

## SUBCONTRACTOR QUALIFICATION

(Please fax this form and attachments to 713-626-1221 or email [jhunter@anslowbryant.com](mailto:jhunter@anslowbryant.com))

### Contact Information (bid solicitation)

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Direct Line \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_ Alternate \_\_\_\_\_

Mobile \_\_\_\_\_

### A. Company Information

Co. Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suite/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Open Shop  Yes  No ; Bondable:  Yes  No

Main Phone \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_

Web Site \_\_\_\_\_

Year Established \_\_\_\_\_

Minority/Women Business Enterprise (M/WBE)

Yes  No , Certification: \_\_\_\_\_

### B. Company Resume

Description of Areas of Work Performed (CSI Spec Section)

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Project Size Range \_\_\_\_\_

Service Area \_\_\_\_\_

Significant Project  
History (**attach company resume**)

**C. PERSONNEL STRUCTURE**

**1. Officers of the Company:**

Name	Position	Yrs. Experience	Education

**2. Other Key Personnel:**

Name	Position	Yrs. Experience	Education

**3. Number of Employees:**

	Permanent	Peak
a. Engineers	_____	_____
b. Field Superintendents	_____	_____
c. Job Site Foreman	_____	_____
d. Craftsmen / Journeymen	_____	_____
e. Helpers	_____	_____
f. Laborers	_____	_____
g. Operators	_____	_____
h. Office Support	_____	_____
j. Others _____	_____	_____
k. Total	_____	_____

**D. SAFETY INFORMATION**

1. Safety Supervisor or Equivalent (Name): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

2. List your firm's Interstate or Intrastate Workers Compensation Experience Modification Rate (EMR), (as shown on Workers Compensation Insurance Policy) for the three most recent years.

Year	Rate
_____	_____
_____	_____
_____	_____

3. Please use your latest OSHA No. 300 Log to fill in the number of injuries and illnesses for the latest year. Utilize the following formula to calculate the applicable incident rate:

$$\frac{\text{No. of OSHA Recordable Cases X 200,000}}{\text{No. of Hours Worked}}$$

- a. Number of Fatalities: \_\_\_\_\_
- b. Number of Lost Work Day Cases: \_\_\_\_\_ Days Lost: \_\_\_\_\_
- c. Number of Restricted Work Day Cases: \_\_\_\_\_
- d. Number of Cases with Medical Attention Only: \_\_\_\_\_
- e. OSHA Recordable Incidence Rate for the Latest Year: \_\_\_\_\_

**Attach a copy of your OSHA No. 300 Log from the last three years.**

4. Employee hours worked for the most recent complete year: \_\_\_\_\_  
(do not include any non-work time, even though paid)

5. Do you hold site safety meetings for work crews? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often? Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

6. Do you have a written safety program that includes a signed safety policy from the senior management official?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, a copy will be submitted along with a copy of all OSHA-required written compliance programs for the type and nature of work you perform (e.g. Respiratory Protection Program, Hazard Communication Program, Emergency Action Plan, etc) prior to award of contract.**

7. Do you have an orientation program for new hires? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include instruction on the following?

	Yes	No
a. Company Safety Policy	_____	_____
b. Company Safe Rules	_____	_____
c. Head Protection	_____	_____
d. Eye Protection	_____	_____
e. Hearing Protection	_____	_____
f. Respiratory Protection	_____	_____
g. Fall Protection	_____	_____
h. Scaffolding	_____	_____
i. Perimeter Guarding	_____	_____
j. Housekeeping	_____	_____
k. Fire Protection	_____	_____
l. First Aid Facilities	_____	_____
m. Emergency Procedures	_____	_____
n. Hazard Communication	_____	_____
o. Trenching and Excavation	_____	_____
p. Signs, Barricades, and Flagging	_____	_____
q. Electrical Safety, Lockout / Tagout	_____	_____
r. Rigging and Crane Safety	_____	_____
s. Drug / Alcohol Use	_____	_____
t. OSHA Regulations	_____	_____
u. First Aid	_____	_____
v. Fork Lifts / Lulls	_____	_____

8. Do you have a program for newly hired or promoted workers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include instruction on the following?

	Yes	No
a. Safe Work Practices	_____	_____
b. Safety Supervision	_____	_____
c. Tool Box Meetings	_____	_____
d. Emergency Procedures	_____	_____
e. First Aid Procedures	_____	_____
f. Accident Investigation	_____	_____
g. Fire Protection / Prevention	_____	_____
h. New Employee Orientation	_____	_____
i. OSHA Regulations	_____	_____

**E. TRAINING**

1. Does your firm have a craft training program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your firm have a program to verify and document the training or experience gained by your employees prior to their current employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does your firm have a program to validate the competency of an employee to perform assigned tasks ? Yes \_\_\_\_\_ No \_\_\_\_\_

**F. Additional Remarks**

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Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_