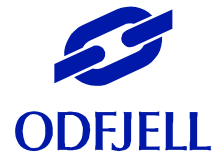
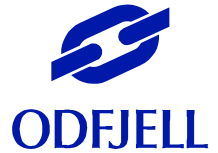


Contractor Pre-Qualification Form (PQF)



GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
2. Officers:	Years With Company:	
President:		
Vice President:		
Treasurer:		
3. How many years has your organization been in business under your present firm name?		
4. Parent Company Name:		
City:	State:	Zip:
Subsidiaries:		
5. Under Current Management Since (Date):		
6. Contact for Insurance Information:		
Title:	Telephone:	Fax:
7. Insurance Carrier(s):		
Name	Type of Coverage	Telephone
8. Are you self insured for Workers' Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Contact for Requesting Bids:		
Title:	Telephone:	Fax:
10. PQF Completed By:		
Title:	Telephone:	Fax:

Contractor Pre-Qualification Form (PQF)



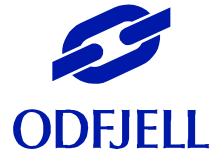
ORGANIZATION							
11. Form of Business: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>							
12. Percent Minority/Female Owned:			EEO Category:				
13. A.) Describe Services Performed		SIC Code:					
<input type="checkbox"/> Construction		<input type="checkbox"/> Service work (e.g., janitorial, clerical, etc)					
<input type="checkbox"/> Construction Design		<input type="checkbox"/> Manpower and Resource					
<input type="checkbox"/> Original Equipment Manufacturer and Installer		<input type="checkbox"/> Original Equipment Manufacturer and Maintenance					
<input type="checkbox"/> Project Maintenance		<input type="checkbox"/> Other					
<input type="checkbox"/> Maintenance							
B) Work Categories							
Check the categories in which you are interested in bidding and in which you are qualified to perform work Feel free to attach additional information clarifying your capabilities and specialties.							
(C) denotes work done by company employees (S) denotes work done by subcontractors							
C	S	1. Air Conditioning/Refrigeration		C	S	11. Field Maintenance	
<input type="checkbox"/>	<input type="checkbox"/>	Comfort Cooling/HVAC		<input type="checkbox"/>	<input type="checkbox"/>	General	
<input type="checkbox"/>	<input type="checkbox"/>	Process Refrigeration		<input type="checkbox"/>	<input type="checkbox"/>	Hot Tap/line stops	
				<input type="checkbox"/>	<input type="checkbox"/>	Leak Sealing (online)	
2. Buildings				<input type="checkbox"/>	<input type="checkbox"/>	Field Machining	
<input type="checkbox"/>	<input type="checkbox"/>	Remodeling		<input type="checkbox"/>	<input type="checkbox"/>	Tank/Vessel Code	
<input type="checkbox"/>	<input type="checkbox"/>	New (steel, brick, block, other)		<input type="checkbox"/>	<input type="checkbox"/>	Boiler Code	
				<input type="checkbox"/>	<input type="checkbox"/>	Exchanger Retubing	
3. Cleaning				<input type="checkbox"/>	<input type="checkbox"/>	Rotating Equipment	
<input type="checkbox"/>	<input type="checkbox"/>	Industrial		<input type="checkbox"/>	<input type="checkbox"/>	Valve	
<input type="checkbox"/>	<input type="checkbox"/>	Janitorial		<input type="checkbox"/>	<input type="checkbox"/>	Cooling Tower	
				<input type="checkbox"/>	<input type="checkbox"/>	High Alloy Welding (list type)	
4. Civil				<input type="checkbox"/>	<input type="checkbox"/>	Lead Lining	
<input type="checkbox"/>	<input type="checkbox"/>	Concrete		<input type="checkbox"/>	<input type="checkbox"/>	Glass Lining	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation/Grading		<input type="checkbox"/>	<input type="checkbox"/>	Heat Treating	
Paving				<input type="checkbox"/>	<input type="checkbox"/>	Nonmetallic materials	
<input type="checkbox"/>	<input type="checkbox"/>	- Asphalt		<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fabrication	
<input type="checkbox"/>	<input type="checkbox"/>	- Concrete		<input type="checkbox"/>	<input type="checkbox"/>	Mobil Equipment Repair	
<input type="checkbox"/>	<input type="checkbox"/>	5. Demolition/Dismantling		<input type="checkbox"/>	<input type="checkbox"/>	12. New Construction	
6. Electrical				<input type="checkbox"/>	<input type="checkbox"/>	13. Painting	
<input type="checkbox"/>	<input type="checkbox"/>	General					
<input type="checkbox"/>	<input type="checkbox"/>	High-voltage/High-line		<input type="checkbox"/>	<input type="checkbox"/>	14. Refractory/Acid Brick	
<input type="checkbox"/>	<input type="checkbox"/>	Heat Tracing					
<input type="checkbox"/>	<input type="checkbox"/>	Cathodic Protection		<input type="checkbox"/>	<input type="checkbox"/>	15. Rigging/Equipment Erection	
<input type="checkbox"/>	<input type="checkbox"/>	Grounding Systems					
7. Inspection & Testing				<input type="checkbox"/>	<input type="checkbox"/>	16. Scaffolding	
<input type="checkbox"/>	<input type="checkbox"/>	General NDT					
<input type="checkbox"/>	<input type="checkbox"/>	Infrared Scanning		<input type="checkbox"/>	<input type="checkbox"/>	17. Scale Maintenance	
<input type="checkbox"/>	<input type="checkbox"/>	Eddy Current Testing		<input type="checkbox"/>	<input type="checkbox"/>	18. Structural Steel Fab/Erection	
<input type="checkbox"/>	<input type="checkbox"/>	Acoustic Emission					
<input type="checkbox"/>	<input type="checkbox"/>	Column Scanning		<input type="checkbox"/>	<input type="checkbox"/>	19. Tanks – Field Erection	
<input type="checkbox"/>	<input type="checkbox"/>	Civil/Soils					
<input type="checkbox"/>	<input type="checkbox"/>	High Voltage Electrical		<input type="checkbox"/>	<input type="checkbox"/>	20. Other	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Ground Inspection		<input type="checkbox"/>	<input type="checkbox"/>		

Contractor Pre-Qualification Form (PQF)



<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Inspection		
<input type="checkbox"/>	<input type="checkbox"/>	Other		
8. Instrumentation			21. Consulting	
<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	DCS Control Systems	<input type="checkbox"/>	<input type="checkbox"/>
9. Insulation			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Abatement	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
10. Linings/coatings for:			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Metal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
14. Describe Additional Services Performed:				
15. List other types of work within the services you normally perform that you subcontract to others:				
16. A) Do you normally employ? Union Personnel <input type="checkbox"/> Non-Union Personnel <input type="checkbox"/>				
Leased Personnel <input type="checkbox"/>				
If union, list trades/locals:				
B) Average number of employees for last 3 years.				
COMPANY WORK HISTORY				
17. Annual Dollar Volume for the Past 3 Years	Current year \$	Current year minus one \$	Current year minus two \$	
18. Largest Job During the Last 3 Years: \$				
19. Your Firm's Desired Project Size:		Maximum:	Minimum:	
20. D&B Financial Rating:	Annual Sales \$	Net Worth: \$		
21. Major jobs in progress:				
Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone
22. Major jobs completed in the past 3 years:				
Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone

Contractor Pre-Qualification Form (PQF)



23. Are there any judgments, claims or suites pending or outstanding against your company?
If yes, please attach details. Yes: No:

24. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?
If yes, please attach details. Yes: No:

SAFETY & HEALTH PERFORMANCE

25. Workers' Compensation Experience Modification Rate (EMR) Data

A) EMR is: <input type="checkbox"/> Interstate rate <input type="checkbox"/> Intrastate rate <input type="checkbox"/> Monopolistic State rate <input type="checkbox"/> Dual rate	B) EMR for three last years: 20 _____ 20 _____ 20 _____
C) State of Origin:	D) EMR Anniversary Date:

26. Injury and Illness Data:

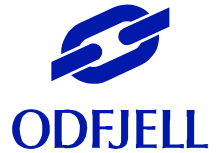
A) Employee hours worked last 3 years excluding subcontractors.	Hours / Year	20__	20__	20__
	Field			
	Total			

B) Provide the following data (excluding subcontractor) using your OSHA 200 Forms from the past three years: Notes: (1) Data should be the best available data applicable to the work in this region or area. (2) If your company is not required to maintain OSHA 200 forms, (please provide information from your Workers' Comp. Insurance Carrier itemizing all Claims for the last 3 years)

	20__		20__		20__	
	No.	Rate	No.	No.	Rate	No.

Injury related fatality $\text{Rate} = \frac{\text{Total Column 1} \times 200,000}{\text{Total Employee Hours}}$						
Lost workday case injuries involving days away from work, or days of restricted work activity, or both. $\text{Rate} = \frac{\text{Total Column. 2} \times 200,000}{\text{Total Employee Hours}}$						
Lost workday case injuries involving days away from work. $\text{Rate} = \frac{\text{Total Column 3} \times 200,000}{\text{Total Employee Hours}}$						
Injuries involving medical treatment only. $\text{Rate} = \frac{\text{Total Column 6} \times 200,000}{\text{Total Employee Hours}}$						
Total OSHA Recordable Injury Rate $\text{Rate} = \frac{(\text{Total Column 1} + 2 + 6) \times 200,000}{\text{Total Employee Hours}}$						
Illness related rate. $\text{Rate} = \frac{\text{Total Column 8} \times 200,000}{\text{Total Employee Hours}}$						
Lost workday case illnesses involving days away from work, or days of restricted work activity, or both. $\text{Rate} = \frac{\text{Total Column 9} \times 200,000}{\text{Total Employee Hours}}$						

Contractor Pre-Qualification Form (PQF)



Lost workday case illnesses involving days away from work. $\text{Rate} = \frac{\text{Total Column 10} \times 200,000}{\text{Total Employee Hours}}$					
Illnesses not involving lost workdays or restricted workdays. $\text{Rate} = \frac{\text{Total Column 13} \times 200,000}{\text{Total Employee Hours}}$					

	2001		2000		1999	
	No.	Rate	No.	No.	Rate	No.
Total OSHA Recordable Illness Rate (Total Column 8 + 9 + 13 x 200,000) $\text{Rate} = \frac{\text{Total Employee Hours}}$						

27. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?
 If yes, please attach copies. Yes: No:

SAFETY & HEALTH MANAGEMENT

28. Highest ranking safety/health professional in the company:

Title:	Telephone:	Fax:
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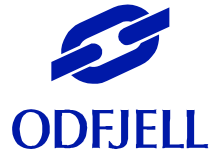
29. Do you have or provide:

A) Full time Safety/Health Director	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
B) Full time Site Safety/Health Supervisor	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
C) Full Time Job Safety/Health Coordinator	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

30. Do you have or provide:

A) Safety/Health incentive program	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
B) Company paid safety/health training	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Contractor Pre-Qualification Form (PQF)

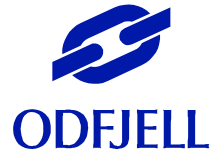


SAFETY & HEALTH PROGRAMS & PROCEDURES

31. A) Do you have a written Safety and Health Program? Yes: No:
- B) Does the program address the following key elements?
- 1. Management commitment and expectations Yes: No:
 - 2. Employee participation? Yes: No:
 - 3. Accountabilities and responsibilities for managers, supervisors, and employees? Yes: No:
 - 4. Resources for meeting safety & health requirements? Yes: No:
 - 5. Periodic safety and health performance appraisals for all employees? Yes: No:
 - 6. Safety Recognition Program? Yes: No:
 - 7. Hazard recognition and control? Yes: No:
- C) Does the program satisfy your responsibility under the law for:
- 1. Ensuring your employees follow the safety rules of the facility? Yes: No:
 - 2. Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor? Yes: No:

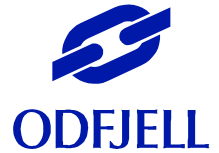
32. Does the program include work practices and procedures such as:
- A) Equipment Lockout and Tagout (LOTO)? Yes: No: N/A:
 - B) Confined Space Entry Yes: No: N/A:
 - C) Injury & Illness Recording Yes: No: N/A:
 - D) Fall Protection Yes: No: N/A:
 - E) Personal Protective Equipment Yes: No: N/A:
 - F) Portable Electrical/Power Tools Yes: No: N/A:
 - G) Vehicle Safety Yes: No: N/A:
 - H) Compressed Gas Cylinders Yes: No: N/A:
 - I) Electrical Equipment Grounding Assurance Yes: No: N/A:
 - J) Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.) Yes: No: N/A:
 - K) Housekeeping Yes: No: N/A:
 - L) Accident/Incident Reporting Yes: No: N/A:
 - M) Unsafe Condition Reporting Yes: No: N/A:
 - N) Emergency Preparedness, including evacuation plan Yes: No: N/A:
 - O) Waste Disposal Yes: No: N/A:
 - P) Back Injury Prevention Yes: No: N/A:

Contractor Pre-Qualification Form (PQF)



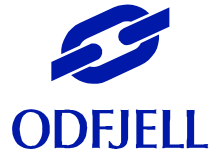
33.	Do you have written programs for the following:			
	A) Hearing Conservation	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	B) Respiratory Protection	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	Where applicable, have employees been:			
	Trained	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	Fit Tested	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	Medically approved	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	C) Hazard Communication	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	Have employees been trained	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	D) Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910).	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
34.	Do you have a substance abuse program? If yes, does it include the following?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	• Pre-placement Testing	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	• Random Testing	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	• Testing for Cause	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	• DOT Testing	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
35.	Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
	If no, provide a description of your plan to assure that they can safely perform their jobs.			
36.	Medical A) Do you conduct medical examinations for:			
	• Pre-placement	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	• Pre-placement Job Capability	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	• Hearing Function (Audiograms)	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	• Pulmonary	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	• Respiratory	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/>
	B) Describe how you will provide first aid and other medical services for your employees while on-site. Specify who will provide this service: _____			
	C) Do you have personnel trained to perform first aid And CPR?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
37.	Do you hold site safety and health meetings for:			
	Field Supervisors	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> Frequency
	Employees	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> Frequency
	New Hires	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> Frequency
	Subcontractors	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/> Frequency
	Are the safety and health meetings documented? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Contractor Pre-Qualification Form (PQF)



38.	Personal Protection Equipment (PPE) A) Is applicable PPE provided for employees?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
	B) Do you have a program to assure that PPE is inspected And maintained?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
39.	Do you have a corrective action process for addressing individual safety and health performance deficiencies?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
40.	Equipment and Materials:			
	A) Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	B) Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	C) Do you maintain operating equipment in compliance with regulatory requirements?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	D) Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
41.	Subcontractors			
	Do you use subcontractors? (If no, skip to question #43)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
	A) Do you use safety and health performance criteria in selection of subcontractors?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	B) Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	C) Do your subcontractors have a written Safety & Health Program?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	D) Do you include your subcontractors in:			
	• Safety & Health Orientation	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	• Safety & Health Meeting	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	• Inspections	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
	• Audits	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>

Contractor Pre-Qualification Form (PQF)



42. Inspections and Audits

A) Do you conduct safety and health inspections? Yes: No:

B) Do you conduct safety and health program audits? Yes: No:

C) Are corrections of deficiencies documented?

SAFETY & HEALTH TRAINING

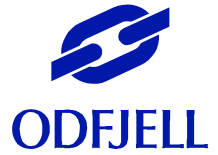
43. Safety & Health Orientation

	<u>New Hires</u>	<u>Supervisors</u>
A) Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted Supervisors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
B) Does program provide instruction on the following:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• New Worker Orientation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Safe Work Practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Safety Supervision	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Toolbox Meetings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Emergency Procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• First Air Procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Incident Investigation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Fire Protection and Prevention	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Safety Intervention	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
• Hazard Communication	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

C) How long is the orientation program? Hours

D) Are written exams given?
 If no, how do you verify comprehension?
 (Written test, Craft Test, Performance Test, Job Monitoring, Other – List)

Contractor Pre-Qualification Form (PQF)



44. Safety & Health Training

- A) Do you know the regulatory safety and health training requirements for your employees? Yes: No:
- B) Have your employees received the required safety and health training and retraining and is it documented? Yes: No:
- C) Do you have a specific safety and health training program for supervisors? Yes: No:
- D) Are all employees trained in the work practices needed to safely perform his/her job? Yes: No:
- E) Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan? Yes: No:

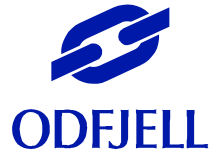
CRAFT TRAINING & ASSESSMENT

Data as of:

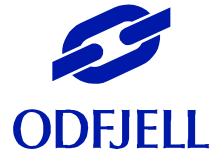
- Notes:
1. Data should be the best available applicable to the workforce in this region or area
 2. Skills Assessment for the Houston area (including Baytown, Texas City, etc.) means the ABC/CMEF skill assessment process. For other areas, if applicable, it would be the skills assessment process approved in the area.
 3. Skill assessment is not required for helper/trainer/laborers or for craft employees who have either 1) completed Wheels of Learning (WOL) or Department of Labor Bureau of Apprenticeship Training (DOL BAT) or 2) are participating in WOL or DOL

45. WORKFORCE	#	%
A) Journeymen Craftsmen		
B) Helper/Trainees		
C) Total Workforce		

Contractor Pre-Qualification Form (PQF)



46. TRAINING		
A) Do you have craft training records for employees	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
B) % of Craft Employees who have completed Wheels of Learning or DOL Bureau of Apprenticeship Training	%	
C) % of Craft Employees presently enrolled in Wheels of Learning or DOL BAT	%	
D) If employees have not completed or are not enrolled in Wheels of Learning of DOL BAT have they been trained in appropriate job skills (attach explanation)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
47. ASSESSMENT		
A) Craftsmen who have been assessed through the craft Skills assessment process	#	%
B) Craftsmen who have been assessed with “no deficiencies” Identified.		
C) Craftsmen who have been assessed with training (WOL modules) identified.		
D) Craftsmen who have not been assessed through the Skills assessment.		
E) For those employees for whom there is not a skills Assessment available, do you have a process to assess The skills of your workers to assure they are qualified (attach explanation).	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
F) Are employees job skills certified where required by Regulatory or industry consensus standards. (attach a list of the crafts which have been certified)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
48. HELPER/TRAINEES		
A) Helpers who are enrolled in Wheels of Learning or DOL Bureau of Apprenticeship Training.	#	%
B) Helpers who are not enrolled in WOL or DOL BAT		
49.. RESPONSIBLE CARE® Member or Partner		
	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



INFORMATION SUBMITTAL

Please provide copies of checked (✓) item with the completed PQF:

- EMR documentation from your insurance carrier
- Insurance Certificate(s)
- OSHA 200 Logs (Past 3 Years)
- Safety & Health Program
- Safety & Health Incentive Program
- Substance Abuse Program (Include Substances Tested & Levels)
- Hazard Communication Program
- Respiratory Protection Program
- Housekeeping Policy
- Accident/Incident Investigation Procedure
- Unsafe Condition Reporting Procedure
- Safety & Health Inspection Form
- Safety & Health Audit Procedure or Form
- Safety & Health Orientation (Outline)
- Safety & Health Training Program (Outline)
- Example of Employee Safety & Health Training Records
- Safety & Health Training Schedule (Sample)
- Safety & Health Training for Supervisors (Outline)

Attach a list of major equipment (e.g., cranes, JLGs, forklifts) your company has available for work at this facility and the method of establishing competency to operate.

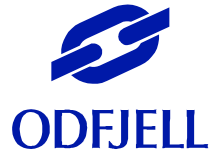
Note: Owner checks items to be provided with PQD.

ENVIRONMENTAL ISSUES

50. Has your company received any citations from federal, state or local environmental protection agencies (i.e. EPA?) Yes: No:

If yes, describe the citations:

Contractor Pre-Qualification Form (PQF)



51. In the last three years have there been any environmental incidents related to any work under your company's control? Yes: No:

If yes, describe the citations:

This document must be signed by a company officer.

Company Name

Name

Title

Date

PQF EVALUATION
-- OWNER USE ONLY --

DO NOT FILL OUT - OWNER USE ONLY

Contractor is:

Acceptable for Approved Contractor List

Conditionally acceptable for Approved Contractor List
Conditions:

Reviewer

Date