

# Standard Pre-Qualification Form (PQF)

## GENERAL INFORMATION

|   |                  |                  |                    |
|---|------------------|------------------|--------------------|
| <b>1. Company Name:</b>   |                  | Telephone:       | Fax:               |
| Street Address:   |                  | Mailing Address: |                    |
| Web Site:   |                  |                  |                    |
| Contact Person:   |                  | Email:           |                    |
| Telephone:  |                  | Fax:             |                    |
| <b>2. Officers</b>  |                  |                  | Years With Company |
| President:  |                  |                  |                    |
| Vice President:   |                  |                  |                    |
| Treasurer:  |                  |                  |                    |
| <b>3. How many years has your organization been in business under your present firm name?</b> |                  |                  |                    |
| <b>4. Parent Company Name:</b>  |                  |                  |                    |
| City:   |                  | State:           | Zip:               |
| Subsidiaries:   |                  |                  |                    |
| <b>5. Under current management since:</b>   |                  |                  |                    |
| <b>6. Contact for Insurance Information:</b>  |                  |                  |                    |
| Title:  |                  | Telephone:       | Fax:               |
| <b>7. Insurance Carriers</b>  | Type of coverage | Telephone        |                    |
|   |                  |                  |                    |
|   |                  |                  |                    |
|   |                  |                  |                    |
| <input type="checkbox"/> <b>8. Are you self insured for Worker's Compensation Insurance?</b>  |                  |                  |                    |
| <b>9. Contact for Requesting Bids:</b>  |                  |                  | Title:             |
| Telephone:  | Fax:             | Email:           |                    |
| <b>10. PQF Completed By:</b>  |                  | Title:           | Date:              |
| Telephone:  | Fax:             | Email:           |                    |

## ORGANIZATION

|  |   |   |  |                                  |
|--|---|---|--|----------------------------------|
| <b>11. Form of Business</b>  |   | <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |  | Date and State of Incorporation: |
| <b>12. Percent Minority / Female Owned:</b>                              |   | EEO Category:   |  |                                  |
| <b>13. A. Describe Services Performed</b>                                |   |   |  |                                  |
| <input type="checkbox"/> Construction                                    | <input type="checkbox"/> Construction Design                            | <input type="checkbox"/> Original Equipment Manufacturer and Installer  |  |                                  |
| <input type="checkbox"/> Maintenance                                     | <input type="checkbox"/> Specialty Maintenance                          | <input type="checkbox"/> Manpower and Resource  |  |                                  |
| <input type="checkbox"/> Original Equipment Manufacturer and Maintenance | <input type="checkbox"/> Service Work (e.g. Janitorial, Clerical, Etc.) | <input type="checkbox"/> Turnaround   |  |                                  |
| <input type="checkbox"/> Engineering                                     | <input type="checkbox"/> Other  |   |  |                                  |

**13. B. Work Categories**

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties.

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

|                          |                          |  |                          |                          |                                       |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---------------------------------------|
| C                        | S                        | <b>1. Air Conditioning / Refrigeration</b> | C                        | S                        | <b>12. Instrumentation</b>            |
| <input type="checkbox"/> | <input type="checkbox"/> | Comfort Cooling / HVAC                     | <input type="checkbox"/> | <input type="checkbox"/> | General                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Process Refrigeration                      | <input type="checkbox"/> | <input type="checkbox"/> | DCS Control Systems                   |
| C                        | S                        | <b>2. Buildings</b>                        | C                        | S                        | <b>13. Insulation</b>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Remodeling                                 | <input type="checkbox"/> | <input type="checkbox"/> | General                               |
| <input type="checkbox"/> | <input type="checkbox"/> | New (steel, brick, block, other)           | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos Abatement                    |
| C                        | S                        | <b>3. Cleaning</b>                         | C                        | S                        | <b>14. Linings/coatings for:</b>      |
| <input type="checkbox"/> | <input type="checkbox"/> | Industrial                                 | <input type="checkbox"/> | <input type="checkbox"/> | Metal                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Janitorial                                 | <input type="checkbox"/> | <input type="checkbox"/> | Concrete                              |
| C                        | S                        | <b>4. Civil</b>                            | C                        | S                        | <b>15. Field Maintenance</b>          |
| <input type="checkbox"/> | <input type="checkbox"/> | Concrete                                   | <input type="checkbox"/> | <input type="checkbox"/> | General                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Excavation/Grading Paving                  | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tap/line stops                    |
| <input type="checkbox"/> | <input type="checkbox"/> | - Asphalt                                  | <input type="checkbox"/> | <input type="checkbox"/> | Leak Sealing (online)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | - Concrete                                 | <input type="checkbox"/> | <input type="checkbox"/> | Field Machining                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>5. Demolition/Dismantling</b>           | <input type="checkbox"/> | <input type="checkbox"/> | Tank/Vessel Code                      |
| C                        | S                        | <b>6. Electrical</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | Boiler Code                           |
| <input type="checkbox"/> | <input type="checkbox"/> | General                                    | <input type="checkbox"/> | <input type="checkbox"/> | Exchanger Retubing                    |
| <input type="checkbox"/> | <input type="checkbox"/> | High-voltage/High-line                     | <input type="checkbox"/> | <input type="checkbox"/> | Rotating Equipment                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Tracing                               | <input type="checkbox"/> | <input type="checkbox"/> | Valve                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cathodic Protection                        | <input type="checkbox"/> | <input type="checkbox"/> | Cooling Tower                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Grounding Systems                          | <input type="checkbox"/> | <input type="checkbox"/> | High Alloy Welding (list type)        |
| C                        | S                        | <b>7. Inspection &amp; Testing</b>         | <input type="checkbox"/> | <input type="checkbox"/> | Lead Lining                           |
| <input type="checkbox"/> | <input type="checkbox"/> | General NDT                                | <input type="checkbox"/> | <input type="checkbox"/> | Glass Lining                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiography                                | <input type="checkbox"/> | <input type="checkbox"/> | Heat Treating                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Infrared Scanning                          | <input type="checkbox"/> | <input type="checkbox"/> | Nonmetallic materials                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Eddy Current Testing                       | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fabrication                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Acoustic Emission                          | <input type="checkbox"/> | <input type="checkbox"/> | Mobile Equipment Repair               |
| <input type="checkbox"/> | <input type="checkbox"/> | Column Scanning                            | <input type="checkbox"/> | <input type="checkbox"/> | <b>16. New Construction</b>           |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil/Soils                                | <input type="checkbox"/> | <input type="checkbox"/> | <b>17. Painting</b>                   |
| <input type="checkbox"/> | <input type="checkbox"/> | High Voltage Electrical                    | <input type="checkbox"/> | <input type="checkbox"/> | <b>18. Refractory/Acid Brick</b>      |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Ground Inspection               | <input type="checkbox"/> | <input type="checkbox"/> | <b>19. Rigging/Equipment Erection</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiberglass Inspection                      | C                        | S                        | <b>20. Consulting</b>                 |
| C                        | S                        |  | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>8. Scaffolding</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | Electrical                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>9. Scale Maintenance</b>                | <input type="checkbox"/> | <input type="checkbox"/> | Chemical                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>10. Structural Steel Fab/Erection</b>   | <input type="checkbox"/> | <input type="checkbox"/> | Metallurgical                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>11. Tanks - Field Erection</b>          | <input type="checkbox"/> | <input type="checkbox"/> | Controls                              |

Describe Additional Services Performed:

**14. A. Do you normally employ**  Union Personnel?  Non-Union Personnel?  Leased Personnel?

If union, list trades/locals:

B. Average number of employees for last 3 years:

|   |       |       |       |
|---|-------|-------|-------|
| <b>15. Annual Dollar Volume for the Past Three Years:</b> | Year: | Year: | Year: |
|   | \$    | \$    | \$    |

**16. Largest Job During the Last 3 Years:**

**17. Your Firm's Desired Project Size** Maximum: \$ \_\_\_\_\_ Minimum: \$ \_\_\_\_\_

**18. a.D&B Financial Rating:** \_\_\_\_\_ **18 b. Annual Sales:** \_\_\_\_\_ **18.c. Net Worth:** \_\_\_\_\_

**18.d. DUNS #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **18.e. Tax ID #:** \_\_\_\_\_

**19. Bank Line of Credit \$:** \_\_\_\_\_ **Bonding Capacity \$** \_\_\_\_\_

Bank Reference(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**20. Major jobs in progress**

| Customer/Location | Type of Work | Size | Customer Contact | Telephone |
|-------------------|--------------|------|------------------|-----------|
|                   |              | \$   |                  |           |
|                   |              | \$   |                  |           |
|                   |              | \$   |                  |           |

**21. Major jobs completed in the past three years**

| Customer/Location | Type of Work | Size | Customer Contact | Telephone |
|-------------------|--------------|------|------------------|-----------|
|                   |              | \$   |                  |           |
|                   |              | \$   |                  |           |
|                   |              | \$   |                  |           |

**22. Are there any judgments, claims or suits pending or outstanding against your company? If yes, please attach details.**

**23. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? If yes, please attach details**

**SAFETY & HEALTH PERFORMANCE**

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

|  |                          |                             |  |
|--|--------------------------|-----------------------------|--|
| a. EMR is:                                       |                          | b. EMR for three last years |  |
| <input type="checkbox"/> Interstate rate         | YEAR                     | EMR                         |  |
| <input type="checkbox"/> Intrastate rate         |                          |                             |  |
| <input type="checkbox"/> Monopolistic State rate |                          |                             |  |
| <input type="checkbox"/> Dual Rate               |                          |                             |  |
| c. State of Origin                               | d. EMR Anniversary Date: |                             |  |
| e. Standard Industrial Classification (SIC):     |                          |                             |  |

**25. Injury and Illness Data:**

a. Total company employee hours worked last three years (excluding subcontractors)

| Hours / Year | Year: | Year: | Year: |
|--------------|-------|-------|-------|
| Field        |       |       |       |
| Total        |       |       |       |

b. Provide data (excluding subcontractor) using your OSHA 200 and 300 Forms from the past three (3) years:

**Notes:**  
 (1) Data should be total company data unless specifically requested by client.  
 (2) Combine injuries and illnesses from 200 Form as reported on 300 Form  
 (3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.

|  | Year: |       | Year: |       | Year: |       |
|--|-------|-------|-------|-------|-------|-------|
|  | No.   | Rate: | No.   | Rate: | No.   | Rate: |
| Fatalities<br>Rate = Number of Fatalities x 200,000 / Total Employee Hours   |       |       |       |       |       |       |
| Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both.<br>Rate = Total LW and restricted cases x 200,000 / Total Employee Hours |       |       |       |       |       |       |
| Lost workday case injuries and illnesses involving days away from work.<br>Rate = LW cases** x 200,000 / Total Employee Hours  |       |       |       |       |       |       |
| Injuries and Illnesses involving medical treatment only.<br>Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 / Total Employee Hours                              |       |       |       |       |       |       |
| Total OSHA Recordable Injury and Illnesses Rate<br>Rate = Total Injuries and Illnesses x 200,000 / Total Employee Hours  |       |       |       |       |       |       |

**26. Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?**

## SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

### 27. Name of highest ranking safety/health professional in the company

|                         |        |                 |
|-------------------------|--------|-----------------|
| Name:                   | Title: | Certifications: |
| Telephone:              | Fax:   |                 |
| This person reports to: | Title: |                 |

28. Do you have or provide:  a. Full time Safety/Health Director  b. Full time Site Safety/Health Supervisor  c. Full Time Job Safety/Health Coordinator

29. Do you have or provide:  a. Safety/Health incentive program  b. Company paid safety/health training

## SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS / PROCEDURES

30. a. Do you have a written S, H E Program?

b. Does the program address the following key elements?

|  |  |
|--|--|
| <input type="checkbox"/> 1. Management commitment and expectations   | <input type="checkbox"/> 2. Employee participation   |
| <input type="checkbox"/> 3. Accountabilities and responsibilities for managers, supervisors, and employees | <input type="checkbox"/> 4. Resources for meeting safety, health environmental requirements. |
| <input type="checkbox"/> 5. Periodic safety and health performance appraisals for all employees            | <input type="checkbox"/> 6. Safety, Health Environmental Recognition Program                 |
| <input type="checkbox"/> 7. Hazard recognition and control   |  |

c. Does the program satisfy your responsibility under the law for:

|   |  |
|---|--|
| <input type="checkbox"/> 1. Ensuring your employees follow the safety rules   |  |
| <input type="checkbox"/> 2. Advising owner of any unique hazards presented by the contractors work and of any hazards found by the contractor |  |

31. Does the program include work practices and procedures such as

|  |   |
|--|---|
| <input type="checkbox"/> a. Equipment Lockout and Tagout (LOTO)      | <input type="checkbox"/> b. Confined Space Entry                                  |
| <input type="checkbox"/> c. Injury and Illness Recording             | <input type="checkbox"/> d. Fall Protection                                       |
| <input type="checkbox"/> e. Personal Protective Equipment            | <input type="checkbox"/> f. Portable Electrical/Power Tools                       |
| <input type="checkbox"/> g. Vehicle Safety                           | <input type="checkbox"/> h. Compressed Gas Cylinders                              |
| <input type="checkbox"/> i. Electrical Equipment Grounding Assurance | <input type="checkbox"/> j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs) |
| <input type="checkbox"/> k. Housekeeping                             | <input type="checkbox"/> l. Accident/Incident Reporting                           |
| <input type="checkbox"/> m. Unsafe Condition Reporting               | <input type="checkbox"/> n. Emergency Preparedness, including evacuation plan     |
| <input type="checkbox"/> p. Back Injury Prevention                   | <input type="checkbox"/> q. Hazwoper Training                                     |
| <input type="checkbox"/> r. Heat Stress Prevention                   | <input type="checkbox"/> s. Scaffold Building /Scaffold Use                       |
| <input type="checkbox"/> t. General NDTand Radiography               |   |

32. Do you have written programs for the following:

|   |   |  |
|---|---|--|
| <input type="checkbox"/> a. Hearing Conservation  | <input type="checkbox"/> b. Spill prevention and waste minimization | <input type="checkbox"/> c. Hazard Communication |
| <input type="checkbox"/> d. Program to support contractor requirements of the OSHA Process Safety Management of highly hazardous chemicals;Explosives-blasting agents standard (29 CFR 1910 |   |  |
| <input type="checkbox"/> e. Respiratory Protection  |   |  |
| Where applicable, have employees been: <input type="checkbox"/> Trained? <input type="checkbox"/> Fit tested? <input type="checkbox"/> Medically approved?                                  |   |  |

33. Do you have a substance abuse program?

If yes, does it include the following?

|  |   |  |                                      |  |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Pre-placement Testing | <input type="checkbox"/> Random Testing | <input type="checkbox"/> Testing for Cause | <input type="checkbox"/> DOT Testing | <input type="checkbox"/> Post Incident Testing |
|--|---|--|--------------------------------------|--|

34. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?

If no, provide a description of your plan to assure that they can safely perform their jobs.

35. Medical

a. Do you conduct medical examinations for:

|  |  |  |                                    |                                      |
|--|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pre-placement | <input type="checkbox"/> Preplacement Job Capability | <input type="checkbox"/> Hearing Function (Audiograms) | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Respiratory |
|--|--|--|------------------------------------|--------------------------------------|

b. Describe how you will provide first aid and other medical services for your employees while on-site and specify who will provide this service

c. Do you have personnel trained to perform first aid and CPR?

36. Do you hold site safety, health and environmental meetings for:

|  |            |   |            |
|--|------------|---|------------|
| <input type="checkbox"/> Field Supervisors | Frequency: | <input type="checkbox"/> Employees      | Frequency: |
| <input type="checkbox"/> New Hires         | Frequency: | <input type="checkbox"/> Subcontractors | Frequency: |

Are the safety, health and environmental meetings documented?

**37. Personal Protection Equipment (PPE)**

a. Is applicable PPE provided for employees?  b. Do you have a program to assure that PPE is inspected and maintained?

**38. Do you have a corrective action process for addressing individual safety and health performance deficiencies?**

**39. Equipment and Materials:**

a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?

b. Do you conduct inspections on operating equipment e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?

c. Do you maintain operating equipment in compliance with regulatory requirements?

d. Do you maintain the applicable inspection and maintenance certification records for operating equipment?

**40. Subcontractors**

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

a. Do you use safety, health and environmental performance criteria in selection of subcontractors?

b. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process?

c. Do your subcontractors have a written safety, health and environmental program?

d. Do you include your subcontractors in:

Safety, Health and Environmental Orientation

Safety, Health and Environmental Inspections

Safety, Health and Environmental Meeting

Safety, Health and Environmental Audits

**41. Inspections and Audits**

a. Do you conduct Safety, Health and Environmental inspections?

b. Do you conduct Safety, Health and Environmental program audits?

c. Are corrections of deficiencies documented?

**SAFETY, HEALTH & ENVIRONMENTAL TRAINING**

**42. Safety, Health & Environmental Training**

a. Do you know the regulatory safety, health and environmental training requirements for your employees?

b. Have your employees received the required safety, health and environmental training and retraining and is it documented?

c. Do you have a specific safety, health and environmental training program for supervisors?

d. Are all employees trained in the work practices needed to safely perform his/her job?

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?

**CRAFT TRAINING AND ASSESSMENT**

Data timeframe From:

To:

**Notes**

1. Data should be the best available applicable for your company's workforce (use average of last twelve months)

2. Training, Skills Assessment Testing and Performance Verification refer to nationally recognized programs such as NCCER, NCCCO and DOL BAT programs.

If not applicable, please explain

| 43. Workforce  | # | % |
|--|---|---|
| a. Journeymen  |   |   |
| b. Sub-Journeyman Trainees (NCCER or DOL BAT covered)    |   |   |
| c. Helpers   |   |   |
| d. Non-covered Journeymen Craftsmen                      |   |   |
| e. Non-covered Sub-Journeymen Craftsmen/Trainees/Helpers |   |   |
| f. Supervision (Foremen/General Foremen)                 |   |   |
| g. Professional (Safety/Scheduling/Engineering)          |   |   |
| h. Administration/Management                             |   |   |
| i. Total Workforce                                       |   |   |

**44. Do you have written Workforce Development Policies and Procedures?**

**45. Formal Training For Sub-Journeyman Trainees**

a. Do you have and maintain craft training records for employees?

b. Do you provide incentives to trainees to complete formal training?

c. Percent of sub-journeymen trainees that have completed all NCCER curriculum or DOL Bureau of Apprenticeship Training and graduated %

d. Percent of sub-journeymen trainees presently enrolled in NCCER or DOL BAT Programs %

e. Is Company an accredited NCCER Training Sponsor or Unit?

| 46. Assessments, Upgrade Training & Certification  | #   | %   |
|--|---|---|
| a. Journeymen craftsmen who have been assessed through the craft skills assessment process (see note 2)                |   |   |
| b. Journeyman Craftsmen who have been certified through written skills assessment testing?                             |   |   |
| c. Journeyman Craftsmen who have been certified in more than one craft?  |   |   |
| d. Journeymen craftsmen with skills deficiencies identified through assessment testing and receiving upgrade training? |   |   |
| e. Journeymen craftsmen in upgrade training to improve areas identified through assessment testing?                    |   |   |
| <input type="checkbox"/> f. Do you provide incentives for journeymen to become certified?                              | <input type="checkbox"/> g. Do craftsmen have access to upgrade training to improve skills? |   |
| <input type="checkbox"/> h. Is Company an accredited NCCER Assessment Center   |   |   |
| i. When are craftsmen assessed?  | <input type="checkbox"/> Pre-employment   | <input type="checkbox"/> Within 30 days of hire |
|  |   | Other:  |
| 47. Performance Verification   | #   | %   |
| a. Journeymen craftsmen that have achieved verified performance  |   |   |
| b. Journeymen craftsmen that have achieved both written certification and verified performance.                        |   |   |

**COMMENTS/EXPLANATIONS**

COMMENTS/EXPLANATIONS

## INFORMATION SUBMITTAL

**Please provide copies of checked items with the completed PQF:**

|  |  |
|--|--|
| <input type="checkbox"/> EMR documentation from your insurance carrier                     | <input type="checkbox"/> Safety, Health Environmental Training Schedule (Sample)                               |
| <input type="checkbox"/> Insurance Certificate(s)  | <input type="checkbox"/> Safety, Health Environmental Training for Supervisors (Outline)                       |
| <input type="checkbox"/> OSHA 200 and 300 Logs (Past 3 Years)                              | <input type="checkbox"/> Copy of Louisiana Contractor's Licence  |
| <input type="checkbox"/> Safety, Health Environmental Program                              | <input type="checkbox"/> Organization Chart  |
| <input type="checkbox"/> Safety, Health Environmental Incentive Program                    | <input type="checkbox"/> List of major equipment (e.g., cranes, JLGs, forklifts) your company has available fo |
| <input type="checkbox"/> Substance Abuse Program (Include Substances Tested Levels)        | <input type="checkbox"/> Equipment Lockout and Tagout (LOTO)   |
| <input type="checkbox"/> Hazard Communication Program                                      | <input type="checkbox"/> Confined Space Entry  |
| <input type="checkbox"/> Respiratory Protection Program                                    | <input type="checkbox"/> Fall Protection, Scaffold use, scaffold building                                      |
| <input type="checkbox"/> Housekeeping Policy   | <input type="checkbox"/> Personal Protective Equipment   |
| <input type="checkbox"/> Accident/Incident Investigation Procedure                         | <input type="checkbox"/> Portable Electric / Power Equipment   |
| <input type="checkbox"/> Unsafe Condition Reporting Procedure                              | <input type="checkbox"/> Vehicle Safety  |
| <input type="checkbox"/> Safety, Health Environmental Inspection Form                      | <input type="checkbox"/> Compressed Gas Cylinders  |
| <input type="checkbox"/> Safety, Health Environmental Audit Procedure or Form              | <input type="checkbox"/> Electrical Equipment Grounding Assurance  |
| <input type="checkbox"/> Safety, Health Environmental Orientation (Outline)                | <input type="checkbox"/> Emergency Preparedness, including evacuation plan                                     |
| <input type="checkbox"/> Safety, Health Environmental Training Program (Outline)           | <input type="checkbox"/> Waste Disposal  |
| <input type="checkbox"/> Example of Employee Safety, Health Environmental Training Records | <input type="checkbox"/> Back Injury Prevention  |
| <input type="checkbox"/> Workforce Development Policies                                    | <input type="checkbox"/> Heat Stress Prevention  |
| <input type="checkbox"/> NDT Radiography Program   |  |

Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:

| Name | Title | Date |
|------|-------|------|
|      |       |      |