

# INSERT A - PRACTICE REVIEW QUESTIONNAIRE

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File No: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. PERSONAL INFORMATION

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

## 2. REGISTRATION INFORMATION

Registration Number: \_\_\_\_\_

Year of Registration: \_\_\_\_\_

## 3. EDUCATION

_____	_____	_____
Undergraduate	Year	University
_____	_____	_____
Post Graduate	Year	University

*Continuing Education - Please list any courses, seminars etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. TECHNICAL AFFILIATIONS

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. PRACTICE

(a) Discipline: \_\_\_\_\_

(b) Field(s) of Practice: \_\_\_\_\_

(c) List main specialties (if relevant) and subordinate areas of Practice.

\_\_\_\_\_  
\_\_\_\_\_

(d) Do you seal drawings and reports? Please indicate the nature of documents on which you place your professional seal.

\_\_\_\_\_  
\_\_\_\_\_

(e) Have you signed *Letters of Assurance* regarding the design and field review of structures 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               | <input type="checkbox"/> | Plumbing   | <input type="checkbox"/> |
| Fire Suppression Systems | <input type="checkbox"/> | Structural                                       | <input type="checkbox"/> |
| Geotechnical             | <input type="checkbox"/> | Other <input type="checkbox"/> Field of Practice | _____                    |
| Mechanical               | <input type="checkbox"/> |  |                          |

(f) *Field Reviews (if relevant)*

Are you responsible for field reviews as required under Bylaw 14(b)(4) and if so in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

(g) 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).

\_\_\_\_\_  
\_\_\_\_\_

(h) If you practice your profession outside the Province of British Columbia, please explain the circumstances. In what other provinces or countries do you carry professional registration?

\_\_\_\_\_  
\_\_\_\_\_

6. 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 discipline.

(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) Length of time in your current field of practice: \_\_\_\_\_

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

(j) *Qualifications of Supervised Staff*

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

Administration: \_\_\_\_\_

Senior Professionals: \_\_\_\_\_

Junior Professionals: \_\_\_\_\_

Technologists/Technicians: \_\_\_\_\_

Other: \_\_\_\_\_

- (k) 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, materials selection, selection of structural members (trusses, beams, joists), designs by speciality engineers)

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7. 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)

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- (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.

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

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

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

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(b) If you are in a management position, do you require that professional engineering and geoscience be carried out by individuals registered or licenced by APEGBC?

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

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(d) Do you require the proper use of the designations P.Eng. and P.Geo. in those aspects of your work for which you are responsible.

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(e) How do you encourage public safety and workplace safety in your role as a Professional Engineer or Geoscientist?

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## 8. REFERENCES

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

name	contact number	relationship
name	contact number	relationship
name	contact number	relationship
name	contact number	relationship
name	contact number	relationship

## 9. TECHNICAL RESOURCES

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

Technical Books:

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Technical Manuals:

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Design Manuals:

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Computer Facilities:

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Technical Software:

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Reference Standards and Codes:

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10. 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 particular field of practice and specific actions taken in implementing sustainability in your practice)
- (d) If related to your 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"/> |
- (e) Liability Insurance Bylaw 17  
*Before entering into an agreement to provide professional engineering or professional geoscience services, a member, licensee or certificate holder must notify the client, in writing, whether or not professional liability insurance is held. The note shall include a provision for an acknowledgment 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.

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## 11. SERVICES PROVIDED UNDER OTHER LEGISLATION

Do you provide professional engineering and/or geoscience services in response to specific legislation requiring the involvement of a P.Eng. or P.Geo. as provided under the (check the appropriate box and indicate the types of services provided):

- Forest Practices Code of B.C. Act*  
Services as employee       Services as consultant

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

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- Mines Act*  
Services as employee       Services as consultant

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- Waste Management Act (Contaminated Sites Regulation)*  
Services as employee       Services as consultant

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- 1998 BC Building Code*  
Services as employee       Services as consultant

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

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- Other Legislation  
Services as employee       Services as consultant

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## INSERT B - REPRESENTATIVE PROJECTS

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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: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

Client Name	Client Contact	Approximate Capital Cost
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2. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

Client Name	Client Contact	Approximate Capital Cost
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3. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

Client Name	Client Contact	Approximate Capital Cost
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4. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

Client Name	Client Contact	Approximate Capital Cost
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5. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Client Name

Client Contact

Approximate Capital Cost

6. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Client Name

Client Contact

Approximate Capital Cost

7. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Client Name

Client Contact

Approximate Capital Cost

8. Project: \_\_\_\_\_

Current stage of completion: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Client Name

Client Contact

Approximate Capital Cost

# INSERT C - PRACTICE REVIEW CHALLENGE FORM

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File No: \_\_\_\_\_ Date of Challenge: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

## REASON FOR CHALLENGE:

- Not practicing engineering or geoscience (a completed Questionnaire must accompany this Challenge to verify that the nature of your business does not involve the practice of professional engineering or geoscience).

**PLEASE OUTLINE THE SPECIFIC NATURE OF YOUR CHALLENGE IF OTHER THAN YOUR NOT PRACTICING PROFESSIONAL ENGINEERING OR GEOSCIENCE.**

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\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Complete and mail this form to the Practice Review Committee at APEGBC

Attention: Deputy Director, Professional Practice

If you have not received an acknowledgment of the challenge within 10 days, please contact the Association.