CONTRACTOR PRE-QUALIFICATION FORM (PQF)

Submittal Date: _____

GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
	Web site:	
Contact Person:	e-mail:	
Telephone:	Fax:	
2. How many years has your organization been in business under your present firm name?		
3. Parent Company Name:	4b. Tax ID #:	
4a. Dunn & Bradstreet #:	4c. Dun's #:	
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 Worker's Compensation Insurance? Yes ❑ No ❑		
9. Contact for Requesting Bids:		
Title:	Telephone:	Fax:
10. PQF Completed By:		
Title:	Telephone:	Fax:
11. Form of Business: Sole Owner ❑ Partnership ❑ Corporation ❑		
12. Percent Minority/Female Owned:	EEO Category:	

Organization

13. NAICS Code: SIC Code:

(As of January 2005, OSHA has adopted the NAICS coding system replacing the SIC code).
These codes can be found at the following web sites or your insurer may be able to provide them.

http://www.census.gov/epcd/naics02/naicod02.htm http://www.osha.gov/pls/imis/sic_manual.html

14. A. Describe Services Performed:

- ❑ Construction
- ❑ Construction Design
- ❑ Original Equipment Manufacturer and Installer
- ❑ Maintenance
- ❑ Specialty Maintenance
- ❑ Original Equipment Manufacturer and Maintenance
- ❑ Service work (e.g., janitorial, clerical, etc.)
- ❑ Manpower and Resource
- ❑ Other
- ❑ Turnaround
- ❑ Engineering

B. Work Categories

Check the categories in which you are 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 **1. Air Conditioning/Refrigeration**
- ❑ ❑ Comfort Cooling/HVAC
- ❑ ❑ Process Refrigeration

2. Buildings
- ❑ ❑ Remodeling
- ❑ ❑ New (steel, brick, block, other)

3. Cleaning
- ❑ ❑ Industrial
- ❑ ❑ Janitorial

4. Civil
- ❑ ❑ Concrete
- ❑ ❑ Excavation/Grading
- ❑ ❑ Paving – Asphalt
- ❑ ❑ Paving - Concrete

❑ ❑ **5. Demolition/Dismantling**

6. Electrical
- ❑ ❑ General
- ❑ ❑ High-voltage/High-line
- ❑ ❑ Heat Tracing
- ❑ ❑ Cathodic Protection
- ❑ ❑ Grounding Systems

7. Inspection & Testing
- ❑ ❑ General NDT
- ❑ ❑ Infared Scanning
- ❑ ❑ Eddy Current Testing
- ❑ ❑ Acoustic Emission
- ❑ ❑ Column Scanning
- ❑ ❑ Civil/Soils
- ❑ ❑ High Voltage Electrical
- ❑ ❑ Electrical Ground Inspection
- ❑ ❑ Fiberglass Inspection
- ❑ ❑ Other _____

C S **8. Field Maintenance**
- ❑ ❑ General
- ❑ ❑ Hot Tap/line stops
- ❑ ❑ Leak Sealing (online)
- ❑ ❑ Field Machining
- ❑ ❑ Tank/Vessel Code
- ❑ ❑ Boiler Code
- ❑ ❑ Exchanger Retubing
- ❑ ❑ Rotating Equipment
- ❑ ❑ Valve
- ❑ ❑ Cooling Tower
- ❑ ❑ High Alloy Welding (list type)
- ❑ ❑ Lead Lining
- ❑ ❑ Glass Lining
- ❑ ❑ Heat Treating
- ❑ ❑ Nonmetallic materials
- ❑ ❑ Pipe Fabrication
- ❑ ❑ Mobile Equipment Repair

❑ ❑ **9. New Construction**

❑ ❑ **10. Painting**

❑ ❑ **11 Refractory/Acid Brick**

❑ ❑ **12. Rigging/Equipment Erection**

❑ ❑ **13. Scaffolding**

❑ ❑ **14. Scale Maintenance**

❑ ❑ **15. Structural Steel Fab/Erection**

❑ ❑ **16. Tanks - Field Erection**

❑ ❑ **17. Other** _____

❑ ❑ _____

18. Instrumentation

21. Consulting

❑ ❑ General
❑ ❑ DCS Control Systems

19. Insulation

❑ ❑ General
❑ ❑ Asbestos Abatement

20. Linings/coatings for:

❑ ❑ Metal
❑ ❑ Concrete

❑ ❑ - Mechanical
❑ ❑ - Electrical
❑ ❑ - Chemical
❑ ❑ - Metallurgical
❑ ❑ - Controls
❑ ❑ - Other _____
❑ ❑ _____
❑ ❑ _____
❑ ❑ _____
❑ ❑ _____
❑ ❑ _____
❑ ❑ _____

14. Describe Additional Services Performed:

15. List other types of work within the services you normally perform that you subcontract to others:

16. 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.

17. 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

18. Annual Dollar Volume for the Past Three Years:	YR $	YR $	YR $
19. Largest Job During the Last 3 Years: $			
20. Your Firm's Desired Project Size:		Maximum:	Minimum:
21. D&B Financial Rating:	Annual Sales $	Net Worth: $	
22. Bank Line of Credit: $	Bonding Capacity $	Bank Reference(s):	

23. Major jobs in progress:

Customer/Location	Type of Work	Size $M	Customer Contact	Telephone

24. Major jobs completed in the past three years:

Customer/Location	Type of Work	Size $M	Customer Contact	Telephone

25. Are there any judgments, claims or suits pending or outstanding against your company?

If yes, please attach details. Yes ❑ No ❑

26. 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

In the table below, provide the three most recent full years of incident information for your company.
NOTE: Send OSHA 300 / 300A logs and proof of EMR verification from your insurance carrier. If you have operating regions, provide the safety & health performance for each region. If you subcontract work, provide the safety & health performance for your subcontractors. You may attach additional pages if necessary.

Year (A)	Average Number of Employees (B)	Exposure or Employee Hours (C)	Total Number of Recordable Cases (D)	Incident Rate of Recordable Cases (E)	Number of Days Away from Work Cases (F)	Incident Rate of Lost Work Day Cases (G)	Total Number of Days Away (H)	Severity Rate (I)	EMR (Must be Verifiable) (J)	Number of Fatalities (K)

If your company is self insured, what is your discount rate? _____

GUIDANCE IN FILLING OUT THE TABLE:

(A) Year: List the three most recent full calendar years. If less than a year please specify months.
(B) Average # of Employees: List the average # of employees who worked during the year. An employee shall be defined as any person engaged in activities for an employer from whom direct payment for services is received. Include working owners and officers.
(C) Exposure or Employee Hours: List the total number of hours worked during the year by all employees, including those in operating, production, maintenance, transportation, clerical, administrative, sales and all other activities.
(D) Number of Recordable Cases: List the total number of recordable cases that occurred in that year. Recordable cases are any work-related injury case requiring more than first-aid and all occupational illnesses. Recordable cases include all occupational illnesses, and all occupational injuries resulting in days away from work or days of restricted work activity, medical treatment other than first aid, loss of consciousness, restriction of work or motion, temporary or permanent transfer, or the termination of an injured or ill employee.

(E) Incident Rate of Recordable Cases: $= \frac{\textit{Number of Recordable Cases x 200,000}}{\textit{Exposure or Employee Hours}}$

(F) Number of Days Away From Work Cases: List the total number of days away from work cases that occurred during the year. A day away from work case will be defined as any recordable case that results in death or an injury/illness with days away from work. For the purpose of this questionnaire, recordable cases that result in days with restricted activity should not be added in this column. Only recordable cases that result in one or more days away from work should be counted.

(G) Incident Rate of Days Away From Work Cases: $= \frac{\textit{Number of Days Away From Work Cases x 200,000}}{\textit{Exposure or Employee Hours}}$

(H) Number of Days Away From Work: List the total number of calendar days away experienced by all employees during the year.

(I) Severity Rate: $= \frac{\textit{Total Number of Days Away From Work x 200,000}}{\textit{Exposure or Employee Hours}}$

(J) EMR—Experience Modification Rate: We require verification for the EMR and discount rate data requested in the questionnaire, any of the following methods would be acceptable.
- A letter from your insurance agent, insurance carrier, or state fund (on their letterhead), verifying the rate.
- A copy of the last three (3) years experience rating calculations sheets.
- A copy of the page from your last three years insurance policies that shows the modification rate.

(K) Number of Fatalities: List the total number of fatalities that result from occupational injuries or illnesses. Deaths that occur in the workplace but are not the result of occupational injuries should not be included.

Additional Information: Additional information concerning injury and illness record keeping can be found in 29 CFR 1904 and OSHA'S "Recordkeeping Guidelines for Occupational Injuries and Illness" booklet.

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:

29. Do you have or provide:

a. Full time Safety/Health Director Yes ❑ No ❑

b. Full time Site Safety/Health Supervisor Yes ❑ No ❑

c. Full Time Job Safety/Health Coordinator Yes ❑ No ❑

30. Do you have or provide:

a. Safety/Health incentive program Yes ❑ No ❑

b. Company paid safety/health training Yes ❑ No ❑

SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS & PROCEDURES

31. a. Do you have a written Safety and Health Policy? Yes ❑ No ❑

b. Do you have a written Safety and Health Program? Yes ❑ No ❑

c 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. Hazard recognition and control

d. 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 ❑

e. Does your company conduct documented accident / incident investigations? Yes ❑ No ❑

f. Is safety used as a criteria in performance reviews for supervisors? Yes ❑ No ❑

32. a. Is your company required to have any federal, state, or local licenses or permits to perform your service(s)? (i.e. Asbestos, DOT, NRC, etc.) Yes ❑ No ❑

If yes, list type of licenses / permits State of Issue:

_____ _____

_____ _____

_____ _____

33. Does your S&H 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 ❑
q. Electrical Safe Work practices Yes ❑ No ❑ N/A ❑
r. Trenching and Shoring Yes ❑ No ❑ N/A ❑
s. Benzene Yes ❑ No ❑ N/A ❑
t. Lead Yes ❑ No ❑ N/A ❑
u. Asbestos Yes ❑ No ❑ N/A ❑
v. Hexavalent Chromium Yes ❑ No ❑ N/A ❑
w. Portable Fire Extinguisher/Fire Safety Yes ❑ No ❑ N/A ❑
x. Fire Watch Yes ❑ No ❑ N/A ❑
y. Abrasive Blasting Yes ❑ No ❑ N/A ❑

34. Do you have written programs for the following:

a. Hearing Conservation Yes ❑ No ❑ N/A ❑
b. Respiratory Protection Yes ❑ No ❑ N/A ❑
Where applicable, have employees been:
Trained? Yes ❑ No ❑
Medically Approved? Yes ❑ No ❑
Fit Tested? Yes ❑ No ❑
c. Hazard Communication Yes ❑ No ❑
Have employees been trained? Yes ❑ No ❑
d. Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910.119). Yes ❑ No ❑

35. Do you have a substance abuse program? Yes ❑ No ❑

If yes, does it include the following?

Pre-placement Testing Yes ❑ No ❑
Random Testing Yes ❑ No ❑
Testing for Cause Yes ❑ No ❑
DOT Testing Yes ❑ No ❑
Post Incident Testing Yes ❑ No ❑

36. Do all your employees read, write, and understand English such that they can perform their jobs safely without an interpreter? Yes ❑ No ❑

Do you have an I-9 Form completed for all your employees? Yes ❑ No ❑

If no, provide a description of how you will ensure they can read and understand Arkema's safety orientation, work permits and other Health, Safety and Environmental policies.

37. Medical

a. Do you conduct medical examinations for:

Pre-placement Yes ❑ No ❑ N/A ❑
Preplacement Job Capability Yes ❑ No ❑ N/A ❑
Hearing Function (Audiograms) Yes ❑ No ❑ N/A ❑
Pulmonary Yes ❑ No ❑ N/A ❑
Respiratory Yes ❑ No ❑ N/A ❑

b. Do you have personnel trained to perform first aid and CPR? Yes ❑ No ❑

c. Describe how you will provide first aid and other medical services for your employees while on-site. _____

_____

Specify who will provide this service: _____

38. Do you hold site safety and health meetings for:

Field Supervisors Yes ❑ No ❑ Frequency _____

Employees Yes ❑ No ❑ Frequency _____

New Hires Yes ❑ No ❑ Frequency _____

Subcontractors Yes ❑ No ❑ Frequency _____

Are the safety and health meetings documented? Yes ❑ No ❑

39. Personal Protection Equipment (PPE)
    a. Is applicable PPE provided for employees? Yes ❑ No ❑
    b. Do you have a program to assure that PPE is inspected and maintained? Yes ❑ No ❑

40. Do you have a corrective action process for addressing individual safety and health performance deficiencies? Yes ❑ No ❑

41. Equipment and Materials:
    a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? Yes ❑ No ❑ N/A ❑
    b. Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements? Yes ❑ No ❑ N/A ❑
    c. Do you maintain operating equipment in compliance with regulatory requirements? Yes ❑ No ❑ N/A ❑
    d. Do you maintain the applicable inspection and maintenance certification records for operating equipment? Yes ❑ No ❑ N/A ❑

42. Subcontractors
    Do you use subcontractors? (If no, skip to question 43) Yes ❑ No ❑
    a. Do you use safety and health performance criteria in selection of subcontractors? Yes ❑ No ❑
    b. Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process? Yes ❑ No ❑
    c. Do your subcontractors work under your Safety & Health Program? **If not, provide a copy of their Safety & Health policy and program.** Yes ❑ No ❑
    d. Do you include your subcontractors in:
        - Safety & Health Orientation Yes ❑ No ❑ N/A ❑
        - Safety & Health Meeting Yes ❑ No ❑ N/A ❑
        - Inspections Yes ❑ No ❑ N/A ❑
        - Audits Yes ❑ No ❑ N/A ❑

43. Inspections and Audits
    a. Do you conduct safety and health job-site inspections? Yes ❑ No ❑
    b. Do you conduct safety and health program audits? Yes ❑ No ❑
    c. Are corrections of deficiencies documented? Yes ❑ No ❑

SAFETY, HEALTH & ENVIRONMENTAL TRAINING

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. Is each employee 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 provision of the emergency action plan? Yes ❑ No ❑
    f. Are supervisors required to maintain OSHA 10 or 30 hour certifications? If yes, which? _____ Yes ❑ No ❑ N/A ❑

45. WORKFORCE # of employees % of employees

a. Journeymen Craftsmen _____ _____
b. Helper/Trainees _____ _____
c. Total Workforce _____ _____

46. Training and Assessment

a. Do you have employee safety, health, and craft training records? Yes ❑ No ❑ N/A ❑
b. % of Craft Employees who have completed formal craft skill training _____ %
c. % of Craft Employees presently enrolled in formal craft skill training _____ %
d. Where appropriate are training needs being addressed through skill upgrade training? Yes ❑ No ❑
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 ❑ No ❑
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 ❑ No ❑

47. HELPER/TRAINEES

	# of employees	% of employees
a. Helpers who are enrolled in formal craft skill training	_____	_____
b. Helpers who are not enrolled in formal craft skill training	_____	_____

49. Do you require security background reviews of your personnel? Yes ❑ No ❑
If so, what reviews are being performed (e.g. SS# verification, DMV records check, Patriot Act review, criminal history review, etc.)?

_____

CalOSHA Requirements (If Applicable)

50. Does the contractor have a California complaint Injury, Illness and Prevention Program (IIPP) that contains the 8 mandatory CalOSHA elements? Yes ❑ No ❑ N/A ❑

a. Responsibility
b. Compliance
c. Communication
d. Hazard Assessment
e. Accident / Exposure Investigation
f. Hazard Correction
g. Training and Instruction
h. Recordkeeping

INFORMATION SUBMITTAL

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

- √ EMR documentation from your insurance carrier
- √ Insurance Certificate(s) *(with endorsments as required by contract)*
- √ OSHA 300 / 300A Logs (Past 3 Years)
- √ Any Regulatory Citations (Past 3 Years)
- √ Safety & Health Policy
- √ Safety & Health 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)
- _____ Safety & Health Incentive Program

Note: Owner checks items to be provided with PQF.

This document must be signed by a company officer.

_____	_____	_____
Title	Signature	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:

  _____
  _____
  _____

- ❑ Not acceptable for use. Please provide details below.

  _____
  _____
  _____

Reviewer_____ Date: _____

Reviewer_____ Date: _____

Reviewer_____ Date:_____