**GENERAL INFORMATION**

1. **Company Name:**
   - Telephone:
   - Fax:

2. **Street Address:**
   - Mailing Address:

3. **Officers:**
   - President:
   - Vice President:
   - Treasurer:

4. **How many years has your organization been in business under your present firm name?**

5. **Parent Company Name:**

6. **City:**
   - **State:**
   - **Zip:**

7. **Subsidiaries:**

8. **Under Current Management Since (Date):**

9. **Contact for Insurance Information:**
   - **Title:**
   - **Telephone:**
   - **Fax:**

10. **Insurance Carrier(s):**

    | Name | Type of Coverage | Telephone |
    |------|------------------|-----------|
    |      |                  |           |
    |      |                  |           |

11. **Are you self insured for Workers’ Compensation Insurance?**
    - Yes [ ]
    - No [ ]

12. **Contact for Requesting Bids:**
    - **Title:**
    - **Telephone:**
    - **Fax:**

13. **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

- [ ] Construction
- [ ] Construction Design
- [ ] Original Equipment Manufacturer and Installer
- [ ] Project Maintenance
- [ ] 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

<table>
<thead>
<tr>
<th>C</th>
<th>S</th>
<th>1. Air Conditioning/Refrigeration</th>
<th>C</th>
<th>S</th>
<th>11. Field Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Comfort Cooling/HVAC</td>
<td>[ ]</td>
<td>[ ]</td>
<td>General</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Process Refrigeration</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Hot Tap/line stops</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Leak Sealing (online)</td>
</tr>
</tbody>
</table>

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

7. Inspection & Testing

8. Scaffolding

9. Structural Steel Fab/Erection

10. Tanks – Field Erection

11. Other
8. Instrumentation

- General
- DCS Control Systems

9. Insulation

- General
- Asbestos Abatement

10. 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.

17. Annual Dollar Volume for the Past 3 Years

<table>
<thead>
<tr>
<th>Current year</th>
<th>Current year minus one</th>
<th>Current year minus two</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Customer/Location</th>
<th>Type of Work</th>
<th>Size $M</th>
<th>Customer Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

22. Major jobs completed in the past 3 years:

<table>
<thead>
<tr>
<th>Customer/Location</th>
<th>Type of Work</th>
<th>Size $M</th>
<th>Customer Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
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:
      - Interstate rate 20____
      - IntraState rate 20____
      - Monopolistic State rate 20____
      - 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)
      - Injury related fatality
        Rate = Total Column 1 x 200,000
               Total Employee Hours
      - Lost workday case injuries involving days away from work, or days of restricted work activity, or both.
        Rate = Total Column 2 x 200,000
               Total Employee Hours
      - Lost workday case injuries involving days away from work.
        Rate = Total Column 3 x 200,000
               Total Employee Hours
      - Injuries involving medical treatment only.
        Rate = Total Column 6 x 200,000
               Total Employee Hours
      - Total OSHA Recordable Injury Rate
        Rate = (Total Column 1 + 2 + 6) x 200,000
               Total Employee Hours
      - Illness related rate.
        Rate = Total Column 8 x 200,000
               Total Employee Hours
      - Lost workday case illnesses involving days away from work, or days of restricted work activity, or both.
        Rate = Total Column 9 x 200,000
               Total Employee Hours
### Contractor Pre-Qualification Form (PQF)

#### Lost workday case illnesses involving days away from work.

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Column 10 x 200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Employee Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate =</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Illnesses not involving lost workdays or restricted workdays.

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Column 13 x 200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Employee Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate =</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total OSHA Recordable Illness Rate

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total Column 8 + 9 + 13 x 200,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate =</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Title:</th>
<th>Telephone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

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  
      Yes: ☐  No: ☐  N/A: ☐ (Cranes, Forklifts, JLGs, etc.)
   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: ☐  N/A: ☐
       Fit Tested  Yes: ☐  No: ☐
       Medically approved  Yes: ☐  No: ☐
   C) Hazard Communication
   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
   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: ☐
      • Pre-placement 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?

SAFETY & HEALTH TRAINING

43. Safety & Health Orientation
   A) Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted Supervisors?
      Yes: ☐   No: ☐
   
   B) Does program provide instruction on the following:
      - New Worker Orientation
      - Safe Work Practices
      - Safety Supervision
      - Toolbox Meetings
      - Emergency Procedures
      - First Air Procedures
      - Incident Investigation
      - Fire Protection and Prevention
      - Safety Intervention
      - Hazard Communication
      Yes: ☐   No: ☐
   
   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)
## 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

---

## WORKFORCE

<table>
<thead>
<tr>
<th>A) Journeymen Craftsmen</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>B) Helper/Trainees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Total Workforce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
46. **TRAINING**
   A) Do you have craft training records for employees 
      Yes: ☐ No: ☐
   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: ☐ 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/TRAINEE**
   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: ☐ No: ☐
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:
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 __________

<table>
<thead>
<tr>
<th>PQF EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- OWNER USE ONLY --</td>
</tr>
</tbody>
</table>

DO NOT FILL OUT - OWNER USE ONLY

Contractor is:
☐ Acceptable for Approved Contractor List

☐ Conditionally acceptable for Approved Contractor List

Conditions:

__________________________________________ Date __________
Reviewer