**Appendix 3 - Key Personnel Form**

Project Manager Site Supervisor

| KEY PERSONNEL EXPERIENCE | |
| --- | --- |
| Respondent Name: |  |
| Key Personnel Name: |  |
| Years worked with Respondent |  |
| Years worked on similar size, scope and complexity of reference Project |  |
| Relevant Certifications and Training |  |
| **Client Name and Location #1:** |  |
| **Project Name:** |  |
| **Key Personnel Role:** |  |
| Project Scope and Summary |  |
| Describe IPAC Preventative Measures required to complete your scope |  |
| Describe a shutdown needed to complete your work |  |
| List other contractors that you worked with on this project (such as sub-contractors, mechanical, electrical or general contractors) |  |
| Contract Completion Date: |  |
| Architect/Designer: |  |
| CONTRACT BID VALUE: |  |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |
| **Client Name and Location #2:** |  |
| **Project Name:** |  |
| **Key Personnel Role:** |  |
| Project Scope and Summary |  |
| Describe IPAC Preventative Measures required to complete your scope |  |
| Describe a shutdown needed to complete your work |  |
| List other contractors that you worked with on this project (such as sub-contractors, mechanical, electrical or general contractors) |  |
| Contract Completion Date: |  |
| Architect/Designer: |  |
| CONTRACT BID VALUE: |  |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |
| **Client Name and Location #3:** |  |
| **Project Name:** |  |
| **Key Personnel Role:** |  |
| Project Scope and Summary |  |
| Describe IPAC Preventative Measures required to complete your scope |  |
| Describe a shutdown needed to complete your work |  |
| List other contractors that you worked with on this project (such as sub-contractors, mechanical, electrical or general contractors) |  |
| Contract Completion Date: |  |
| Architect/Designer: |  |
| CONTRACT BID VALUE: |  |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

**- END OF KEY PERSONNEL FORM -**