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| **GENERAL INFORMATION** | | | | |
| Name:  N  Company Name: | | Telephone: | | Fax: |
| Street Address: | | Mailing Address: | | |
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|  | |  | | |
| Company Officers | | Years With Company | | |
| President: | |  | | |
| Vice President: | |  | | |
| Treasurer: | |  | | |
| How many years has your organization been in business under your present firm name? | | | | |
| Parent Company Name: | | | | |
| City: | State: | | Zip: | |
| Subsidiaries: | | | | |
|  | | | | |
|  | | | | |
| Under Current Management Since (Date): | | | | |
| Contact for Insurance Information: | | | | |
| Title: | Telephone: | | Fax: | |
| Insurance Carrier(s): | | | | |
| **Name** | **Type of Coverage** | | **Telephone** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| 8. Are you self insured for Worker’s Compensation Insurance? Yes  No | | | | |
| Contact for Requesting Bids: | | | | |  |  |
| Title: | Telephone: | | Fax: | |
| PQF Completed By: | | | | |  |  |
| Title: | Telephone: | | Fax: | |

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| **ORGANIZATION** | | |  |
| Form of Business: Sole Owner  Partnership  Corporation | | |
| Percent Minority/Female Owned: | EEO Category: | |
| **A. Describe Services Performed:** | | **SIC Code:**      **NAISC Code:** |
| Construction  Construction Design  Original Equipment Manufacturer and Installer | | Original Equipment Manufacturer and Maintenance  Service work (e.g., janitorial, clerical, etc.) |
| Project Maintenance | | Manpower and Resource |
| Maintenance | | Other |
| **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 specialities. | | |
| ***(C) denotes work done by company employees (S) denotes work done by subcontractors*** | | |
| C S **Air Conditioning/Refrigeration** C S **Field Maintenance** | | |
|  Comfort Cooling/HVAC  General | | |
|  Process Refrigeration  Hot Tap/line stops | | |
|  Leak Sealing (online) | | |
| **Buildings**  Field Machining | | |
|  Remodeling  Tank/Vessel Code | | |
|  New (steel, brick, block, other)  Boiler Code | | |
|  Exchanger Retubing | | |
| **Cleaning**  Rotating Equipment | | |
|  Industrial  Valve | | |
|  Janitorial  Cooling Tower | | |
|  High Alloy Welding (list type) | | |
| **Civil**  Lead Lining | | |
|  Concrete  Glass Lining | | |
|  Excavation/Grading  Heat Treating | | |
| Paving  Nonmetallic materials | | |
|  - Asphalt  Pipe Fabrication | | |
|  - Concrete  Mobil Equipment Repair | | |
|  | | |
|  **Demolition/Dismantling**  **New Construction** | | |
|  | | |
| **Electrical**   **Painting** | | |
|  General | | |
|  High-voltage/High-line  **Refractory/Acid Brick** | | |
|  Heat Tracing | | |
|  Cathodic Protection  **Rigging/Equipment Erection** | | |
|  Grounding Systems | | |
|  **Scaffolding** | | |
| **Inspection & Testing** | | |
|  General NDT  **Scale Maintenance** | | |
|  Infared Scanning | | |
|  Eddy Current Testing  **Structural Steel Fab/Erection** | | |
|  Acoustic Emission | | |
|  Column Scanning  **Tanks - Field Erection** | | |
|  Civil/Soils | | |
|  High Voltage Electrical  **Other** | | |
|  Electrical Ground Inspection  | | |

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| **ORGANIZATION** | | | | | | | | |  | | |
| **Instrumentation** **Consulting** | | | | | | | | |
|  General  - Mechanical | | | | | | | | |
|  DCS Control Systems  - Electrical | | | | | | | | |
|  - Chemical | | | | | | | | |
| **Insulation**  - Metallurgical | | | | | | | | |
|  General  - Controls | | | | | | | | |
|  Asbestos Abatement  - Other | | | | | | | | |
|  | | | | | | | | |
| **Linings/coatings for:**  | | | | | | | | |
|  Metal  | | | | | | | | |
|  Concrete  | | | | | | | | |
| 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  Non-Union Personnel  Leased Personnel  If union, list trades/locals:  B. Average number of employees for last 3 years | | | | | | | | |
|  | | | | | | | | |
| **COMPANY WORK HISTORY** | | | | | | | | | |
| 17. Annual Dollar Volume for the Past Three Years: | | 20  $ | | 20  $ | | | 20  $ | |
| 18. Largest Job During the Last 3 Years: $ | | | | | | | | |
| 19. Your Firm’s Desired Project Size: | | | | Maximum: | | | Minimum: | |
| 20. D&B Number:  D&B Financial Rating: | Annual Sales $ | | | Net Worth: $ | | | | |
| 21. Major jobs in progress: | | | | | | | | |
| Customer/Location | | | Type of Work | | Size  $M | Customer Contact | | Telephone |
|  | | |  | |  |  | |  |
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| 22. Major jobs completed in the past three years: | | | | | | | | |  | |  | |  |  |
| Customer/Location | | | Type of Work | | Size  $M | Customer Contact | | Telephone |
|  | | |  | |  |  | |  |
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| 23. Are there any judgments, claims or suits pending or outstanding against your company?    If yes, please attach details. Yes  No  | | | | | | | | |
| 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  If yes, please attach details. Yes  No  | | | | | | | | |

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| **SAFETY & HEALTH PERFORMANCE** | | | | | | | | | | | | |
| Please provide your actual injury and illness data as developed from your OSHA 300 and OSHA 300A logs, and your Experience Modification Rates (EMR) assigned by the National Council on Compensation Insurance (NCCI)  for the past three calendar years. Please calculate and record each years rate, Total Number of Cases X 200,000 / Total Hours Worked **= Total Recordable Case Rate**. Days away(H) + Job Transfer or Restiction(I) X 200,000 / Total Hours Worked = **DART Rate**. Please average the three years for each including the EMR and record them on the bottom row. | | | | | | | | | | | | |
| Year | **Total Hours Worked**  From OSHA Form 300A  (THW) | **Number of Cases Tranfered from**  **OSHA Form 300 to OSHA Form 300A** | | | | **Total Recordable Case Rate**(R)  (G)+(H)+(I)+(J)=(X)  (X)200,000  THW =R | **DART Rate**  **(Days Away Restricted or Transfered)** | | | |  | EMR |
| Deaths  (G) | Days Away  (H) | Job Transfer / Restriction  (I) | Other  (J) | (H) + (I)=(X)  (X)200,000  THW =DART | | | |
| 3 yrs Ago  20\_\_\_\_ |  |  |  |  |  |  |  | | | |  |  |
| 2 yrs Ago  20\_\_\_\_ |  |  |  |  |  |  |  | | | |  |  |
| 1 yrs Ago  20\_\_\_\_ |  |  |  |  |  |  |  | | | |  |  |
| 3 year  Average |  |  |  |  |  |  |  | | | |  |  |
|  | | | | | | | | | | | | |
| Have you received any regulatory citations in the last three years? (OSHA, EPA, DEP)  If YES, please attach explanation | | | | | | | Yes | | No | | | |
|  | | | | | | |  | |  | | | |
| **SAFETY & HEALTH MANAGEMENT** | | | | | | | | | | | | | | |
| Highest ranking safety/health professional in the company: | | | | | | | | | | | | | | |
| Title: | | | | | | | | | Telephone: | | | | | |
| **Do you have or provide:** | | | | | | | | |  | |  | | | |
| 1. Full time Site Safety/Health Supervisor or Coordinator? | | | | | | | | | Yes | | No | | | |
| **Do you have or provide:** | | | | | | | | |  | |  | | | |
| 1. Safety/Health incentive program | | | | | | | | | Yes | | No | | | |
| 1. Company paid safety/health training | | | | | | | | | Yes | | No | | | |

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| **SAFETY & HEALTH PROGRAMS & PROCEDURES** | | | | | | |
| **Do you have a written Safety and Health Program?** | | | | Yes | | No |
| **Does the program address the following key elements?** | | | | | | |
| 1. Management commitment and expectations | | | | Yes | | No |
| 1. Observational safety program (DuPont STOP or similar) | | | | Yes | | No |
| 1. Written Accountabilities and responsibilities for managers, supervisors, and employees | | | | Yes | | No |
| 1. Periodic safety and health performance appraisals for all employees | | | | Yes | | No |
| 1. Safety Recognition Program | | | | Yes | | No |
| 1. Hazard recognition and control (JSA / Tailboard?) | | | | Yes | | No |
| **Does the program satisfy your responsibility under the law for:** | | | | | | |
| 1. Ensuring your employees follow the safety rules of the facility? | | | | Yes | | No |
| 1. Advising owner of any unique hazards presented by the contractor’s work, and of any hazards found by the contractor? | | | | Yes | | No |
| **Does the program include work practices and procedures such as:** | | | | | | |
| 1. Equipment Lockout and Tagout (LOTO) | | | | Yes | | No |
| 1. Hearing Conservation | | | | Yes | | No |
| 1. Respiratory Protection - if yes, have employees been: | | | | Yes | | No |
| * 1. Medically Cleared | | | | Yes | | No |
| * 1. Trained | | | | Yes | | No |
| * 1. Fit-Tested | | | | Yes | | No |
| 1. Confined Space Entry | | | | Yes | | No |
| 1. Hazard Communication | | | | Yes | | No |
| 1. Injury & Incident Reporting | | | | Yes | | No |
| 1. Fall Protection | | | | Yes | | No |
| 1. Personal Protective Equipment | | | | Yes | | No |
| 1. Housekeeping | | | | Yes | | No |
| 1. Emegency Preparedness/Response | | | | Yes | | No |
| **Do you have a substance abuse program? (If yes, does it include the following?)** | | | | Yes | | No |
| 1. Pre-placement Testing | | | | Yes | | No |
| 1. Random Testing | | | | Yes | | No |
| 1. Testing for Cause | | | | Yes | | No |
| 1. DOT Testing | | | | Yes | | No |
| Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? | | | | Yes | | No |
| **Describe how you will provide first aid and other medical services for your employees while on-site.** | | | | | | |
| Specify who will provide this service: | | | |  | | |
| Do you have personnel trained to perform first aid and CPR? | | | | Yes | | No |
| **SAFETY & HEALTH PROGRAMS & PROCEDURES** | | | | | | |
| **Do you hold site safety and health meetings for:** | | | | | | |
| 1. Field Supervisors | Yes | No | | | Frequency? | |
| 1. Employees | Yes | No | | | Frequency? | |
| 1. New Hires | Yes | No | | | Frequency? | |
| 1. Subcontractors | Yes | No | | | Frequency? | |
| Are the safety and health meetings documented? | | | | Yes | | No |
| **Personal Protection Equipment (PPE)** | | | | | | |
| Is applicable PPE provided for employees? | | | |  | |  |
| Do you have a program to assure that PPE is inspected and maintained? | | | | Yes | | No |
| **Equipment and Materials:** | | | | | | |
| Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements? | | | | Yes | | No |
| Do you maintain the applicable inspection and maintenance certification records for operating equipment? | | | | Yes | | No |
| **Subcontractors:** | | | | | | |
| Do you use subcontractors? | | | | Yes | | No |
| Do you use safety and health performance criteria in selection of subcontractors? | Yes | | | No | | NA |
| Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process? | Yes | | | No | | NA |
| Do your subcontractors have a written Safety & Health Program? | Yes | | | No | | NA |
| Do you include your subcontractors in: |  | | |  | |  |
| 1. Safety & Health Orientation | Yes | | | No | | NA |
| 1. Safety & Health Meeting | Yes | | | No | | NA |
| 1. Audits | Yes | | | No | | NA |
| **Inspections and Audits** | | | | | | |
| Do you conduct routine safety and health inspections? | | | Yes | | | No |
| Are corrections of identified deficiencies documented? | | | Yes | | | No |
| Do you have a corrective action process for addressing deficiencies: | | | Yes | | | No |

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| **SAFETY & HEALTH TRAINING** | | | | | |
| **Safety & Health Orientation** | **New Hires** | | | **Supervisors** | |
| Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors? | Yes | No | | Yes | No |
| **Does program provide instruction on the following:** | | | | | |
| 1. New Worker Orientation | | | | Yes | No |
| 1. Safety Supervision | | | | Yes | No |
| 1. Conducting Tailboards | | | | Yes | No |
| **SAFETY & HEALTH TRAINING** | | | | | |
| 1. Emergency Procedures | | | | Yes | No |
| 1. First Aid Procedures | | | | Yes | No |
| 1. Incident Reporting & Investigations | | | | Yes | No |
| 1. Fire Protection and Prevention | | | | Yes | No |
| 1. Hazard Communication | | | | Yes | No |
| How do you verify comprehension?  (Written test, Craft Test, Performance Test, Job Monitoring, Other?) | | |  | | |
| **Safety & Health Training** | | | | | |
| Do you have a specific safety and health training program for supervisors? | | | | Yes | No |
| Are all employees trained in the work practices needed to safely perform his/her job? | | | | Yes | No |
|  | | | | | |
| **INFORMATION SUBMITTAL** | | | | | | |
| **Please provide copies of checked items with the completed PQF:**  X EMR documentation from your insurance carrier (Include Past 3 Years)  X Insurance Certificate(s)  X OSHA 300 and 300A Logs (Include Past 3 Years)  X NAICS Number Prefered, SIC Number Minimum (See page 2)  X Safety & Health Program, Safety & Health Manual  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 PQF. | | | | | | |

This document must be signed by a company officer.

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Title Name Date

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| **PQF EVALUATION -- OWNER USE ONLY –** | | | | |
| ***Required reviewers will be determined by the Procurement Group*** | | | | |
| Required Reviewers: | | Acceptable | Marginally Acceptable | Unacceptable |
|  | Safety & Health |  |  |  |
|  | Procurement |  |  |  |
|  | Risk |  |  |  |
|  | Credit |  |  |  |
|  | Other: |  |  |  |

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| **NOTES:** |
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