

# Standardized Pre-Qualification Form (PQF)

## GENERAL INFORMATION

1. Company Name:		Telephone:	Fax:
Street Address:		Mailing Address:	
		Web site:	
Contact Person:		e-mail:	
Telephone:		Fax:	
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. 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:	E-Mail:	
10. PQF Completed By:		Title:	Date:
Telephone:	Fax:	E-Mail:	

## ORGANIZATION

11. Form of Business:    Sole Owner     Partnership     Corporation

Date and State of Incorporation:

12. Percent Minority/Female Owned:

EEO Category:

13. A. Describe Services Performed:

- |   |  |
|---|--|
| <input type="checkbox"/> Construction<br><input type="checkbox"/> Construction Design<br><input type="checkbox"/> Original Equipment Manufacturer and Installer<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Specialty Maintenance<br><input type="checkbox"/> Manpower and Resource | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance<br><input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.)<br><input type="checkbox"/> Turnaround<br><input type="checkbox"/> Engineering<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. Attach additional information clarifying your capabilities and specialties.

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

C    S    1. Air Conditioning/Refrigeration

- Comfort Cooling/HVAC  
  Process Refrigeration

2. Buildings

- Remodeling  
  New (steel, brick, block, other)

3. Cleaning

- Industrial  
  Janitorial

4. Civil

- Concrete  
  Excavation/Grading Paving  
  - Asphalt  
  - Concrete

5. Demolition/Dismantling

6. Electrical

- General  
  High-voltage/High-line  
  Heat Tracing  
  Cathodic Protection  
  Grounding Systems

7. Inspection & Testing

- General NDT  
  Radiography  
  Infrared Scanning  
  Eddy Current Testing  
  Acoustic Emission  
  Column Scanning  
  Civil/Soils  
  High Voltage Electrical  
  Electrical Ground Inspection  
  Fiberglass Inspection  
  Other

C    S    8. Instrumentation

- General  
  DCS Control Systems

9. Insulation

- General  
  Asbestos Abatement

10. Linings/coatings for:

- Metal  
  Concrete

11. Field Maintenance

- General  
  Hot Tap/line stops  
  Leak Sealing (online)  
  Field Machining  
  Tank/Vessel Code  
  Boiler Code  
  Exchanger Retubing  
  Rotating Equipment  
  Valve  
  Cooling Tower  
  High Alloy Welding (list type)  
  Lead Lining  
  Glass Lining  
  Heat Treating  
  Nonmetallic materials  
  Pipe Fabrication  
  Mobil Equipment Repair

12. New Construction

13. Painting

14. Refractory/Acid Brick

15. Rigging/Equipment Erection

<input type="checkbox"/>	<input type="checkbox"/>	16. <u>Scaffolding</u>	C	S	21. <u>Consulting</u>
<input type="checkbox"/>	<input type="checkbox"/>	17. <u>Scale Maintenance</u>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	<input type="checkbox"/>	18. <u>Structural Steel Fab/Erection</u>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	<input type="checkbox"/>	19. <u>Tanks - Field Erection</u>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical
<input type="checkbox"/>	<input type="checkbox"/>	20. <u>Other:</u>	<input type="checkbox"/>	<input type="checkbox"/>	Metallurgical
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Controls
			<input type="checkbox"/>	<input type="checkbox"/>	Other:
			<input type="checkbox"/>	<input type="checkbox"/>	:
			<input type="checkbox"/>	<input type="checkbox"/>	:
			<input type="checkbox"/>	<input type="checkbox"/>	:
			<input type="checkbox"/>	<input type="checkbox"/>	:
			<input type="checkbox"/>	<input type="checkbox"/>	:

14. Describe Additional Services Performed:

15. List other types of work within the services you normally perform that you subcontract to others:

16. 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

17. Annual Dollar Volume for the Past Three Years:	YR: \$	YR: \$	YR: \$
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18. Largest Job During the Last 3 Years: \$

19. Your Firm's Desired Project Size:	Maximum:	Minimum:
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20a. D&B Financial Rating:	20b. Annual Sales \$	20c. Net Worth: \$
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20d. Dun's #:	Date:	20e. Tax ID #:
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21. Bank Line of Credit: \$	Bonding Capacity \$	Bank Reference(s):
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22. Major jobs in progress:

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone

23. Major jobs completed in the past three years:

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone

24. Are there any judgments, claims or suits pending or outstanding against your company?  
 If yes, please attach details. Yes  No

25. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?  
 If yes, please attach details Yes  No

## SAFETY & HEALTH PERFORMANCE

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

- a. EMR is: b. EMR for three last years:
- Interstate rate YR:                   EMR:
- Intrastate rate YR:                   EMR:
- Monopolistic State rate YR:                   EMR:
- Dual rate
- c. State of Origin: d. EMR Anniversary Date:
- e. Standard Industrial Code (SIC):

**27. Injury and Illness Data:**

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

	Hours / Year	YR:	YR:	YR:
	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.  
 (4) If data is being provided after July 31<sup>st</sup> please include current YTD cumulative

	YR:		YR:		YR:	
	No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b>  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.  Rate = Total LW and restricted cases x 200,000 ÷ Total Employee Hours						
Lost workday case injuries and illnesses involving days away from work.  Rate = LW cases** x 200,000 ÷ Total Employee Hours						
Injuries and Illnesses involving medical treatment only.  Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours						
Total OSHA Recordable Injury and Illnesses Rate  Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours						

28. Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?  
 If yes, please attach copies.      Yes       No

## SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

29. Name of highest ranking safety/health professional in the company:

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

30. 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"/>

31. 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 & ENVIRONMENTAL PROGRAMS / PROCEDURES

32. a. Do you have a written S, H & E Program? Yes  No

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 & environmental 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, Health & Environmental 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"/>

33. 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,	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/Waste Minimization/Spill Prevention	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"/>
q. Hazwoper Training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
r. Heat Stress Prevention	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
s. Scaffold Building /Scaffold Use	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
t. General NDT & Radiography	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

34. 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					
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"/>	
e. Spill prevention and waste minimization	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
35. 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"/>	
• Post Incident Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
36. 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.					
37. 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"/>		
38. Do you hold site safety, health and environmental 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, health and environmental meetings documented?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
39. 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"/>		
40. Do you have a corrective action process for addressing individual safety and health performance deficiencies?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

41. 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"/>
42. Subcontractors					
Do you use subcontractors? (If no, skip to question 43)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
a. Do you use safety, health and environmental 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 safety, health and environmental 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 and environmental program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
d. Do you include your subcontractors in:					
• Safety, Health & Environmental Orientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Safety, Health & Environmental Meeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Safety, Health & Environmental Inspections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
• Safety, Health & Environmental Audits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
43. Inspections and Audits					
a. Do you conduct Safety, Health & Environmental inspections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
b. Do you conduct Safety, Health & Environmental program audits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
c. Are corrections of deficiencies documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>SAFETY, HEALTH &amp; ENVIRONMENTAL TRAINING</b>					
44. Safety, Health & Environmental Training					
a. Do you know the regulatory safety, health and environmental training requirements for your employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
b. Have your employees received the required safety, health and environmental training and retraining and is it documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
c. Do you have a specific safety, health and environmental 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 AND ASSESSMENT

Data time frame: \_\_\_\_\_ 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 \_\_\_\_\_

<b>45. Workforce</b> 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 j. Do you have written Workforce Development Policies & Procedures?	#	%	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>46. Formal Training For Sub-Journeyman Trainees</b> a. Do you have and maintain craft training records for employees? b. Do you provide incentives to trainees to complete formal training? c. % of sub-journeymen Trainees that have completed all NCCER curriculum or DOL Bureau of Apprenticeship Training and graduated d. % of S-J Trainees presently enrolled in NCCER or DOL BAT Programs e. Is Company an accredited NCCER Training Sponsor or Unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	% <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	% <input type="checkbox"/>
<b>47. Assessments, Upgrade Training &amp; Certification</b> 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? f. Do you provide incentives for journeymen to become certified? g. Do craftsmen have access to upgrade training to improve skills? h. Is Company an accredited NCCER Assessment Center i. When are craftsmen assessed? Pre-employment <input type="checkbox"/> Within 30 days of hire <input type="checkbox"/> Other, specify _____	#	%	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>48. Performance Verification</b> a. Journeymen craftsmen that have achieved verified performance b. Journeymen craftsmen that have achieved both written certification and verified performance.	#	%	

## INFORMATION SUBMITTAL

Please provide copies of checked items with the completed PQF:

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

Note: Owner checks items to be provided with PQF.

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

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:

- Unacceptable

Reviewer:

Date: