

# Standardized Pre-Qualification Form (PQF)

GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
2. Officers <span style="float: right;">Years With Company</span>		
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
8. Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Construction<br><input type="checkbox"/> Construction Design<br><input type="checkbox"/> Original Equipment Manufacturer and Installer<br><input type="checkbox"/> Project Maintenance<br><input type="checkbox"/> Maintenance | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance<br><input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.)<br><input type="checkbox"/> Manpower and Resource<br><input type="checkbox"/> 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 specialties.

(C) denotes work done by company employees                      (S) denotes work done by subcontractors

- |  |   |
|--|---|
| <p>C    S 1. Air Conditioning/Refrigeration</p> <input type="checkbox"/> <input type="checkbox"/> Comfort Cooling/HVAC<br><input type="checkbox"/> <input type="checkbox"/> Process Refrigeration  | <p>C    S 11. Field Maintenance</p> <input type="checkbox"/> <input type="checkbox"/> General<br><input type="checkbox"/> <input type="checkbox"/> Hot Tap/line stops<br><input type="checkbox"/> <input type="checkbox"/> Leak Sealing (online)<br><input type="checkbox"/> <input type="checkbox"/> Field Machining<br><input type="checkbox"/> <input type="checkbox"/> Tank/Vessel Code<br><input type="checkbox"/> <input type="checkbox"/> Boiler Code<br><input type="checkbox"/> <input type="checkbox"/> Exchanger Retubing<br><input type="checkbox"/> <input type="checkbox"/> Rotating Equipment<br><input type="checkbox"/> <input type="checkbox"/> Valve<br><input type="checkbox"/> <input type="checkbox"/> Cooling Tower<br><input type="checkbox"/> <input type="checkbox"/> High Alloy Welding (list type)<br><input type="checkbox"/> <input type="checkbox"/> Lead Lining<br><input type="checkbox"/> <input type="checkbox"/> Glass Lining<br><input type="checkbox"/> <input type="checkbox"/> Heat Treating<br><input type="checkbox"/> <input type="checkbox"/> Nonmetallic materials<br><input type="checkbox"/> <input type="checkbox"/> Pipe Fabrication<br><input type="checkbox"/> <input type="checkbox"/> Mobil Equipment Repair |
| <p>2. Buildings</p> <input type="checkbox"/> <input type="checkbox"/> Remodeling<br><input type="checkbox"/> <input type="checkbox"/> New (steel, brick, block, other) <p>3. Cleaning</p> <input type="checkbox"/> <input type="checkbox"/> Industrial<br><input type="checkbox"/> <input type="checkbox"/> Janitorial <p>4. Civil</p> <input type="checkbox"/> <input type="checkbox"/> Concrete<br><input type="checkbox"/> <input type="checkbox"/> Excavation/Grading<br>Paving<br><input type="checkbox"/> <input type="checkbox"/> - Asphalt<br><input type="checkbox"/> <input type="checkbox"/> - Concrete <p><input type="checkbox"/> <input type="checkbox"/> 5. Demolition/Dismantling</p> <p>6. Electrical</p> <input type="checkbox"/> <input type="checkbox"/> General<br><input type="checkbox"/> <input type="checkbox"/> High-voltage/High-line<br><input type="checkbox"/> <input type="checkbox"/> Heat Tracing<br><input type="checkbox"/> <input type="checkbox"/> Cathodic Protection<br><input type="checkbox"/> <input type="checkbox"/> Grounding Systems <p>7. Inspection &amp; Testing</p> <input type="checkbox"/> <input type="checkbox"/> General NDT<br><input type="checkbox"/> <input type="checkbox"/> Infrared Scanning<br><input type="checkbox"/> <input type="checkbox"/> Eddy Current Testing<br><input type="checkbox"/> <input type="checkbox"/> Acoustic Emission<br><input type="checkbox"/> <input type="checkbox"/> Column Scanning<br><input type="checkbox"/> <input type="checkbox"/> Civil/Soils<br><input type="checkbox"/> <input type="checkbox"/> High Voltage Electrical<br><input type="checkbox"/> <input type="checkbox"/> Electrical Ground Inspection<br><input type="checkbox"/> <input type="checkbox"/> Fiberglass Inspection<br><input type="checkbox"/> <input type="checkbox"/> Other | <p><input type="checkbox"/> <input type="checkbox"/> 12. New Construction</p> <p><input type="checkbox"/> <input type="checkbox"/> 13. Painting</p> <p><input type="checkbox"/> <input type="checkbox"/> 14. Refractory/Acid Brick</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. Rigging/Equipment Erection</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. Scaffolding</p> <p><input type="checkbox"/> <input type="checkbox"/> 17. Scale Maintenance</p> <p><input type="checkbox"/> <input type="checkbox"/> 18. Structural Steel Fab/Erection</p> <p><input type="checkbox"/> <input type="checkbox"/> 19. Tanks - Field Erection</p> <p><input type="checkbox"/> <input type="checkbox"/> 20. Other<br/> <input type="checkbox"/> <input type="checkbox"/></p>   |



## SAFETY & HEALTH PERFORMANCE

**25. Workers Compensation Experience Modification Rate (EMR) Data**

- a. EMR is:
- Interstate rate
- Intrastate rate
- Monopolistic State rate
- Dual rate
- c. State of Origin:
- b. EMR for three last years:
- 20
- 20
- 20
- 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 years)

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

**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:

Title:	Telephone:	Fax:
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29. Do you have or provide:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Full time Safety/Health Director        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Full time Site Safety/Health Supervisor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Full Time Job Safety/Health Coordinator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

30. Do you have or provide:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Safety/Health incentive program     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Company paid safety/health training | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## SAFETY & HEALTH PROGRAMS & PROCEDURES

- |        |  |                              |                             |
|--------|--|------------------------------|-----------------------------|
| 31. a. | Do you have a written Safety and Health Program?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b.     | Does the program address the following key elements?   |                              |                             |
| 1.     | Management commitment and expectations   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.     | Employee participation   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.     | Accountabilities and responsibilities for managers, supervisors, and employees                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.     | Resources for meeting safety & health requirements   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.     | Periodic safety and health performance appraisals for all employees  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.     | Safety Recognition Program   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.     | Hazard recognition and control   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c.     | Does the program satisfy your responsibility under the law for:  |                              |                             |
| 1.     | Ensuring your employees follow the safety rules of the facility?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.     | Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

32. Does the program include work practices and procedures such as:

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| a. Equipment Lockout and Tagout (LOTO)                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Confined Space Entry  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Injury & Illness Recording                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Fall Protection   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Personal Protective Equipment                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Portable Electrical/Power Tools                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Vehicle Safety  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Compressed Gas Cylinders                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Electrical Equipment Grounding Assurance                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Housekeeping  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Accident/Incident Reporting                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| m. Unsafe Condition Reporting                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| n. Emergency Preparedness, including evacuation plan           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| o. Waste Disposal  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| p. Back Injury Prevention                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

33. Do you have written programs for the following:						
a.	Hearing Conservation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
b.	Respiratory Protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	Where applicable, have employees been:					
	Trained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Fit tested	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Medically approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
c.	Hazard Communication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Have employees been trained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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	<input type="checkbox"/>	No	<input type="checkbox"/>	
34. Do you have a substance abuse program? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	If yes, does it include the following?					
	• Pre-placement Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	• Random Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	• Testing for Cause	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	• DOT Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
35. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	• Preplacement Job Capability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	• Hearing Function (Audiograms)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	• Pulmonary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	• Respiratory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	
37. Do you hold site safety and health meetings for:						
	Field Supervisors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Frequency
	Employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Frequency
	New Hires	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Frequency
	Subcontractors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Frequency
	Are the safety and health meetings documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
38. Personal Protection Equipment (PPE)						
a.	Is applicable PPE provided for employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
b.	Do you have a program to assure that PPE is inspected and maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
39. Do you have a corrective action process for addressing individual safety and health performance deficiencies?						
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
b. Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
c. Do you maintain operating equipment in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
d. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

41. Subcontractors

Do you use subcontractors? (If no, skip to question 43)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
a. Do you use safety and health performance criteria in selection of subcontractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
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="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
c. Do your subcontractors have a written Safety & Health Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
d. Do you include your subcontractors in:					
• Safety & Health Orientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Safety & Health Meeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Inspections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Audits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>

42. Inspections and Audits

a. Do you conduct safety and health inspections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Do you conduct safety and health program audits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Are corrections of deficiencies documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**SAFETY & HEALTH TRAINING**

43. Safety & Health Orientation

	<u>New Hires</u>				<u>Supervisors</u>			
a. Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Does program provide instruction on the following:								
• New Worker Orientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Safe Work Practices	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Safety Supervision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Toolbox Meetings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Emergency Procedures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• First Aid Procedures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Incident Investigation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Fire Protection and Prevention	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Safety Intervention	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
• Hazard Communication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. How long is the orientation program? Hours								
d. Are written exams given?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
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	<input type="checkbox"/>	No <input type="checkbox"/>
b. Have your employees received the required safety and health training and retraining and is it documented?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
c. Do you have a specific safety and health training program for supervisors?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
d. Are all employees trained in the work practices needed to safely perform his/her job?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
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	<input type="checkbox"/>	No <input type="checkbox"/>

## 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 <input type="checkbox"/>	No <input type="checkbox"/>
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 or DOL BAT have they been trained in appropriate job skills (attach explanation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

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 (✓) 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: