

SUBCONTRACTOR PRE-QUALIFICATION

Company Information

Company:		Date:	
Contact Name:		Phone:	
Address:			
Email Address:		Date Incorporated:	
Project Name: (if applicable)		Division Codes:	

Licensing Information

List the jurisdictions and trade categories in which your organization is legally qualified to do business and indicate the registration or license numbers, if applicable.

Jurisdiction	Trade Category	License Number

History

Has your organization ever failed to complete awarded work? _____

Are there any judgements, claims, arbitration proceeding, or suits pending or outstanding against your organization or its officers? _____

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? _____

Within the last five years, has any officer or principal of your Organization ever been an officer or principal of another organization when it failed to complete a construction contract? _____

State the total value of work in currently progress or under contract: _____

State the average annual value of construction work performed during the past five years: _____

Experience

List major projects your organization has completed in the past five years (attach additional sheets as necessary):

Project Name	Client	Contract Value	Completion Date

(Experience Continued)

References

List three trade references:

Project Name	Client	Contract Value	Completion Date

Safety

1. List your company's Interstate Experience Modification Rate for the last three years:

20 _____
 20 _____
 20 _____

2. Please use your last year's OSHA 300 Log to complete the following information:

- A. Total number of entries on OSHA 300 form? _____
- B. How many of these were lost workday cases? _____
- C. How many were illnesses? _____
- D. Were there any fatalities? Yes _____ No _____ If yes, how many? _____
- E. Employee hrs. worked last year (DO NOT include any non-work time, even though paid) _____

3. Do you have a written safety program, including a Hazard Communication Policy?

Yes _____ No _____ If yes, enclose a copy of your program.

4. Are the costs of individual accidents kept? Yes _____ No _____

If yes, how are they reported? _____

5. Do you hold site safety meetings for field supervisors?

Yes _____ No _____

How often? _____

6. Do you hold craft "tool box" safety meetings?

Yes _____ No _____

How often? _____

7. Who will be the safety representative for this project (if applicable)?

Name _____

Title _____

Please list the safety qualifications for this person:

Will this person be on site full time? Yes _____ No _____

8. Do you conduct project safety inspections?

Yes _____ No _____

How often? _____

9. Do you have an orientation program for new hires?

Yes _____ No _____ If yes, describe the program briefly: _____

Signature:

(Signature)

(Print Name and Title)

(Date)