

INSERT A - PRACTICE REVIEW QUESTIONNAIRE – Limited Licensee

File No: _____ Date: _____

1. PERSONAL INFORMATION

_____	_____	_____
Last Name		First Name
_____	_____	_____
Suite #	Street Address	Street Name
_____	_____	_____
City	Province	Postal Code
_____	_____	_____
Telephone	Fax	E-Mail

2. EDUCATION

_____	_____	_____
Post Secondary Institute	Degree/Diploma	Year
_____	_____	_____
Post Secondary Institute	Degree/Diploma	Year

Continuing Education - Please list any courses, seminars etc.

3. TECHNICAL AFFILIATIONS

List Technical Societies and/or groups for which you are a member or affiliated with:

4. SCOPE OF PRACTICE

- (a) Please submit a valid copy of your Limited Licence Certificate including the overleaf.
- (b) Do you seal drawings and reports? Please indicate the nature of documents on which you place your Limited Licence seal.

- (c) Have you signed *Letters of Assurance* regarding the design and field review of items covered under the *BC Building Code*? Yes No

If "yes", in what field of practice are you signing the *Letters of Assurance* (please check one or more of the disciplines included below where appropriate).

- Electrical Plumbing
 Fire Suppression Systems Structural
 Geotechnical Other Field of Practice _____
 Mechanical

- (d) *Field Reviews (if relevant)*

Are you responsible for field reviews under the provisions of your Limited Licence Scope of Practice and if so in what capacity?

- (e) Is there any delegation involved in your field review process? Yes No

If "yes" please explain how this delegation of field reviews is carried out (ie the level of supervision).

- (f) If you practice as a Limited Licensee outside the Province of British Columbia, please explain the circumstances. In what other provinces do you hold a Limited Licence?

5. EMPLOYMENT

Employer		Current Position
Suite #	Street Address	Street Name
City	Province	Postal Code
Telephone	Fax	E-Mail

- (a) What is the specific nature of your firm's or employer's business?

- (b) What are your specific job responsibilities? (describe in detail)

(c) Name and title of an individual of authority in your organization that APEGBC may contact regarding this Practice Review. The General Reviewer may request a brief interview with this individual during the site visit.

(d) Provide a current resume. As well, on a separate sheet please describe how your previous experience enhances or enables you to practice in your current defined scope of practice. This information can be in the form of documentation submitted when obtaining your Limited Licence.

(e) Provide on a separate sheet an organization chart of your firm showing where your current position fits into the organization. Show at least two superior levels and two subordinate levels if they exist, and positions at the same level as your own.

(f) Length of time in your current position: _____

(g) Length of time with your current employer: _____

(h) Please state year in which your Limited Licence was first issued: _____

(i) Have there been changes to your defined scope of practice since your Limited Licence was first issued and if so please elaborate: _____

(j) Complete a list or representative projects or examples of the types of work activities you carry out in **Insert B**.

(k) *Qualifications of Supervised Staff*

List the level of qualification and numbers of staff you directly supervise.

Administration: _____

Senior Professionals: _____

Junior Professionals: _____

Technologists/Technicians: _____

Other: _____

(l) Under the authority of your defined scope of practice, what design services (if any) do you delegate to others and how is their work checked? (ie structural connection details, equipment selection, detailed sprinkler designs, selection of structural members (trusses, beams, joists)).

6. QUALITY CONTROL/MANAGEMENT

(a) Please describe the quality control programs routinely used in your organization.

(i) Beyond those called for under Bylaw 14(b) as provided for under the authority of the *Engineers and Geoscientists Act* (ie ISO 9000 or others)

(ii) Please describe the quality management processes put in place in response to Bylaw 14(b)(1), (2), (3) and (4) under the authority of the *Engineers and Geoscientists Act*.

14(b)(1), retention of complete design and review files for projects for a minimum of 10 years.

14(b)(2), in-house checking of designs (identify examples of who does the checking) - how checking is verified and recorded.

14(b)(3), concept reviews of structural designs - how are the carrying out of concept reviews verified and recorded.

14(b)(4), field reviews of projects during construction.

(b) If your position provides for such decisions, do you require that professional engineering and geoscience be carried out by individuals registered or licenced by APEGBC?

(c) If you are involved in engaging consulting engineering or geoscience services please describe the selection process used.

(d) Do you require the proper use of the Limited Licence designation in those aspects of your work for which you are responsible.

(e) How do you encourage public safety and workplace safety in your role as a Limited Licensee?

7. REFERENCES

Please provide a list of persons we may contact regarding your defined scope of practice, including if possible, fellow employees, clients, professionals with who you've worked, sub-consultants, and/or contractors.

name	contact number	relationship

8. TECHNICAL RESOURCES

Please provide a list of the technical resources available to you where you work and are specific to your defined scope of practice:

Technical Books:

Technical Manuals:

Design Manuals:

Computer Facilities:

Technical Software:

Reference Standards and Codes:

9. MISCELLANEOUS

Please check the applicable box:

- (a) Have you read the *Practice Review Guide*? Yes No
- (b) Have you read the *Guidelines for Professional Excellence*? Yes No
- (c) Have you read the *Guidelines for Sustainability*? Yes No
(see section 8.0 "Sustainability" of the *Practice Review Guide* – on a voluntary basis, you are asked to provide information on a separate page on how sustainability applies to your defined scope of practice and specific actions taken in implementing sustainability in your defined scope of practice)
- (d) If related to your defined scope of practice confirm which of the following Guidelines you have read:
- | | | |
|---|------------------------------|-----------------------------|
| <i>Guidelines for Structural Engineering Services for Building Projects</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Guidelines for Electrical Engineering Services for Building Projects</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Guidelines for Mechanical Engineering Services for Building Projects</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Guidelines for Geotechnical Engineering Services for Building Projects</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Guidelines for Terrain Stability Assessments in the Forest Sector</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Guidelines for Professional Services in the Forest Sector - Crossings</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- (e) Liability Insurance Bylaw 17
Before entering into an agreement to provide professional engineering or professional geoscience services to the public, a member, licensee or certificate holder must notify the client, in writing, whether or not professional liability insurance is held and whether that insurance is applicable to the services in question. The note shall include a provision for an acknowledgement of the advice to be signed by the client.
- Please confirm whether or not you abide by Bylaw 17 Yes No
- (f) If relevant, methods used in design (eg in structural designs limit states/working stress, computer analysis/manual, finite element).
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- (g) Provide details regarding your involvement with APEGBC, if any, through its various committees or branches.

10. SERVICES PROVIDED UNDER OTHER LEGISLATION

Do you provide professional engineering and/or geoscience services within your defined scope of practice in response to specific legislation:

- Forest and Practices Range Act*
Services as employee Services as consultant

- Occupational Health and Safety Regulation*
Services as employee Services as consultant

- Mines Act*
Services as employee Services as consultant

- Environmental Management Act*
Services as employee Services as consultant

- BC Building Code*
Services as employee Services as consultant

- Submissions to the BC Securities Commission or the Canadian Venture Exchange
Services as employee Services as consultant

- Other Legislation
Services as employee Services as consultant

INSERT B - REPRESENTATIVE PROJECTS

Please provide a detailed list of eight projects or if your work is not project based or project specific, provide on a separate page a description of your work activities, level of responsibility and involvement. If a project list is provided this list should contain a representative sample of work from recent years.

1. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name	Client Contact	Approximate Capital Cost
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2. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name	Client Contact	Approximate Capital Cost
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3. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name	Client Contact	Approximate Capital Cost
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4. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name	Client Contact	Approximate Capital Cost
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5. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name Client Contact Approximate Capital Cost

6. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name Client Contact Approximate Capital Cost

7. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name Client Contact Approximate Capital Cost

8. Project: _____

Year commenced: _____ Current stage of completion: _____

What is your specific role and level of responsibility (eg design, checking, supervisor, field review, or other capacities):

Client Name Client Contact Approximate Capital Cost