

Standardized Contractor Safety Pre-Qualification Form (SCSPF)

GENERAL INFORMATION

		Today's Date:	
1. Company Name:		Telephone:	Fax:
Street Address:		Mailing Address:	
		Web Site:	
Contact Person:		E-Mail:	
Telephone:		Fax:	
2. Officers President:		Years with Company:	
Vice President:		Years with Company:	
Secretary:		Years with Company:	
3. How Many Years has Your Organization Been in Business Under Your Present Firm Name?			
4. Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State Incorporated: _____)			
5. State License #:		5a. Tax ID#:	5b. Dun's #:
6. Under Current Management Since (Date):			
7. SIC / NAICS Code(s):		8. Specialty Trade(s) Performed:	
9. Parent Company Name:			
City:		State:	Zip:
9a. Subsidiaries:			

SAFETY

10. Does Your Company Have a Written Safety & Health Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach a copy of the Table of Contents. A full copy will be requested upon pre-qualification approval.)</i>			
11. Who is Responsible for Coordinating Your Company's Safety Program?			
Name:		Title:	Telephone:
12. Describe Your Safety Training for Your Employees:			
- Employee Initiation Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	By Whom:
- Supervisors, Managers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	By Whom:
- Jobsite "Tool Box Meetings"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	By Whom:
13. Does Your Company Have a Site Specific Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach an example copy.)</i>			
14. Does Your Company Perform Jobsite Inspections? <i>(If yes, please attach an example copy.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	By Whom:
14a. If Your Company Does not Perform Jobsite Inspections, Explain Why:			
14b. Does Your Company Employ an Outside Agency to Perform Jobsite Inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	Whom:

SAFETY (cont'd)

15. Insurance Carrier(s): *(Please attach copy of current insurance certificate.)*

Name	Type of Coverage	Insurance Broker's Contact & Telephone

16. What is Your Company's OSHA Recordable Incident Rate Over the Last Three Years:

Year:			
Rate:			

17. What is Your Company's OSHA Severity or Lost Workday Rate Over the Last Three Years:

Year:			
Rate:			

Please attach copies of your OSHA 300 logs for years listed above. If you do not complete OSHA 300 forms, explain why:

18. What is Your Company's Experience Modification Rate (E. M. R.) Over the Last Three Years:

Year:			
Rate:			

(Please attach a letter from your insurance carrier or state fund (on their letterhead) verifying the E. M. R. data provided.)

19. How Many OSHA Citations / Violations has Your Company Received in the Last Three Years:

(Please provide the details of each citation / violation on a separate sheet of paper and attach.)

INDUSTRY MEMBERSHIP AFFILIATIONS

20. What Industry Organizations / Associations is Your Company a Member of:

21. What Awards / Special Recognition has Your Company Received:

Signature Block

As a condition of pre-qualification, the said Company agrees that it:

- A. Will notify the Owner within five business days of any material changes to the information contained in the SCSPF.
- B. Authorizes the local broker listed in Item 14 to provide any and all information regarding said Company to the Owner, as a condition of said Company's pre-qualification.

Signature – FORM MUST BE SIGNED BY SAID COMPANY'S PRESIDENT, VICE PRESIDENT or CEO (if Corporation), PARTNER (if partnership), or SOLE OWNER (if sole owner).

I hereby certify that all the information contained in this pre-qualification statement is true and complete, and that I have the authority to execute this document on behalf of this firm.

Signed:		
Name:		Title: