

Annex E

**Floating Docks Refurbishment
Submittal Checklist**

Annex F

Floating Docks Refurbishment Health and Safety Forms



CONSTRUCTION PROJECT SAFETY PLAN

Introduction

This document is to be completed by the primary contractor and forwarded to the Ministry of Public Works, Safety and Health Office prior to the commencement of works. It must be kept current as part of the project and available to all persons involved, who must understand and comply with its requirements.

Office: 297-7651
Email: dwsimmons@gov.bm

Project Description

| | | | |
|----------------------------------|-------------|---------------------|--------------|
| Project Name | | | |
| Building Permit # | | | |
| Project Start / End dates | Mm/dd/yyyy | Mm/dd/yyyy | |
| Project Location | | | |
| Project Contacts | Name | Phone Number | Email |
| Primary Contractor | | | |
| Project Manager | | | |
| Principle Contractors | Name | Phone Number | Email |
| Excavation | | | |
| Structural | | | |
| Electrical | | | |
| Mechanical | | | |



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| | | | |
|---------|--|--|--|
| Roofing | | | |
| Others | | | |

| Project Controls | | | |
|---|------------|-----|---|
| Controls | Applicable | N/A | Action If Applicable |
| Demolition Procedures and additional information as appropriate | | | Attach demolition plan |
| Traffic Control Flaggers/lane closure or access restricted | | | Attach traffic control plan, including diagram, identifying how flaggers will be used and specifying signage, clothing, and illumination as appropriate |
| Environmental Protection Potential for spills | | | Describe what release might be anticipated and how mitigation will occur. Describe: |
| Dust Control Sheet rock, soil, asbestos, etc | | | Describe how dust control is managed throughout project and identify what type of dust and any special monitoring/equipment that will occur. Describe: |



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| Controls | Applicable | N/A | Action If Applicable |
|---|------------|-----|---|
| Barricades/Signage Powder actuated tools, lasers, construction site, danger tape, caution tape, fencing, hole and wall openings, trenches | | | Describe what signage will be used and where it will be location. Describe: |
| Working at Heights Provision and use of fall protection equipment and measures to eliminate/reduce the occurrence falls (persons or materials). | | | Describe how fall hazards will be controlled throughout the project. Identify the active and passive fall systems to be utilized. |
| Material/Equipment Stage Location for materials, location for contractors vehicles | | | Describe what signage will be used and where it will be located. Describe: |
| Waste Disposal General debris, recycled materials, contaminated and hazardous wastes | | | List wastes that will be generated while working at the project and determine location and size of debris boxes/recycling container, or how waste materials are to be managed. List: |
| Control of Hazardous Energy Radiation controls: shielding, monitoring; lock out/tag out: electrical, chemical, pneumatic, pressure, thermal, mechanical | | | Describe how hazardous energy is controlled throughout the project: identify what type of energies and any special monitoring/equipment that will occur/be used. Describe: |
| Emergency Response | | | |



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| | |
|---|---|
| <p>Accident /injury Response Trained responders, first aid supplies, etc</p> | <p>List method of notifying EMS and what onsite resources are available. This might include first aid kits, fire extinguishers, trained responders etc. List:</p> |
| <p>Fire Protection/Prevention Building fire systems coordination, hot work, general construction, storage of flammable materials</p> | <p>List any combustible/flammable materials used and how they will be managed. List:</p> |
| <p>Evacuation Assembly areas, egress routes</p> | <p>Identify under what conditions evacuation of the immediate work site would occur. List:</p> <p>Specify who can issue evacuation notice or how evacuation will occur. List:</p> <p>List where assembly exists are located and who will be responsible for ensuring head count and accountability exists. List:</p> <p>Provide explanation or diagram.</p> |
| <p>Hazardous Materials Release Spoil piles, chemicals brought onsite, vehicles, product transfer, asbestos, etc</p> | <p>Describe what hazardous materials will be brought onsite or what may be generated as part of the work process. Describe:</p> <p>Attach current MSDS for all materials brought onto project. Include methods to control release, spills, off gassing or other unwanted exposures to work crew.</p> |



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| | | | |
|--------------------|--------------|--|-------------------|
| Other | | List any other emergency procedures that pertain to the type of work being done that are not covered under the above categories. List: | |
| Plan Review | | | |
| Position | Name (Print) | Signature | Date (mm/dd/yyyy) |
| Primary Contractor | | | |

| - FOR OFFICIAL USE ONLY - | | | |
|----------------------------------|--------------|-----------|-------------------|
| | Name (Print) | Signature | Date (mm/dd/yyyy) |
| Reviewed by | | | |
| Follow-up Action | YES | NO | |



COVID-19 CONSTRUCTION PROJECT SAFETY CHECKLIST

Introduction

This document is to be completed by the primary contractor and forwarded to the Safety and Health Office prior to the commencement of works. The COVID-19 control measures highlighted below must be in place before works commence. Failure to maintain these COVID-19 controls may result in works being suspended or site closure.

Post Office Building
56 Church Street
Hamilton, HM 12, Bermuda
Office: 297-7651
Email: dwsimmons@gov.bm

Project Description

| | | | |
|---------------------------|-------------|---------------------|--------------|
| Project Name | | | |
| Building Permit # | | | |
| Project Start / End dates | Mm/dd/yyyy | Mm/dd/yyyy | |
| Project Location | | | |
| Project Contacts | Name | Phone Number | Email |
| Primary Contractor | | | |
| Project Manager | | | |

| Required COVID-19 Project Controls | | |
|--|--------------------------|--------------------------|
| Controls | YES | NO |
| Does the site have a sign posted with required hygienic practices? (e.g. No face touching, wash hands, clean and disinfect, cover mouth when coughing or sneezing) | <input type="checkbox"/> | <input type="checkbox"/> |



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| | | |
|--|--|--|
| Handwashing facilities (e.g. soap/water or hand sanitizer 60% alcohol) at every entrance; maintain stock. | | |
| No sharing of tools or equipment; If sharing is required there must be a system in place for sanitizing equipment between uses by different employees. | | |
| Schedule or Log for cleaning surfaces/objects. | | |
| Employees must maintain 6-ft physical distancing / Post signage | | |
| Face masks must be available; used by all persons on site. | | |
| Prohibit any gatherings of staff. | | |
| Manage interactions during deliveries / Maintain physical distancing. | | |
| Stagger trades to minimize worker density. | | |
| Any person (employee, visitor, subcontractor, etc.) with COVID-19 symptoms not allowed on site / Post sign at entrance. | | |
| Site to have daily attendance log (for workers and visitors). | | |

| | | | |
|--|--------------|-----------|-------------------|
| Plan Review | | | |
| I have reviewed the above checklist and affirm the required controls listed above are established at the project. | | | |
| Position | Name (Print) | Signature | Date (mm/dd/yyyy) |
| Primary Contractor | | | |

| | | | |
|----------------------------------|--------------|-----------|-------------------|
| - FOR OFFICIAL USE ONLY - | | | |
| | Name (Print) | Signature | Date (mm/dd/yyyy) |
| Reviewed by | | | |
| Follow-up Action | YES | NO | |



Notice of Commencement of Construction Work
Regulation 264 of the Occupational Safety and Health Regulations

| SECTION 1 - Contractor Information | | |
|---|-----------------------------------|--------|
| Name Of Contractor : | | |
| Mailing Address: | | |
| Address for service: | | |
| Telephone Number: | Fax Number: | email: |
| SECTION 2 - Owner of the Project under Construction | | |
| Name Of Owner: | | |
| Mailing Address: | | |
| Address for service: | | |
| Telephone Number: | Fax Number: | Email: |
| SECTION 3 - Construction Site Supervisor | | |
| Name Of Supervisor: | | |
| Mailing Address: | | |
| Address for service: | | |
| Telephone Number: | Fax Number: | |
| SECTION 4 - Project Information | | |
| Mailing Address or Location of the Project : | | |
| Description of the scope and nature of the construction project: | | |
| Starting date: | Anticipated duration of the work: | |
| Total Cost for Labour and Materials for the project: | | |
| Identify the hazardous substances that may be used, handled or disturbed by work on the project: | | |
| State whether a shaft, tunnel, caisson or cofferdam is to be constructed as part of the construction project. | | |
| I hereby certify that the information provided in this notice is correct in all respects: | | |
| Signed: _____ Date _____ Contractor or Agent | | |

Annex G

Floating Docks Refurbishment Qualifications and References Form

COMPANY QUALIFICATIONS AND REFERENCES

Name of Company: _____

1. The Company has been engaged in business, under the present business name for _____ years.
2. Experience in work of a nature similar to that covered in the proposal documents extends over a period of _____ years.
3. The following contracts have been satisfactorily completed in the last three (3) years for the persons, companies or authorities indicated:

| | Year | Type of Work | Contract Amount | Location and for Whom Performed |
|-----|------|--------------|-----------------|---------------------------------|
| (a) | | | | |
| (b) | | | | |
| (c) | | | | |

4. The following person may be contacted for information concerning the work listed above (list a reference for each contract named):

| | Name | Title | Address | Telephone |
|-----|------|-------|---------|-----------|
| (a) | | | | |
| (b) | | | | |
| (c) | | | | |

5. The following contracts are no longer current but have been satisfactorily completed in the last five (5) years for the persons, companies or authorities indicated:

| | Year | Type of Work | Contract Amount | Location and for Whom Performed |
|-----|------|--------------|-----------------|---------------------------------|
| (a) | | | | |
| (b) | | | | |
| (c) | | | | |

Annex H

**Floating Docks Refurbishment
Local Benefits Form**

LOCAL BENEFITS

(SOCIAL, ECONOMIC AND ENVIRONMENTAL)

All pages of this form must be completed and returned with the Proponent's response.

This form is used to gather information to influence and help the economic transformation and enable meaningful participation of Bermudians and "specified business" in Bermuda's economy. This form looks at the ownership, management structures, and skill development opportunities and to learn more about the businesses bidding on Government Contracts. The Government's aim is to increase access to local economic activities and encourage skills training opportunities for Bermudians and the Government's use of specified businesses.

Rated criteria in the Government's Standard Evaluation Matrix Section 3 is equivalent to 40% of the overall score. It helps the public officers to measure, promote equal opportunities, and optimize the participation of specified businesses.

Date:

Ownership:

1. Bermudian Owned Business..... Yes No
2. Are you defined as a "Specified Business" in Bermuda (Small or Medium Sized)?
 Yes No
 Other _____

Definition - According to the Code of Practice Project Management and Procurement (page 8 and 9), "**Specified Business**" means a Bermudian-owned and owner-operated business enterprise with such characteristics as the Bermuda Economic Development Corporation may determine and

(A) gross annual sales of less than one million dollars, or an annual payroll of less than five hundred thousand dollars; or

(B) at least three of the following attributes:

- (i) gross annual revenue of between \$1,000,000 and \$5,000,000;
- (ii) net assets of less than \$2,500,000;
- (iii) an annual payroll of between \$500,000 and \$2,500,000;
- (iv) between a minimum of 11 and a maximum of 50 employees; and
- (v) been in operation for a minimum of 10 years.

Please note that BEDC has not yet requested any additional requirements of businesses to be categorized as a Specified Business. Any Bermuda owned company that satisfies the criteria on item A or item B above will be considered a Specified Business.

3. Provide a copy of the Certificate of Incorporation (if applicable).

Copy attached Yes No

4. Number of employees/Bermudians

Please indicate the total number of persons employed by the company and the number and percentage of Bermudian employees.

| | |
|---------------------------|--|
| NUMBER OF NON-BERMUDIANS: | |
| NUMBER OF BERMUDIANS: | |
| NUMBER OF EMPLOYEES: | |
| PERCENTAGE OF BERMUDIANS: | |

Management Control

5. INCUMBENCY CERTIFICATE

The undersigned being the secretary of the company has named below (the "Company"), a company duly organised and existing under the laws of the Islands of Bermuda and having it's registered office as set out below **DO HEREBY CERTIFY** that the following is a true and correct listing of the Directors and Officers of the Company in full force and effect as of the date hereof.

DIRECTORS and ALTERNATE DIRECTORS

| NAME | TITLE |
|------|-------|
| | |
| | |
| | |

OFFICERS

| NAME | TITLE |
|------|-------|
| | |
| | |

IN WITNESS WHEREOF I have hereunto set my signature in accordance with the Bye-Laws of the Company.

Company Name:

Skill Development - Apprenticeships/training opportunities

- 6. Does your business offer internship, apprenticeships or training opportunities?
 Yes No

- 7. Does your business offer Bermudian’s internships opportunities?
 Yes No

- 8. Does your business offer Bermudian’s apprenticeships/training opportunities?
 Yes No

- 9. Is your business willing/able to provide Bermudians new internship, apprenticeship or training opportunities?
 Yes No

- 10. If yes, to questions 7, 8 or 9, what apprenticeship or training opportunities exist, please indicate below. (add more lines as needed)

| <u>EMPLOYEE NAME</u> | <u>NON BERMUDIAN</u> | <u>BERMUDIAN</u> | <u>(month/year)</u> | <u>NAME OF INTERNSHIP OR APPRENTICESHIP PROGRAM OFFERED BY YOUR COMPANY</u> |
|----------------------|--------------------------|------------------|---------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Preference Procurement

11. Will the proponent use Bermuda specified businesses in their supply chain?

Yes _____ No _____

Please provide an explanation _____

12. Will the proponent use Bermuda specified business sub-contractors (if applicable)?

Yes _____ No _____

Please provide an explanation _____

Enterprise and Supplier Development

13. Has the respondent participated in the BEDC Construction Incubator or any other Business Program

Yes No, if yes, state program _____ and year _____

14. Safety and Health, Sustainability and Environmental Policies

Please indicate whether the business has a:

a) Safety and Health Policy,

Yes No, if yes, then please provide a copy.

b) Sustainable Goods and Services Policy

Yes No, if yes, then please provide a copy.

c) Environmental Policy.

Yes No, if yes, then please provide a copy.