Measuring Equipment - Weight | O |  |  |  |  |  |  |  |  |  | | Measuring equipment - Volume | O |  |  |  |  |  |  |  |  |  | | Power Mixing Equipment | M |  |  |  | M |  | O |  |  |  | | Scrappers / Filling Blades | M | M | M | M | M | M |  |  |  |  | | Crack Injection Equipment | O |  |  |  |  |  | M |  |  |  | | Scaffolding | O | O | O | O | O | O | O |  |  |  | | Flame Proof Lighting | M | O | O | O | O | O | O |  |  |  | | Heat Gun / Welder | M | M |  | O |  | O |  |  |  |  | | Gas Torch | M | M |  |  |  |  |  |  |  |  | | Flint Lighter |  | M |  |  |  |  |  |  |  |  | | Pressure Rollers | M |  | M |  |  |  |  |  |  |  | | Penny Rollers | M |  | O |  |  |  |  |  |  |  | | Injection (Caulking) Gun | M |  | O |  |  |  | M |  |  |  | | Injection Pressure Pump | M |  |  |  |  |  | M |  |  |  |   Note 1: M = Mandatory that equipment is owned or can be hired/leased/borrowed.  O = Optional. |

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