Standardized 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
9. Contact for Requesting Bids:		
Title:	Telephone:	Fax:
10. PQF Completed By:		
Title:	Telephone:	Fax:

ORGANIZATION

11. Form of Business: Sole Owner ☐ Partnership ☐ Corporation ☐

12. Percent Minority/Female Owned: | EEO Category:

13. A. Describe Services Performed: SIC Code:

☐ Construction
☐ Construction Design
☐ Original Equipment Manufacturer and Installer
☐ Project Maintenance
☐ Maintenance
☐ Original Equipment Manufacturer and Maintenance
☐ Service work (e.g., janitorial, clerical, etc.)
☐ Manpower and Resource
☐ 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	
		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
☐	☐	- 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	
		11. 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
☐	☐	Mobil Equipment Repair
☐	☐	12. New Construction
☐	☐	13. Painting
☐	☐	14. Refractory/Acid Brick
☐	☐	15. Rigging/Equipment Erection
☐	☐	16. Scaffolding
☐	☐	17. Scale Maintenance
☐	☐	18. Structural Steel Fab/Erection
☐	☐	19. Tanks - Field Erection
☐	☐	20. Other
☐	☐	

8. Instrumentation

☐ ☐ General
☐ ☐ DCS Control Systems

9. Insulation

☐ ☐ General
☐ ☐ Asbestos Abatement

10. Linings/coatings for:

☐ ☐ Metal
☐ ☐ Concrete

21. Consulting

☐ ☐ - 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. 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

117. Annual Dollar Volume for the Past Three Years:	20 $	20 $	20 $
118. Largest Job During the Last 3 Years: $			
119. 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 three years:

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

23. Are there any judgments, claims or suits 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:

- ☐ Interstate rate
- ☐ Intrastate rate
- ☐ Monopolistic State rate
- ☐ 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 three 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 (3) 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 Worker's Compensation insurance carrier itemizing all claims for the last 3 yesrs)

	20		20		20	
	No.	Rate	No.	Rate	No.	Rate
Injury related fatality Total Col. 1 x 200,000 Rate = Total Employee Hours						
Lost workday case injuries involving days away from work, or days of restricted work activity, or both. Total Col. 2 x 200,000 Rate = Total Employee Hours						
Lost workday case injuries involving days away from work. Total Col. 3 x 200.000 Rate = Total Employee Hours						
Injuries involving medical treatment only. Total Col. 6 x 200, 000 Rate = Total Employee Hours						
Total OSHA Recordable Injury Rate (Total Col. 1 + 2+ 6) x 200,000 Rate = Total Employee Hours						
Illness related fatality Total Col. 8 x 200,000 Rate = Total Employee Hours						
Lost workday case illnesses involving days away from work, or days of restricted work activity, or both. Total Col. 9 x 200,000 Rate = Total Employee Hours						
Lost workday case illnesses involving days away from work Total Col. 10 x 200,000 Rate = Total Employee Hours						
Illnesses not involving lost workdays or restricted workdays Total Col. 13 x 200,000 Rate = Total Employee Hours						
Total OSHA Recordable Illness Rate (Total Col. 8 + 9 + 13) x 200,000 Rate = Total Employee Hours						
Total OSHA Recordable Injury/Illness Rate (Total Col. 1 + 2 + 6 + 8 + 9 + 13) x 200,000 Rate = Total Employee Hours						

3227. 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 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 ☐

33. Do you have written programs for the following:

a. Hearing Conservation — Yes ☐ No ☐

b. Respiratory Protection — Yes ☐ No ☐ N/A ☐

Where applicable, have employees been:

- Trained — Yes ☐ No ☐
- Fit tested — Yes ☐ No ☐
- Medically approved — 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). — Yes ☐ No ☐

34. 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 ☐

35. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? — Yes ☐ No ☐

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 ☐ 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. 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 ☐ No ☐

37. 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 ☐

38. 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 ☐

39. Do you have a corrective action process for addressing individual safety and health performance deficiencies?

Yes ☐ No ☐

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	☐	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	☐

41. 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	☐	N/A	☐
b.	Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes	☐	No	☐	N/A	☐
c.	Do your subcontractors have a written Safety & Health Program?	Yes	☐	No	☐	N/A	☐
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	☐

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?	Yes	☐	No	☐

SAFETY & HEALTH TRAINING

43. Safety & Health Orientation

		New Hires				**Supervisors**			
a.	Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors?	Yes	☐	No	☐	Yes	☐	No	☐
b.	Does program provide instruction on the following:								
	• New Worker Orientation	Yes	☐	No	☐	Yes	☐	No	☐
	• Safe Work Practices	Yes	☐	No	☐	Yes	☐	No	☐
	• Safety Supervision	Yes	☐	No	☐	Yes	☐	No	☐
	• Toolbox Meetings	Yes	☐	No	☐	Yes	☐	No	☐
	• Emergency Procedures	Yes	☐	No	☐	Yes	☐	No	☐
	• First Aid Procedures	Yes	☐	No	☐	Yes	☐	No	☐
	• Incident Investigation	Yes	☐	No	☐	Yes	☐	No	☐
	• Fire Protection and Prevention	Yes	☐	No	☐	Yes	☐	No	☐
	• Safety Intervention	Yes	☐	No	☐	Yes	☐	No	☐
	• Hazard Communication	Yes	☐	No	☐	Yes	☐	No	☐
c.	How long is the orientation program?	Hours							
d.	Are written exams given?	Yes	☐	No	☐				

If no, how do you verify comprehension?
(Written test, Craft Test, Performance Test, Job Monitoring, Other - List)

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 BAT.

45. WORKFORCE	#	%
a. Journeymen Craftsmen		
b. Helper/Trainees		
c. Total Workforce		

46. TRAINING

a. Do you have craft training records for employees?	Yes ☐	No ☐
b. % of Craft Employees who have completedWheels 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 ☐	No ☐

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 ☐	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 ☐

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		

INFORMATION SUBMITTAL

Please provide copies of checked (4) 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 PQF.

This document must be signed by a company officer.

Title Name 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: