

# Ampirical Solutions Standardized Contractor Pre-Qualification Form

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General Information	<i>Please write in this column only:</i>		
<b>1. Person Completing this PQF:</b>			
Title:			
Telephone:			
Fax:			
E-mail Address:			
<b>2. Contact for Requesting Bids:</b>			
Title:			
Telephone:			
Fax:			
E-mail Address:			
<b>3. Contact for Insurance Information:</b>			
Title:			
Telephone:			
Fax:			
Self-Insured for Worker's Comp Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insurance Carrier(s):			
Insurance Carrier Name:	Type of Coverage:	Telephone:	
<b>4. Company Name:</b>			
Address:			
City:			
State and Zip:			
Telephone:			
Fax Number:			
Subsidiaries (Division of):			
Date business founded:			
Under current Management since:			
<b>5. Organization Type:</b>			
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Partnership			
<b>6. Officers of the Company:</b>			
<b>Names</b>	<b>Position:</b>	<b>Telephone:</b>	
	<b>President</b>		
	<b>Vice President</b>		
	<b>Treasurer</b>		
<b>7. Safety Professionals:</b>			
<b>Names</b>	<b>Title:</b>	<b>Telephone:</b>	

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### 8. Primary Business Activity (Describe service performed and check all that apply):

<input type="checkbox"/> General Construction	<input type="checkbox"/> Manpower & Staffing Resources
<input type="checkbox"/> Design Engineering	<input type="checkbox"/> Consulting
<input type="checkbox"/> Drafting	<input type="checkbox"/> Original Equipment Manufacturer
<input type="checkbox"/> High Voltage Maintenance	<input type="checkbox"/> Other
Company's North American Industry Classification System (NAICS) or Standard Industry Code (SIC):	
Current Industry Injury Rate for the NAIC/SIC provided:	(Use the most current BLS Average for your Company's code.)

### 9. Work Categories: (check all that apply):

Check the categories in which you or your subcontractor would be performing under this bid and are qualified to perform. Feel free to attach additional information clarifying your capabilities and specification.

(C) denotes work done by company employees

(S) denotes work done by subcontractors

C	S	A. Engineering	C	S	G. High Voltage Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Multi-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	Transmission Line
<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Substation
<input type="checkbox"/>	<input type="checkbox"/>	Civil	<input type="checkbox"/>	<input type="checkbox"/>	Protective Relay Testing
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Equipment Installation
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Grounding
			<input type="checkbox"/>	<input type="checkbox"/>	Electrical System Inspection
C	S	B. Consulting	C	S	H. Buildings
<input type="checkbox"/>	<input type="checkbox"/>	System Studies	<input type="checkbox"/>	<input type="checkbox"/>	Prefabricated Control Houses
<input type="checkbox"/>	<input type="checkbox"/>	Surveying/Geotech/Environmental	<input type="checkbox"/>	<input type="checkbox"/>	New {Steel, Brick, Block, Other}
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Line Routing and Siting	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Relay/SCADA/HMI Settings and Programming	<input type="checkbox"/>	<input type="checkbox"/>	<b>I. Training</b>
<input type="checkbox"/>	<input type="checkbox"/>	Compliance	<input type="checkbox"/>	<input type="checkbox"/>	Safety
<input type="checkbox"/>	<input type="checkbox"/>	Specialized Software	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	High Voltage Electrical T&D
			<input type="checkbox"/>	<input type="checkbox"/>	Computer Software
C	S	C. Civil Construction	C	S	J. Environmental
<input type="checkbox"/>	<input type="checkbox"/>	Site Work/Excavation/Grading/Drainage	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater Runoff
<input type="checkbox"/>	<input type="checkbox"/>	Foundations	<input type="checkbox"/>	<input type="checkbox"/>	Wetlands
<input type="checkbox"/>	<input type="checkbox"/>	Asphalt Paving	<input type="checkbox"/>	<input type="checkbox"/>	Permitting
<input type="checkbox"/>	<input type="checkbox"/>	Concrete Paving	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Abatement
<input type="checkbox"/>	<input type="checkbox"/>	Demolition/Dismantling	<input type="checkbox"/>	<input type="checkbox"/>	Geotech Report
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
			<input type="checkbox"/>	<input type="checkbox"/>	
C	S	D. Electrical Construction	C	S	F. Manpower
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Line-New Overhead	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Labor-Field
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Line-New Underground	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Labor-Office
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Line-Reconductoring			
<input type="checkbox"/>	<input type="checkbox"/>	Substation-New			
<input type="checkbox"/>	<input type="checkbox"/>	Substation-Retrofit/Changeout			
<input type="checkbox"/>	<input type="checkbox"/>	Testing and Commissioning			
<input type="checkbox"/>	<input type="checkbox"/>	Grounding			
<input type="checkbox"/>	<input type="checkbox"/>	Cathodic Protection			
<input type="checkbox"/>	<input type="checkbox"/>	High Voltage Equipment Offloading			
<input type="checkbox"/>	<input type="checkbox"/>	Conduit Installation			
<input type="checkbox"/>	<input type="checkbox"/>	Cable Pulling			
<input type="checkbox"/>	<input type="checkbox"/>	Cable Terminating			
<input type="checkbox"/>	<input type="checkbox"/>	Fencing			
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			
C	S	E. Instrumentation	C	S	K. Other (Describe additional Services Performed)
<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	DCS Control System	<input type="checkbox"/>	<input type="checkbox"/>	

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### 10. Major Equipment List:

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

### 11. Company Work History:

Do you normally employ?	<input type="checkbox"/> Union Personnel	<input type="checkbox"/> Non-Union Personnel
If Union, list trades/locals:		
Average Number of Employees: (Per year for last 3 years.)	<b>Year:</b>	<b>Year:</b>

### 12. Company Paid Benefits:

Do you have or provide?	Select: Yes or No	
Health Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid Vacation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid Holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paid Sick Leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational Reimbursement Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Benefit Sharing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 13. Annual Dollar Volume:

Annual dollar volume for the past 3 Years:	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
	\$	\$	\$
Largest job completed during the last 3 years:			
Your firm's desired project size:	<b>Maximum:</b>	<b>Minimum:</b>	
D&B Financial Rating:	<b>Annual Sales:</b>	<b>Net Worth:</b>	

### 14. Major job(s) in progress:

Please list below.

Customer/Location:	Type of Work:	Size \$M:	Customer Contact:	Telephone #

### 15. Major jobs completed in past three years:

Please list below.

Customer/Location:	Type of Work:	Size \$M:	Customer Contact:	Telephone #

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

If yes, please attach details.  Yes  No

**17. Has the Company now or ever been involved in any bankruptcy or reorganization?**

If yes, please attach details.  Yes  No

**SAFETY AND HEALTH PERFORMANCE:**

**18. 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. State of Origin:	
		c. EMR Anniversary Date:	
d. EMR from past 3 years:	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>

**19. Injury/Illness Data:**

a. Employee Hours Worked Last Three Years Excluding Subcontractors:

<b>Hours/Year:</b>	<b>Year:</b>		<b>Year:</b>		<b>Year:</b>	
	<b>Hours:</b>		<b>Hours:</b>		<b>Hours:</b>	
<b>Field &amp; Totals:</b>	<b>Field:</b>		<b>Field:</b>		<b>Field:</b>	
	<b>Total:</b>		<b>Total:</b>		<b>Total:</b>	

b. Provide the following data (excluding subcontractors) using your OSHA 200/300 Logs Forms from the past three years:

<i>Past 3 Years:</i>	<b>Year:</b>		<b>Year:</b>		<b>Year:</b>	
<i>Number/Rates</i>	<b>Number:</b>	<b>Rate:</b>	<b>Number:</b>	<b>Rate:</b>	<b>Number:</b>	<b>Rate:</b>
Injury related fatality: <b>Rate = <math>\frac{\text{Total Col. 1} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Lost workday cases injuries involving days away from work, or days of restricted work activity, or both: <b>Rate = <math>\frac{\text{Total Col. 2} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Lost workday cases injuries involving days away from work: <b>Rate = <math>\frac{\text{Total Col. 3} \times 200,000}{\text{Total Employee Hours}}</math></b>						

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b. Provide the following data (excluding subcontractors) using your OSHA 200/300 Logs Forms from the past three years: **(CONTINUED FROM PREVIOUS PAGE)**

<i>Past 3 Years:</i>	<b>Year:</b>		<b>Year:</b>		<b>Year:</b>	
<i>Number/Rates</i>	<b>Number:</b>	<b>Rate:</b>	<b>Number:</b>	<b>Rate:</b>	<b>Number:</b>	<b>Rate:</b>
Injuries involving medical treatment only: <b>Rate = <math>\frac{\text{Total Col. 6} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Total OSHA Recordable Injury Rate: <b>Rate = <math>\frac{\text{Total Col. (1+2+6)} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Illness related fatality: <b>Rate = <math>\frac{\text{Total Col. 8} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Lost workday case illnesses involving days away from work or days of restricted work activity, or both: <b>Rate = <math>\frac{\text{Total Col. 9} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Lost workday case illnesses involving days away from work: <b>Rate = <math>\frac{\text{Total Col. 10} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Illness <u>not</u> involving lost workdays or restricted workdays: <b>Rate = <math>\frac{\text{Total Col. 13} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Total OSHA Recordable Illness Rate: <b>Rate = <math>\frac{\text{Total Col. (8+9+13)} \times 200,000}{\text{Total Employee Hours}}</math></b>						
Total OSHA Recordable Rate: <b>Rate = <math>\frac{\text{Total Col. (1+2+6+8+9+13)} \times 200,000}{\text{Total Employee Hours}}</math></b>						

**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 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last three years and attach to this form.

**20. Has the Company received any Regulatory (EPA, OSHA, etc.) inspections in the last three years?**

**If yes, please attach details.**       Yes       No

**21. Has the Company received any Regulatory (EPA, OSHA, etc.) citations in the last three years?**

**If yes, please attach details.**       Yes       No

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**SAFETY AND HEALTH MANAGEMENT:**

22. Highest Ranking Safety/Health Professional in the Company: (Name)	<b>Title:</b>	<b>Telephone:</b>
a. Do you have or provide a full time Safety/Health Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you have or provide a full time Safety/Health Supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Do you have or provide a full time Safety/Health Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do you have or provide a Safety/Health incentive program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do you have or provide Company paid Safety/Health training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SAFETY AND HEALTH PROGRAMS & PROCEDURES:**

23. Do you have written safety and health programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Management commitment and expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Employee Participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Accountabilities and responsibilities for managers, supervisors, and employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Resources for meeting safety & health requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Periodic safety & health performance appraisals for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Safety Recognition Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Hazard recognition and control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Does the program satisfy your responsibility under the law for: (these reflect only laws as they pertain to Process Safety Management (PSM))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Ensuring employees follow the safety rules of the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

25. Does the program include work practices and procedures such as:	YES:	NO:	N/A: (To this job)
Energy Control [Lockout / Tagout {LO/TO}]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident/Incident Reporting & Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Condition Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Injury & Illness Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Electrical/Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Grounding Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigging and Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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25. Does the program include work practices and procedures such as: <b>(Cont'd.)</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A: (To this job)</b>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness and Response Procedures (Including Evacuation Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Spill or Leak Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding (User)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/Trenching & Shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abrasive Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroblasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
26. Are there written programs for the following:	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
Hearing Protection/Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection; <b>Where applicable, have employees been:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fit Tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Medically approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Have employees been trained in Hazard Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
27. Is there a program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29CFR1910) and/or API RP 2220?	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
28. Do you have a substance abuse program:	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
➤ Pre-placement Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Random Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Testing for Cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ DOT Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
29. Do you conduct medical examinations for:	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
➤ Pre-employment placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pre-placement Job Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Hearing Function {Audiograms}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
30. Do you have personnel trained to perform first aid and CPR?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<p>a. In the space provided below, describe how you will provide first aid and other medical services for your employees and specify who will provide this service while on site:</p>     			
<hr/>			
31. Do your company employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?  If "No", attach a description of your plan to assure that they can safely perform their jobs.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<hr/>			
32. Does your Company conduct background Checks for new hires?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

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33. Do you hold site Safety & Health meetings for:	<b>YES:</b>	<b>NO:</b>	<b>Frequency:</b>
➤ Field Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Employees	<input type="checkbox"/>	<input type="checkbox"/>	
➤ New Hires	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Sub-Contractors	<input type="checkbox"/>	<input type="checkbox"/>	
a. Are the safety and health meetings documented?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
b. Are the safety and health meetings critiqued by management?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
c. What was the date and topic for the last meeting?	Date:		
	Topic:		
<hr/>			
34. If applicable, is there a PPE Program? If so:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
a. Is PPE provided for employees?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
b. Does the PPE Program assure that PPE is inspected and maintained?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<hr/>			
35. Do you have a corrective action process for addressing individual safety and health performance deficiencies?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<hr/>			
<b>ENVIRONMENTAL PROGRAMS &amp; PROCEDURES:</b>			
<hr/>			
36. Do you have written environmental management programs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
a. Does the program include employee awareness training?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
b. Does the program include auditing procedures?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
c. Does the program include provisions for identifying physical impacts to the environment and how to control or mitigate those risks?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
37. Is Environmental a full time responsibility position?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
38. Has the company ever had an environmental-related violation, fine, penalty or judgment against it?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
39. Is the company involved in any ongoing enforcement actions, consent agreements or litigation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>If yes to questions 27 &amp; 28 above, please give brief description of each.</i>			
<hr/>			
40. <b>Equipment &amp; Materials:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
a. Do you have a system for establishing applicable health, safety, and environment specifications for acquisition of materials and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you conduct inspections on operating equipment {e.g., cranes, forklifts, JLG, etc.} in compliance with regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b>41. Subcontractors:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
a. Do you use subcontractors? (If no, skip to #42)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you use safety & health performance criteria in selection of subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you evaluate the ability of subcontractors to comply with applicable health & safety requirements as part of the selection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do your subcontractors have a written Safety & Health Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you include your subcontractors in:			
➤ Safety & Health Orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety & Health Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>42. Inspections and Audits:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
a. Do you conduct safety and health inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you conduct safety and health program audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you conduct environmental inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are corrections of deficiencies documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SHORT SERVICE EMPLOYEE (SSE) POLICY:**

<b>43. Does your company have a SSE policy that:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
a. identifies new employees or experienced employees new to your company or new to their position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, does the SSE policy include a mentor being assigned to the SSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If yes, does it define the roles and responsibilities of the mentor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEHAVIORAL BASED SAFETY PROGRAM:**

<b>44. Does your company implement a behavioral based safety program that:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
a. requires all employees to participate in the in documented safety observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LICENSES OR PERMITS:**

	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>
<b>45. Is your company required to have any federal, state or local Permits to perform your services (e.g., NORM, Asbestos, DOT, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list type(s) of licenses/permits and state issued:

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<b>DISADVANTAGED BUSINESS ENTERPRISE STATUS (IF APPLICABLE):</b>				
<b>46. Please Check All That Apply:</b>				
<input type="checkbox"/> Small Business	<input type="checkbox"/> Minority Owned Business			
<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Service Disabled Veteran Business			
<input type="checkbox"/> HUBZone Business				
<b>SAFETY AND HEALTH TRAINING:</b>				
<b>47. Craft Training:</b>	<b>YES:</b>	<b>NO:</b>	<b>N/A:</b>	
a. Have employees trained in appropriate job skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do you have a process to assess skills of your workers to assure they are qualified? (Attach explanation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are employees job skills certified where required by Regulatory or Industry consensus standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. In the space provided below, please list the crafts which have been certified:				
<b>48. Safety and Health Orientation:</b>	<b>New Hires:</b>		<b>Supervisors</b>	
	<b>Yes:</b>	<b>No:</b>	<b>Yes:</b>	<b>No:</b>
a. Do you have a Safety and Health Orientation Program for new hires and newly hired or promoted supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the program provide instruction for the following:				
➤ New Worker Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Toolbox Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ HazWoper/Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Incident Reporting and Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fire Protection and Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Environmental Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How long (time taken to complete) is the orientation program?				

## Ampirical Solutions Standardized Contractor Pre-Qualification Form

<b>49. Safety and Health Training</b>	<b>Yes</b>	<b>No</b>
a. Do you know the Regulatory safety and health training requirements for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have your employees received the required safety and health training and retraining?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a specific safety and health training program for supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all employees trained in the work practices needed to safely perform his/her job?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is each employee instructed in the following:		
➤ the known potential fire, explosion, or toxic release hazards related to his/her job?	<input type="checkbox"/>	<input type="checkbox"/>
➤ the process and the applicable provisions of the emergency action plan?	<input type="checkbox"/>	<input type="checkbox"/>
<b>50. Safety and Health Training Records</b>	<b>Yes</b>	<b>No</b>
a. Do you have safety and health and crafts training records for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do the training records include the following:	<input type="checkbox"/>	<input type="checkbox"/>
➤ Employee Identification?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of the training?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Name of the trainer?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Method used to verify understanding?	<input type="checkbox"/>	<input type="checkbox"/>
c. How do you verify the training? (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written Test		
<input type="checkbox"/> Oral Test		
<input type="checkbox"/> Performance Test		
<input type="checkbox"/> Job Monitoring		
<input type="checkbox"/> Other (List)		

## Ampirical Solutions Standardized Contractor Pre-Qualification Form

### INFORMATION SUBMITTAL CHECKLIST:

Please provide copies of checked items with the completed PQF:

EMR documentation from the Insurance Company	<input type="checkbox"/> Yes
Insurance Certificates	<input type="checkbox"/> Yes
Copies of OSHA 200/300 Logs for the past 3-years	<input type="checkbox"/> Yes
Safety and Health Program	<input type="checkbox"/> Yes
Safety and Health Program (Table of Contents)	<input type="checkbox"/> Yes
Safety and Health Incentives Program	<input type="checkbox"/> Yes
Substance Abuse Program	<input type="checkbox"/> Yes
Hazard Communication Program	<input type="checkbox"/> Yes
Respiratory Protection Program	<input type="checkbox"/> Yes
Housekeeping Program	<input type="checkbox"/> Yes
Accident/Incident Investigation Procedures	<input type="checkbox"/> Yes
Unsafe Condition Reporting Procedure	<input type="checkbox"/> Yes
Safety & Health Inspection Form	<input type="checkbox"/> Yes
Safety & Health Audit Procedure and Form	<input type="checkbox"/> Yes
Safety & Health Orientation (Outline)	<input type="checkbox"/> Yes
Safety & Health Training Program (Outline)	<input type="checkbox"/> Yes
Example of Employee Safety & Health Training Records	<input type="checkbox"/> Yes
Safety & Health Training Schedule (Sample)	<input type="checkbox"/> Yes
Safety & Health Training for Supervisors (Outline)	<input type="checkbox"/> Yes
Environmental Management Program, Plan, Training, Audit/Inspection Forms (Sample)	<input type="checkbox"/> Yes
Document Supporting Back Ground Checks	<input type="checkbox"/> Yes
Include copy of your last 3 years loss run ratios	<input type="checkbox"/> Yes

**Note:** Owner checks items to be provided with PQF.

**This document must be signed by the Contractor Company Officer.**

<b>Title:</b>	<b>Name:</b>	<b>Date:</b>
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### Ampirical Solutions Contractor Approval

<<For Ampirical Solutions use only!>>

➤ Acceptable for Approved Contractor List	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Conditionally acceptable for Approved Contractor List	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conditions:

<b>Title:</b> <i>Safety Manager</i>	<b>Reviewer:</b>	<b>Date:</b>
<b>Contractor Name:</b>		
<b>Approved Until:</b>		