

13. List All Services Performed: SIC Code: _____

14. Do you subcontract services : Yes No
 If yes, please attach list other types of work within the services you normally perform that you subcontract to others.

15. Please attach a list of major equipment (e.g., cranes, aerial manlifts, forklifts) your company has available for work and the method of establishing competency to operate.

16. Do you normally employ? Union Personnel Non-Union Personnel
 If union, list trades/locals:

17. Annual Dollar Volume for the Past Three Years:	\$ _____	\$ _____	\$ _____
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18. Largest Dollar Volume Job Completed in the Last 3 Years: \$ _____

19. Your Firm's Desired Project Size:	Maximum: _____	Minimum: _____
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20. D&B Financial Rating:	Annual Sales \$ _____	Net Worth: \$ _____
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COMPANY WORK HISTORY

21. Major jobs in progress: (Please list only clients that we may contact)

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

22. Major jobs completed in the past three years: (Please list only clients that we may contact)

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

<p>a. EMR rate:</p> <p><input type="radio"/> Interstate rate</p> <p><input type="radio"/> Intrastate rate</p> <p><input type="radio"/> Monopolistic State rate</p> <p><input type="radio"/> Dual rate</p>	<p>b. EMR for three last years:</p> <p>Rate _____ Date _____</p> <p>Rate _____ Date _____</p> <p>Rate _____ Date _____</p>
<p>c. State of Origin: _____</p>	<p>d. EMR Anniversary Date: _____</p>

26. Injury and Illness Data:

<p>a. Employee hours worked last three years (excluding subcontractors):</p>	<p>Year</p>			
	<p>Emp. Hours</p>			

b. Provide the following data (excluding subcontractor) using your OSHA and/or MSHA forms from the past three (3) years:

	Date		Date		Date	
	No.	Rate	No.	Rate	No.	Rate
<p>Injury related fatality</p> $Rate = \frac{Total\ No.\ Fatalities \times 200,000}{Total\ Employee\ Hours}$						
<p>Total Recordable Injury Rate</p> $Rate = \frac{(Total\ No.\ Injuries) \times 200,000}{Total\ Employee\ Hours}$						
<p>Total Recordable Illness Rate</p> $Rate = \frac{(Total\ No.\ Illness) \times 200,000}{Total\ Employee\ Hours}$						
<p>Total Recordable Injury/Illness Rate</p> $Rate = \frac{(Total\ No.\ Inj./Ill.) \times 200,000}{Total\ Employee\ Hours}$						

Notes: (1) Data should be the best available data applicable to the work in the Central Florida area.
 (2) If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last three years.

27. Have you received any regulatory (EPA, OSHA, MSHA, DOT, Coast Guard, etc.) citations in the last three years? If yes, please attach copies. Yes No

28. Do you have an MSHA Contractor ID No.: Yes No

If you answered yes, please list your Contractor No. _____

SAFETY & HEALTH MANAGEMENT

29. Highest ranking safety/health professional in the company:

<p>Title: _____</p>	<p>Telephone: _____</p>	<p>Fax: _____</p>
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30. Do you have or provide:			
a. Full time Safety/Health Manager	Yes	<input type="radio"/>	No <input type="radio"/>
b. Full time Site Safety/Health Supervisor	Yes	<input type="radio"/>	No <input type="radio"/>
c. Full Time Job Safety/Health Coordinator	Yes	<input type="radio"/>	No <input type="radio"/>
31. Do you have or provide:			
a. Safety/Health incentive program	Yes	<input type="radio"/>	No <input type="radio"/>
b. Company paid safety/health training	Yes	<input type="radio"/>	No <input type="radio"/>
SAFETY & HEALTH PROGRAMS & PROCEDURES			
32. Do you have a written Safety and Health Program?	Yes	<input type="radio"/>	No <input type="radio"/>
Does It include?			
• Management commitment and expectations	Yes	<input type="radio"/>	No <input type="radio"/>
• Employee participation	Yes	<input type="radio"/>	No <input type="radio"/>
• Accountabilities and responsibilities for managers, supervisors, and employees	Yes	<input type="radio"/>	No <input type="radio"/>
• Resources for meeting safety & health requirements	Yes	<input type="radio"/>	No <input type="radio"/>
• Periodic safety and health performance appraisals for all employees	Yes	<input type="radio"/>	No <input type="radio"/>
• Hazard recognition and control	Yes	<input type="radio"/>	No <input type="radio"/>
33. Does your Safety and Health program include work practices and procedures such as (leave blank if N/A):			
a. Equipment Lockout and Tagout (LOTO)	Yes	<input type="radio"/>	No <input type="radio"/>
b. Confined Space Entry	Yes	<input type="radio"/>	No <input type="radio"/>
c. Injury & Illness Recording	Yes	<input type="radio"/>	No <input type="radio"/>
d. Fall Protection	Yes	<input type="radio"/>	No <input type="radio"/>
e. Personal Protective Equipment	Yes	<input type="radio"/>	No <input type="radio"/>
f. Portable Electrical/Power Tools	Yes	<input type="radio"/>	No <input type="radio"/>
g. Vehicle Safety	Yes	<input type="radio"/>	No <input type="radio"/>
h. Compressed Gas Cylinders	Yes	<input type="radio"/>	No <input type="radio"/>
i. Electrical Equipment Grounding Assurance	Yes	<input type="radio"/>	No <input type="radio"/>
j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.)	Yes	<input type="radio"/>	No <input type="radio"/>
k. Housekeeping	Yes	<input type="radio"/>	No <input type="radio"/>
l. Accident/Incident Reporting	Yes	<input type="radio"/>	No <input type="radio"/>
m. Unsafe Condition Reporting	Yes	<input type="radio"/>	No <input type="radio"/>
n. Emergency Preparedness, including evacuation plan	Yes	<input type="radio"/>	No <input type="radio"/>
o. Waste Disposal	Yes	<input type="radio"/>	No <input type="radio"/>

34. Do you have written programs for the following:				
a. Hearing Conservation	Yes	<input type="radio"/>	No	<input type="radio"/>
b. Respiratory Protection	Yes	<input type="radio"/>	No	<input type="radio"/>
Where applicable, have employees been:				
<input type="radio"/> Trained				
<input type="radio"/> Fit tested				
<input type="radio"/> Medically approved				
c. Hazard Communication	Yes	<input type="radio"/>	No	<input type="radio"/>
d. Lead monitoring program	Yes	<input type="radio"/>	No	<input type="radio"/>
e. Program to support the contractor requirements of the OSHA Process Safety Management (PSM) of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910).	Yes	<input type="radio"/>	No	<input type="radio"/>
35. Do you have a substance abuse program? Yes <input type="radio"/> No <input type="radio"/>				
If yes, does it include the following?				
• Pre-placement Testing	Yes	<input type="radio"/>	No	<input type="radio"/>
• Random Testing	Yes	<input type="radio"/>	No	<input type="radio"/>
• Testing for Cause	Yes	<input type="radio"/>	No	<input type="radio"/>
• DOT Testing	Yes	<input type="radio"/>	No	<input type="radio"/>
36. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? Yes <input type="radio"/> No <input type="radio"/>				
If no, attach a description of your plan to assure that they can safely perform their jobs.				
37. Medical				
a. Do you conduct medical examinations for:				
• Pre-placement	Yes	<input type="radio"/>	No	<input type="radio"/>
• Preplacement Job Capability	Yes	<input type="radio"/>	No	<input type="radio"/>
• Hearing Function (Audiograms)	Yes	<input type="radio"/>	No	<input type="radio"/>
• Pulmonary	Yes	<input type="radio"/>	No	<input type="radio"/>
• Respiratory	Yes	<input type="radio"/>	No	<input type="radio"/>
b. Attach your plan on how you will provide first aid and other medical services for your employees while on-site and who will provide this service.				
c. Do you have personnel trained to perform first aid and CPR?	Yes	<input type="radio"/>	No	<input type="radio"/>
38. Do you hold site safety and health meetings for:				
Field Supervisors	Yes	<input type="radio"/>	No	<input type="radio"/>
Employees	Yes	<input type="radio"/>	No	<input type="radio"/>
New Hires	Yes	<input type="radio"/>	No	<input type="radio"/>
Subcontractors	Yes	<input type="radio"/>	No	<input type="radio"/>
	Daily	<input type="radio"/>	Weekly	<input type="radio"/>
	Monthly	<input type="radio"/>	Yearly	<input type="radio"/>
Are the safety and health meetings documented? Yes <input type="radio"/> No <input type="radio"/>				
39. Personal Protection Equipment (PPE)				
a. Is applicable PPE provided for employees?	Yes	<input type="radio"/>	No	<input type="radio"/>
b. Do you have a program to assure that PPE is inspected and maintained?	Yes	<input type="radio"/>	No	<input type="radio"/>
40. Do you have a corrective action process for addressing individual safety and health performance deficiencies? Yes <input type="radio"/> No <input type="radio"/>				

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	<input type="radio"/>	No <input type="radio"/>
b. Do you conduct inspections on operating equipment (e.g., cranes, aerial manlifts, forklifts) in compliance with regulatory requirements?	Yes	<input type="radio"/>	No <input type="radio"/>
c. Do you maintain operating equipment in compliance with regulatory requirements?	Yes	<input type="radio"/>	No <input type="radio"/>
d. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes	<input type="radio"/>	No <input type="radio"/>
42. Subcontractors			
a. Do you use safety and health performance criteria in selection of subcontractors?	Yes	<input type="radio"/>	No <input type="radio"/>
b. Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes	<input type="radio"/>	No <input type="radio"/>
c. Do your subcontractors have a written Safety & Health Program?	Yes	<input type="radio"/>	No <input type="radio"/>
d. Do you include your subcontractors in:			
• Safety & Health Orientation	Yes	<input type="radio"/>	No <input type="radio"/>
• Safety & Health Meeting	Yes	<input type="radio"/>	No <input type="radio"/>
• Inspections	Yes	<input type="radio"/>	No <input type="radio"/>
• Audits	Yes	<input type="radio"/>	No <input type="radio"/>
43. Inspections and Audits			
a. Do you conduct safety and health inspections?	Yes	<input type="radio"/>	No <input type="radio"/>
b. Do you conduct safety and health program audits?	Yes	<input type="radio"/>	No <input type="radio"/>
c. Are corrections of deficiencies documented?	Yes	<input type="radio"/>	No <input type="radio"/>
d. Would you provide documentation if requested?	Yes	<input type="radio"/>	No <input type="radio"/>
44. Material Safety Data Sheets (MSDS)			
a. Do you have a written procedure for the management of MSDSs?	Yes	<input type="radio"/>	No <input type="radio"/>
b. Do you comply with all government regulations for MSDSs?	Yes	<input type="radio"/>	No <input type="radio"/>
c. Do you have a method to convey MSDSs to IMCA for each chemical introduced/used in our work environment?	Yes	<input type="radio"/>	No <input type="radio"/>
45. Quality Assurance Program			
Do you have a Quality Assurance/Quality Control Program/Plan?	Yes	<input type="radio"/>	No <input type="radio"/>
SAFETY & HEALTH TRAINING			

46. Craft Training

a. Have employees been trained in appropriate job skills? Yes No

b. Are employee job skills certified where required by regulatory or industry consensus standards? Yes No

c. List crafts which have been certified:

47. 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? Yes No

c. Do you have a specific safety and health training program for supervisors? Yes No

48. 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 <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
b. Does program provide instruction on the following:				
• New Worker Orientation	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Safe Work Practices	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Safety Supervision	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Toolbox Meetings	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Emergency Procedures	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• First Aid Procedures	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Incident Investigation	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Fire Protection and Prevention	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Safety Intervention	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
• Hazard Communication	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
c. How long is the orientation program? _____	Hours			

49. Training Records

a. Do you have safety and health and crafts training records for your employees? Yes No

b. Do the training records include the following:

Employee identification Yes No

Date of training Yes No

Name of trainer Yes No

Method used to verify understanding Yes No

c. How do you verify understanding of training? (Check all that apply.)

Written test Job Monitoring

Oral test Performance test

INFORMATION SUBMITTAL

Please submit copies of the following items **with** your completed PQF:

- _____ Insurance Certificate(s) – General Liability; Auto Liability; Worker’s Compensation & Personal Liability. Minimum requirements GL 1,000,000.00 / 1,000,000.00

- _____ MSHA 5000-23 Forms for employees

- _____ OSHA 200 Logs (Past 3 Years)

- _____ OSHA / MSHA Citations (Past 3 Years)

- _____ Standard Industrial Classification (SIC) Code

- _____ Written Safety & Health Program (if previously submitted, any modified or revised portions)

**PQF EVALUATION
-- General Contractor USE ONLY --**

DO NOT FILL OUT –General Contractor USE ONLY

Contractor is:

- Acceptable for Approved Contractor List
- Conditionally acceptable for Approved Contractor List

Conditions: _____

Reviewer: _____ Date: _____