



Standard Pre-Qualification Form (PQF)

General Information

1. Company Name:		Telephone:	Fax:
Street Address:		Mailing Address:	
2. Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Private			
Date of formation?			
3. Officers		Years with Company	
President:			
Vice President:			
Treasurer:			
4. How many years has your organization been in business under your present firm name?			
5. Parent Company name:			
City:		State:	Zip:
Subsidiaries:			
6. Under Current Management since (Date):			
7. Contact for Insurance Information:			
Title:		Telephone:	Fax:
8. Insurance Carrier(s):			
Name		Type of Coverage	Telephone
9. Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. PQF Completed by:			
Title:		Telephone:	Fax:

Company

11. Work Categories

Note the categories in which you are interested in bidding and in which you are qualified to perform work. Feel free to attach additional information clarifying your capabilities and specialties.

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- Earth work (Excavation/Grading, clearing/grubbing, erosion control measures, rip rap, cut/fill, soil treatment, rock stabilization, franchise utility)
- Concrete (circle: Cast in place, pre-cast, stressing tendons, gypcrete / levelrock / floor topping)
- Block
- Wood Framing (Exterior door install, window install, shaft wall / shaft liner)
- Steel / Welding (structural steel framing, stairs, railings, gratings, metal castings, fabrication, metal stud framing)
- Heating, Venting, and Air Conditioning
- Plumbing
- Electrical (circle: general, high-voltage, high line, grounding systems, cathodic protection, heat tracing, fire alarm)
- Insulation (asbestos abatement)
- Drywall
- Painting
- Brick
- Cleaning
- Paving Asphalt
- Paving Concrete (curbing)
- Demolition / Dismantling
- Inspection / Testing (circle: General NDT, Inared Scanning, Eddy Current Testing, Acoustic Emission, Column Scanning, Civil/Soils, High Voltage Electric, Electrical Ground Inspection)
- Thermal and Moisture protection (window / door flashing, exterior envelope, waterproofing)
- Scaffolding
- Fire sprinklers
- Exterior finishes (check all that apply): vinyl hardiplank stucco stone veneer
- Roofing (circle: composition shingle, tile, aluminum)
- Interior Trim
- Cabinets
- Countertops (check all that apply): plastic laminate tile granite corian zodiac
- Flooring (check all that apply): VCT tile carpet wood sheet vinyl tile
- Consulting please specify:
- Other:
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Progress Builders, LLC

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www.progressbuildersllc.com

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- (1) Data should be the best available data applicable to the work in this region or area.
 (2) 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.)

	20__		20__		20__	
	No.	Rate	No.	Rate	No.	Rate
Injury Related Fatality						
<u>Total Column 1 x 200,000</u>						
Rate= Total Employee Hours						
Lost Workday case injuries involving days away from work, or days of work activity, or both.						
<u>Total Column 2 x 200,000</u>						
Rate= Total employee hours						
Lost workday case injuries involving days away from work.						
<u>Total Column 3 x 200,000</u>						
Rate= Total employee hours						
Injuries involving medical treatment only						
<u>Total column 6 x 200,000</u>						
Rate= Total employee hours						
Total OSHA Recordable Injury Rate						
<u>(Total Column 1+2+6) x 200,000</u>						
Rate= Total Employee Hours						
23. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years? YES NO						
If yes please provide details/copies.						

Safety & Health Management

24. Highest ranking safety/health professional in the company:

Title / Name:	Telephone:	Fax:
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25. Do you have or provide a full time safety director? Circle yes or no.

26. Do you provide company paid safety / health training? (Please Check)

YES NO

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Safety & Health Programs & Procedures

27. Do you have a written safety and health program?	Yes	No
A. If yes does the program address the following:		
1. Management commitment and expectations	Yes	No
2. Employee participation	Yes	No
3. Accountability and responsibility of managers, supervisors, and employees	Yes	No
4. Resources for meeting safety and health requirements	Yes	No
5. Periodic safety and health performance appraisals for all employees	Yes	No
6. Safety Recognition Program	Yes	No
7. Hazard recognition and Control	Yes	No
8. Notification of the GC of safety violations	Yes	No
A. Do you have a substance abuse program?	Yes	No
B. Do you conduct pre-placement drug screening?	Yes	No
C. Do you conduct random drug tests?	Yes	No
D. Do you hold safety meetings?	Yes	No
E. If yes how often? _____		
F. Personal Protection Equipment (PPE)		
G. Is applicable PPE provided for every employee?	Yes	No
H. Do you have a program to ensure PPE is inspected and maintained?	Yes	No
I. Do you have an internal company program for addressing individuals who violate safety and health performance issues?	Yes	No
J. Do you conduct regular inspections of your equipment e.g. lulls, cranes, forklifts, heavy machinery, JLGs?	Yes	No
K. Are all your heavy equipment operators licensed on the equipment and carry their license with them?	Yes	No

Information Submittal

Please provide copies of checked items with the pre-qualification form:

- ___ EMR documentation from your insurance carrier
- ___ Insurance Certificates
- ___ OSHA Logs
- ___ Safety and Health Program
- ___ Housekeeping Policy
- ___ Quality Control Process
- ___ Safety Matrix for particular job
- ___ W-9
- ___ Substance abuse Program
- ___ Other:

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References

Contractor/Supplier References:

a.

b.

c.

Bank Reference:

a.

b.

Surety:

a.

PQF Evaluation

--For Progress Builders LLC Use Only--

Contractor is:

Acceptable for Approved Contractor List

Conditionally acceptable for Approved Contractor List

Conditions:

Reviewer:

Date: