

Pirovich Pty Ltd  
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Melbourne Vic 3004

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# EXPRESSION OF INTEREST

PAGE 1

## SUB-CONTRACTORS + SUPPLIERS

If you would like to be a supplier or sub-contractor for Pirovich Pty Ltd please complete all relevant sections of this form and return to us via one of the following methods:

Email            eoi@pirovich.com

Fax                03 9988 0667

Post              Pirovich Pty Ltd  
                     936 / 1 Queens Road  
                     Melbourne VIC 3004

**PIROVICH**  
INTEGRATED PROPERTY SOLUTIONS

# CONTACT DETAILS

PAGE 2

Company/business name \_\_\_\_\_

Trading Name \_\_\_\_\_

ACN/ABN \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Primary Contact \_\_\_\_\_

Estimators Name \_\_\_\_\_

- a. How many years experience in your trade does management have? \_\_\_\_\_
- b. How many years have you been in business under the current business structure? \_\_\_\_\_
- c. List the number of employees you have with relevant experience as a qualified trade person:
- i. 15 years plus \_\_\_\_\_
  - ii. 8 to 15 years \_\_\_\_\_
  - iii. 4 to 7 years \_\_\_\_\_
  - iv. 1 to 3 years \_\_\_\_\_
  - v. Apprentices \_\_\_\_\_
- d. What type of work do you specialise in? (Please tick)
- i. High end Residential \_\_\_\_\_
  - ii. Residential dwellings \_\_\_\_\_
  - iii. Residential apartments (up to 5 storeys) \_\_\_\_\_
  - iv. Residential refurbishments \_\_\_\_\_
  - v. Healthcare / Aged Care \_\_\_\_\_
  - vi. Small Commercial (New) \_\_\_\_\_
  - vii. Small Commercial (Refurb) \_\_\_\_\_

## 2. QUALITY MANAGEMENT

a. How do you maintain the quality of your product delivery? (In simple terms)

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b. If you have employees who are either apprentices or trades people with less than 3 years experience, how are they supervised and for what percentage of time are they left unsupervised on jobs?

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- a. Attach a copy of your OH&S Policy Statement
- b. Do you have a Certified OH&S Plan? \_\_\_\_\_
- c. How many employees have current first aid qualifications? \_\_\_\_\_
- d. How many employees have qualifications in OH&S? \_\_\_\_\_
- e. What qualifications do they have? \_\_\_\_\_
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
- f. Have you ever been fined by Worksafe for a breach of your Duty of Care? \_\_\_\_\_
- g. OH&S incidents
  - i. When was your last OH&S incident? \_\_\_\_\_
  - ii. When was your last OH&S incident requiring medical treatment? \_\_\_\_\_
  - iii. When was your last OH&S incident which resulted in lost time? \_\_\_\_\_
  - iv. How many OH&S incidents have you had in the past 3 years:
    - 1. 2011 \_\_\_\_\_
    - 2. 2010 \_\_\_\_\_
    - 3. 2009 \_\_\_\_\_

## 4. CURRENT COMMITMENTS

PAGE 6

a. List projects you currently have underway

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_
- vi. \_\_\_\_\_

b. List projects you are anticipating to start in the next 3 months

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_

c. How do you source additional labour when demand for your services outweighs your capacity?

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# 4. CURRENT COMMITMENTS

For the most substantial projects you have completed in the last 12 months, list 3 references of Clients and their current contact details:

a. Project description \_\_\_\_\_  
\_\_\_\_\_

i. Company Name \_\_\_\_\_

ii. Contact \_\_\_\_\_

iii. Telephone \_\_\_\_\_

iv. Fax \_\_\_\_\_

v. Email \_\_\_\_\_

b. Project description \_\_\_\_\_  
\_\_\_\_\_

i. Company Name \_\_\_\_\_

ii. Contact \_\_\_\_\_

iii. Telephone \_\_\_\_\_

iv. Fax \_\_\_\_\_

v. Email \_\_\_\_\_

c. Project description \_\_\_\_\_  
\_\_\_\_\_

i. Company Name \_\_\_\_\_

ii. Contact \_\_\_\_\_

iii. Telephone \_\_\_\_\_

iv. Fax \_\_\_\_\_

v. Email \_\_\_\_\_