

Jefferson Energy Companies Contractor Pre-Qualification Form (PQF)

Fill out this form and send to:

Jefferson Energy Companies
Attention: Calvin Bates
350 Pine St
Edison Plaza, 10th Floor
Beaumont, TX 77701

Standardized Pre-Qualification Form (PQF)

General Information		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
2. Officers		
Years With Company		
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. Contract 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. Contract for Requesting Bids:		
Title:	Telephone:	Fax:
10. PQF Completed By:		
Title:	Telephone:	Fax:
ORGANIZATION		
11. Form of Business: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		
12. Percent Minority/Female Owned:		EEO Category:
13. Describe Services Performed: <input type="checkbox"/> Construction <input type="checkbox"/> Construction Design <input type="checkbox"/> Original Equipment Manufacturer & Installer <input type="checkbox"/> Project Maintenance <input type="checkbox"/> Maintenance		SIC Code: <input type="checkbox"/> Original Equipment Manufacturer and Maintenance <input type="checkbox"/> Service Work (e.g., Janitorial, Clerical, etc.) <input type="checkbox"/> Manpower and Resource <input type="checkbox"/> Other
14. Describe Additional Services Performed:		
15. List other types of work within the services you normally perform that you subcontract to others:		
16. Attach a list of major equipment (e.g., cranes, JLG's, forklifts) your company has a available for work at this facility and the method of establishing competency to operate.		

17. Do you normally employ? Personnel If union, trades/locals:		<input type="checkbox"/> Union Personnel	<input type="checkbox"/> Non-Union
18. Company Paid Benefits - do you have or provide:			
a. Health Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Paid Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/>
No			
c. Paid Vacation		<input type="checkbox"/> Yes	<input type="checkbox"/>
No			
d. Paid Holidays		<input type="checkbox"/> Yes	<input type="checkbox"/>
No			
e. Paid Sick Leave		<input type="checkbox"/> Yes	<input type="checkbox"/>
No			
f. Educational Reimbursement Program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Employee Profit Sharing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Annual Dollar Volume for the past Three Years	20	20	20
	\$	\$	\$
20. Largest job During the Last 3 Years:	\$		
21. Your Firm's Desired Project Size:	Maximum:	Minimum:	
22. D&B Financial Rating:	Annual Sales:\$	Net Worth: \$	

COMPANY WORK HISTORY				
23. Major job in progress:				
Customer/ Location	Type of Work	Size \$M	Customer Contact	Telephone
24. Major jobs completed in the past three years:				
Customer/ Location	Type of Work	Size \$M	Customer Contact	Telephone
25. Are there any judgments, claims or suits pending or outstanding against your company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach details.				

26. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?

Yes No

If yes, please attach details

SAFETY & HEALTH PROGRAMS & PROCEDURES

33. Do you have a written safety & health program?

Yes No

Does the program address the following key elements?

- Management commitment and expectations?
Yes No
- Employee participation?
Yes No
- Accountabilities and responsibilities for managers, supervisors, and employees? Yes No
- Resources for meeting safety and health requirements?
Yes No
- Periodic safety and health performance appraisals for all employees?
Yes No
- Hazard recognition and control?
Yes No

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

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

35. Do you have written programs for the following?

- a. Hearing Conservation? Yes
No
- b. Respiratory Protection Yes
 No

Where applicable, have employees been:

- Trained?
- Fit Tested?
- Medically Approved?

SAFETY & HEALTH PROGRAMS & PROCEDURES (Continued)

- c. Hazard Communication? Yes
No
- d. Program to support the contractor requirements of the OSHA Yes
No
Process Safety Management of Highly Hazardous Chemicals;
Explosives and Blasting Agents Standard (29 CFR 1910)?

36. Do you have a substance abuse program? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, does it include the following?			
• Pre-employment Testing? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Random Testing? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Testing for Cause? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• DOT Testing? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
37. Do your employees read, write and understand English such that they No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Can perform their job tasks safety without an interpreter?			
38. Medical			
a. Do you conduct medical examinations for?			
• Pre-employment? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Pre-placement job capability? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Hearing function (Audiogram)? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Pulmonary? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
• Respiratory? No <input type="checkbox"/>	Yes <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 & CPR? No <input type="checkbox"/>	Yes <input type="checkbox"/>		
39. 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? No <input type="checkbox"/>			Yes <input type="checkbox"/>
40. Personal Protective 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 maintained? Yes <input type="checkbox"/>	No <input type="checkbox"/>		
41. Do you have a corrective action process for addressing individual Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety and health performance deficiencies?			

42. Equipment and Materials

- a. Do you have a system for establishing applicable health, safety and environmental specification of materials and equipment? Yes
 Yes No
- b. Do you conduct inspections on operating equipment (e.g.) cranes, Forklift, JLGs) in compliance with regulatory requirement?
Yes No
- c. Do you maintain operating equipment in compliance with regulatory requirements?
Yes No
- d. Do you maintain the application inspection and maintenance Certificate records for operating equipment?
Yes No

43. Sub contractions

- a. Do you use this pre-qualification safety & health questionnaire
Yes No
Criteria in selection of subcontractors?
- b. Do you evaluate the ability of subcontractors to comply with applicable Yes
 Yes No
health and safety requirements as part of the selection process?
- c. Do your subcontractors have a written safety and health program? Yes
 Yes No
- d. Do you include your subcontractors in:
- Safety Health Orientation?
Yes No
 - Safety Health Meetings?
Yes No
 - Inspections?
Yes No
 - Audits?
Yes No

44. Inspections and Audits

- a. Do you conduct safety & health inspections?
Yes No
- b. Do you conduct safety & health program audits?
Yes No
- c. Are corrections of deficiencies documented?
Yes No

45. Craft Training

- a. Have employees been training in appropriate job skills? Yes
 No
- b. Are employee's job skills certified where required by regulatory Yes
 No
Or industry consensus standards?
- c. List craft which have been certified:

46. Safety & Health Orientation

- | New Hires | Supervisors | | |
|--|------------------------------|------------------------------|-----------------------------|
| a. Do you have a safety & health orientation program for new hires | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| and newly hired or promoted supervisors? | | | |
| 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? | | | |

47. Safety & Health Training.

- a. Do you know the regulatory safety and health training Yes
No requirements for your employees?
- b. Have your employees received the required safety and health Yes
No training and retraining?
- c. Do you have a specific safety and health training program Yes
No

48. 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

a. How do you verify understanding of training?

(Check all that apply)

Written Test

Oral Test

Performance Test

Job Monitoring

Other (List)

DO NOT FILL OUT - OWNER USE ONLY:

Contractor is:

Acceptable for Approved Contract List

Conditionally Acceptable for Approved Contractor List

Conditions:

Safety Dept:

Date:

Purchasing:

Date:

Title:

Telephone:

Fax: