

INSERT A - PRACTICE REVIEW QUESTIONNAIRE for P.Geo or P.Eng. Practicing in the field of Geoscience

Note: This questionnaire was developed to be sufficiently general that it can be used by reviewers assessing any area of geoscience practice. For this reason, certain sections will be more or less relevant (or not directly applicable) to any individual's particular practice. For geoscientists carrying out project-based work, not all sections may apply to all projects.

APEGBC File No: _____ **Date:** _____

1.0 PERSONAL INFORMATION

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

2.0 REGISTRATION INFORMATION

Registration Number: _____ Year of Registration: _____

| | | | |
|---------------------------|-------------------------------------|--|--|
| Practice on Registration: | Geology <input type="checkbox"/> | Geochemistry <input type="checkbox"/> | |
| | Geophysics <input type="checkbox"/> | Environmental/Geotechnics <input type="checkbox"/> | |
| Practice Today: | Geology <input type="checkbox"/> | Geochemistry <input type="checkbox"/> | |
| | Geophysics <input type="checkbox"/> | Environmental/Geotechnics <input type="checkbox"/> | |
| | Other <input type="checkbox"/> | (specify) _____ | |

If currently you are, or in the past you have been, registered in other jurisdictions (provinces, states, countries) indicate where, registration number(s) and year(s) of registration.

3.0 EDUCATION

a. Formal Education

| | | |
|---------------|------|------------|
| Undergraduate | Year | University |
| Undergraduate | Year | University |
| Undergraduate | Year | University |

b. **Continuing Education** - List most recent courses, workshops, seminars, conferences etc. Include length (hours/days), year attended and group/institution providing course.

4.0 TECHNICAL AFFILIATIONS

List technical societies, associations and/or groups of which you are a member or with which you are affiliated, with membership category and year of joining.

5.0 PRACTICE

(a) Discipline (should be the same as **Item 2: Practice Today** above): _____

(b) Industry (according to categories defined on a national basis for demographic purposes by Canadian Council of Professional Engineers):

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| Engineering and/or Geoscience Consulting | <input type="checkbox"/> | Government | <input type="checkbox"/> |
| Utilities, Communications & Transportation | <input type="checkbox"/> | Service | <input type="checkbox"/> |
| Primary or Junior Resource Industries | <input type="checkbox"/> | High Technology | <input type="checkbox"/> |
| Academia | <input type="checkbox"/> | Other (specify) _____ | |

(c) Field(s) of Practice: _____

(d) List main specialties (if relevant) and subordinate areas of practice.

(e) Have you read Section 20(1) of the *Engineers and Geoscientists Act* relating to Certificate and Seal?

Yes No

Do you stamp and/or seal maps, figures, drawings and/or reports? Yes No

If yes, indicate the nature of documents on which you place your professional seal, as well as the circumstances in which you use your seal on documents.

- (f) Though *Letters of Assurance* are more commonly signed by professional engineers, some professional geoscientists practicing in the environmental/geotechnics area do in fact sign *Letters of Assurance*. Have you signed *Letters of Assurance* regarding the design and field review of structures? Yes No

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

Geotechnical Other
Specify Field of Practice _____

- (g) "In the course of your professional geoscience practice do you work with engineers? Yes No

If "yes", please consider the following. The principles of conduct set out in the Code of Ethics include a statement that members shall undertake and accept responsibility for professional assignments only when qualified by training or experience (principle 2), and shall provide opinions on professional subjects only when these are founded on adequate knowledge and honest conviction (principle 3). Though there is some overlap, Engineering and Geoscience are separate and distinct professions. The right to practice in one profession does not allow a right to practice in the other. How do you distinguish your professional geoscience practice from engineering?

- (h) Give an example of how you applied geological reasoning in a recent (and not necessarily named) project.

- (i) 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?

- (j) Complete **Insert B - List of Representative Projects** to provide examples of the types of work you carry out. Focus on projects carried out within the last 5 years. If your work is not project-based please elaborate.

6.0 CURRENT 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 current job responsibilities? (describe in detail). If these have changed in the last 5 years please elaborate.

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

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

(e) Length of time in your current field of practice: _____

(f) What specific products do you produce in your current practice (e.g. internal reports/memos, reports for other professionals, reports of broad public disclosures, etc)? (The General Reviewer will ask to see examples.)

(g) On a separate page provide a current resume, indicating current and past positions and employers.

(h) On a separate page describe how your previous experience enhances your current work or enables you to practice in your current discipline.

(i) Name, title and contact information 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. _____

(j) On a separate page, provide 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.

(k) List numbers of staff you directly supervise with their levels of qualification.

• Senior Professionals: _____

• Junior Professionals: _____

• Technologists/Technicians: _____

• Administration: _____

• Other: _____

- (l) Do you delegate any work to others (including subcontractors or other specialists)? Yes No

If so, specify the level of supervision and control, as well as the level of responsibility for those to whom you delegate this work. Please describe how their work is checked.

- (m) Do you require that professional engineering and geoscience are carried out by individuals registered or licensed by APEGBC?

7.0 QUALITY CONTROL/MANAGEMENT AND RECORD-KEEPING

It is recognized that control of quality control/management and record-keeping may not be entirely under the control of the individual member, and must be appropriate to the nature, size, scope and objectives of each project and the type of work being carried out.

- (a) Describe the quality control programs routinely used within your organization.

- (b) Describe the quality management processes put in place to fulfill Bylaw 14(b)(1), (2), (3) and (4) under the authority of the *Engineers and Geoscientists Act*. As a geoscientist you do not carry out engineering design, however, the practice of geoscience requires collection, evaluation and synthesis of data as well as definition of follow up programs, and the relevant parts of Bylaw 14(b) referring to engineering design can be broadly applied to the practice of geoscience.

14(b)(1): Retention of files: where possible, retention of complete project files for a minimum of 10 years.

14(b)(2): In-house checking: of data received and interpreted (identify examples of who does the checking) - how checking is verified and recorded.

14(b)(3): Concept reviews of program or project design, or of the concepts on which the project/program is based.

14(b)(4): Are you responsible for field reviews or site visits during project operation? Yes No
If so, in what capacity?

Do others carry out field reviews on your behalf? Yes No

If "yes", explain how these field reviews are carried out (i.e. the level of your supervision, checks, controls on quality, and documentation of work done by others).

(c) Describe specifically how you apply these various quality control programs within your defined scope of practice.

(d) Beyond those quality management procedures called for under Bylaw 14(b) describe any other procedures used within your normal practice (e.g. standardized procedures, ISO 9000 or other systems, adherence to best management practice checklists, etc).

(e) If relevant, describe methods used in data interpretation or synthesis in your defined scope of practice.

(f) Are you involved in selecting consultants to provide professional engineering and/or geoscience services? Yes No

If so, describe the selection process used.

(g) Do you require the proper use of the designations P.Eng. and P.Geo. in those aspects of the work you do, or for which you are responsible? Yes No

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

- (i) How do you promote respect for the environment in your role as Professional Engineer or Geoscientist practising geoscience?

8.0 REFERENCES

Provide a list of persons we may contact regarding your practice. Include if possible, fellow employees (superiors and subordinates), clients, other professionals with whom you've worked, as well as sub-consultants, and/or sub-contractors.

| name | relationship | project affiliation | firm | phone |
|------|--------------|---------------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9.0 TECHNICAL RESOURCES

On a separate sheet, provide a list of selected technical resources specific to your current practice that are available to you. Specifically include:

- technical books or periodicals
- technical manuals
- computer facilities
- web resources
- technical software (exclusive of MSOffice or other standard word processing/spreadsheet products)
- reference standards, codes or industry best management practices/guidelines (e.g. CCPG or PDAC Mineral Exploration Best Practices Guidelines, CIM Resources/Reserves, 43-101 Best Practice and Reporting Guidelines, World Bank Guidelines for Health & Safety, etc)
- technical advisors, specialists, consultants, etc

10.0 APEGBC Sources and Guidelines

- (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)

(c) If related to your practice, confirm whether you have read the following Guideline.

- *Guidelines for Geotechnical Engineering Services for Building Projects* Yes No N/A

(d) Do you provide geoscience services on a consulting basis? Yes No

If yes, with respect to Liability Insurance Bylaw 17. It is your decision as to whether you require liability insurance in your professional practice, however Bylaw 17 states:

“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.”

Confirm whether or not you abide by Bylaw 17: Yes No

(e) Provide details regarding your involvement with APEGBC, if any, through its various committees or branches.

11.0 SERVICES PROVIDED UNDER OTHER LEGISLATION

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

| Legislation | Services as an employee | Services as a consultant |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> <i>Environment & Land Use Act or Environmental Management Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Fisheries Act or Fish Protection Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Forest and Practices Range Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Health Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Mines Act or Mineral Tenure Act (including Health, Safety and Reclamation Code for Mines in British Columbia and Mineral Exploration Code) e.g. for assessment reports</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Municipal Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Occupational Health and Safety Regulation</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Environmental Management Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Water Act or</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Water Protection Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Wildlife Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>Workers Compensation Act</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <i>1998 Building Code</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Other BC Legislation (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Submissions to a Canadian Securities Commission or any Canadian stock exchange | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Federal legislation (such as Environmental Assessment Act, Environmental Protection Act, Fisheries Act, Navigable Waters Protection Act, Migratory Birds Act, etc) (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

12.0 EFFECTS ON PUBLIC HEALTH, SAFETY OR FINANCIAL WELFARE, WORKPLACE HEALTH & SAFETY AND/OR ENVIRONMENTAL PROTECTION

Does your practice involve effects or potential effects to public health, safety or financial welfare, workplace health, safety and/or environmental protection as described above? Yes No

If yes, please describe the ways in which this takes place.

Describe any balances or checks which reduce, mitigate or regulate these effects whether by way of regulatory review, as part of your quality analysis/quality control program or otherwise.

INSERT B - REPRESENTATIVE PROJECTS

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. Projects should be representative of work from recent years, preferably with a focus on work completed within the last five years.

1. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

2. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

3. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

4. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

5. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

6. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

7. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

8. Project Name/Project File Number: _____

Current stage of completion/ Year of Start/Finish: _____

What is your specific role and level of responsibility (e.g. project manager, project/program design, checking, supervisor, field review, or other capacities):

| Client Name | Client Contact | Approximate Project Cost |
|-------------|----------------|--------------------------|
|-------------|----------------|--------------------------|

INSERT C - PRACTICE REVIEW CHALLENGE FORM

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 IT IS OTHER THAN THE FACT THAT YOU ARE NOT PRACTISING PROFESSIONAL ENGINEERING OR GEOSCIENCE.

Member's Signature

Date

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

Attention: Associate Director, Professional Practice

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