



CONTRACTOR/VENDOR PRE-QUALIFICATION QUESTIONNAIRE

Proposed subcontractors shall complete this form and submit it to HAKS Marketing Department for review and approval. Proposed subcontractors shall be pre-qualified prior to executing a subcontract agreement with HAKS. The information provided on this form will be reviewed as part of the selection criteria. Please provide the requested information as complete as possible to facilitate our review and evaluation.

SECTION 1: COMPANY INFORMATION

Name of Firm / Company:

Corporation Sole Proprietor LLC Partnership Joint Venture Other _____

Address of Subcontractor:

Contact Name:

Phone Number: () - Fax Number: () -

FEIN:

Is this business affiliated or a subsidiary of any other company? Yes No

Name of Parent Company:

Provide list of other affiliates and/or subsidiaries.

If Sub qualified as a Minority Contractor? *If so, please indicate:* MBE WBE DBE EBE VBE N/A

Certified by which Agency (*if applicable, attach certificates for verification*):

Please list the officers of your Firm / Company:

Years with Company

CEO:

President:

Vice President:

If your organization is a corporation, including PC or LLC:

Date of Incorporation: _____

State of Incorporation: _____

If your organization is a partnership, including LLP:

Date of Partnership: _____

Type of Partnership (if applicable):

Names of Partners:

1.

2.

3.

Number of Employees in your Organization:

Domestic:

International:

SECTION 2: FINANCIAL INFORMATION

Sales for the past three (3) years:

Year

Gross Annual Sales

Most Recent

Prior Year

Three Years Ago

Provide the last three (3) calendar years and any current year interim statements of CPA-audited or reviewed financial statements which must include all schedules and "Notes of Financial Statements" and which must demonstrate the following criteria:

- Current ratio (current assets / current liabilities) > 1.5
- Debt of equity ratio (total liabilities / stockholders' equity)

Name and address of the firm preparing the financial statement:

List your firm's Dun & Brad I.D. number & current rating: ID #: _____ Current Rating: _____

Has your company or any of its principals declared bankruptcy in the last five (5) years? Yes No *If so, whom:* _____

Have you ever failed to pay workers or suppliers promptly in the last five (5) years? Yes No

Has your firm been subject to Davis Beacon or Prevailing Wage claims? Yes No *If yes, provide details.* _____

Provide details below your firm's total credit line

Name of Bank Institution	Total Credit Lines	Balance Available

SECTION 3: BONDING INFORMATION (CONTRACTORS ONLY)

Indicate bonding capacity for a single project? _____

State aggregate bonding limit? _____

Name and Address of Bonding Surety: _____

Name of Bonding Agent and Address: _____

Has a Surety company ever have to step in and complete one of your projects? Yes No *If yes, please explain.* _____

SECTION 5: EXPERIENCE / PROJECTS

List the Service(s) your organization is proposing on:

1.
2.
3.
4.

Has your organization worked for HAKS in the last three (3) years? Yes No
If yes, Project Name: _____ *Client:* _____ *Year:* _____

Has your organization within the last five (5) years ever failed to complete any work awarded? Yes No
If yes, please describe: _____

SECTION 5a: REFERENCES

List two (2) major projects your organization has ***in progress*** for the scope of work that you are prequalifying for. Provide the following information for **each** project:

Project Name:	
Owner:	
Services Provided:	
Total Contract Value:	
Prime Consultant:	
Prime Contractor:	
Your Fee:	
Subcontractor Fee:	
Percentage Completed (your scope):	
Completion Date:	

Project Name:	
Owner:	
Services Provided:	
Total Contract Value:	
Prime Consultant:	
Prime Contractor:	
Your Fee:	
Subcontractor Fee:	
Percentage Completed (your scope):	
Completion Date:	

List two (2) major projects your organization has **completed** for the scope of work that you are prequalifying for. Provide the following information for **each** project:

Project Name:	
Owner:	
Services Provided:	
Total Contract Value:	
Prime Consultant:	
Prime Contractor:	
Your Fee:	
Subcontractor Fee:	
Completion Date:	

Project Name:	
Owner:	
Services Provided:	
Total Contract Value:	
Prime Consultant:	
Prime Contractor:	
Your Fee:	
Subcontractor Fee:	
Completion Date:	

SECTION 6: INSURANCE

Please list your organization's carrier information:

COVERAGE	CARRIER INFO	POLICY LIMITS
Commercial General Liability		___ per occurrence / ___ per aggregate
Automotive Liability		
Umbrella / Excess Liability		___ per occurrence / ___ per aggregate
Workers Compensation / Employer's Liability		

Please submit a SAMPLE Certificate of Insurance: Some carriers require policy review.

Does your organization have Workers Compensation coverage in all states? Yes No
 If no, indicate the states in which your organization does not provide Workers Compensation coverage:

Does your organization have U.S. Longshore & Harborworkers' Endorsement? Yes No

Additional Coverage:Does your organization have Valuable Papers Coverage? Yes No *If so, policy limits?*Does our organization have Disability Coverage? Yes No *If yes, who is your DBL carrier?*Does your organization have Marine General Liability Coverage? Yes No *If so, policy limits?*

List any other Liability coverage your firm carries:

SECTION 6A: CLAIMS AND LAWSUITS / NON-PERFORMANCE OF CONTRACT

Please provide a list of all pending, claims, arbitrations, proceedings, or suits and judgments entered for the last four (4) years.

Has your organization filed any lawsuits or requested arbitration with regard to Subcontracts Contracts within the last five (5) years? *If yes, provide details.* Yes NoHas your organization ever been disbarred or removed from any Government Work? *If yes, provide details.* Yes NoHave you or any of your organization's principals or employees been convicted or plea bargained to bribery, kickbacks or collusive bidding? *If yes, provide details.* Yes NoHas your firm ever been cited on Labor Law violations? *If yes, provide details.* Yes NoHas your firm ever been cited on Davis Bacon wage violations? *If yes, provide details.* Yes No**SECTION 7: SAFETY**

1. Provide your OSHA 300 & 300A logs for the last three (3) years.

	YEAR	Current Yr	Prior Yr	2 Yrs Prior	3 Yrs Prior
OSHA Recordable Incident Rate					
OSHA DART Rate					

Has your company received an OSHA (or State OSHA) citation within the last five (5) years? Yes No
If yes, provide copies of the citation(s) and provide the following information:

The number and type of violations:

The penalties assessed by OSHA:

Were the citations contested/vacated?

What specific corrective actions were taken to prevent further penalties/injuries?

2. List your company's Worker's Compensation (WC) Experience Modification Rate (EMR) for the three (3) most recent years:

YEAR	Interstate	Intrastate
Most Recent		
Prior Year		
Three Years Ago		

Provide a letter from your WC insurance carrier certifying the above EMRs.If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, **provide a copy of your WC Loss Run** from your WC carrier.If your current EMR is greater than 1.2 **provide a written explanation** of the safety methods implemented by your company to reduce this rate.

3. List activities your company will be performing on HAKS projects and the anticipated hazardous work operations (*for example: excavation work, fall protection, ladders, scaffolding, confined space work, heavy equipment, etc.*)

Activities:

Hazardous Operations:

Will you subcontract work to other subcontractors? Yes No

If yes, please detail what portion of work:

Do you prequalify subcontractors? Yes No *If yes, attach method used to qualify subcontractors.*

4. Does your company have a written environmental, health and safety (EHS) program? Yes No *If yes, provide a copy.*

5. Does your company conduct field safety inspections to determine compliance with applicable regulations and procedures?

Yes No *If yes, provide a sample copy of inspection form.*

Who conducts these inspections? (Position / Title)

How often are safety inspections conducted?

6. Does your company have the following on your staff or on retainer?

	Yes	No	How Many	Staff	Retainer	Provide certification number(s)
Occupational Physician	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Certified Industrial Hygienist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Certified Safety Professional	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Certified Health Physicist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

7. Does your company have an EHS orientation program for new hires? Yes No

8. Does all proposed employees have the following trainings?

	Yes	No	N/A		Yes	No	N/A
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction (OSHA 10 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder/ Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction (OSHA 30 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who conducts training for your company? (name, title)

Does your company have a system in place that tracks effective dates of applicable safety trainings for your staff?

Yes No

9. Does your company have a program in place to discipline workers that conduct unsafe work practices? Yes No

If yes, provide as attachment.

10. Does your company have written Accident Investigation Program? Yes No *If yes, provide as attachment.*

Does it include corrective action plan analysis?

Yes No

11. Does your company have an EH&S Management System? Yes No *If yes, provide as attachment.*

12. Does your company maintain a program in compliance with applicable state "Right to Know" laws a/k/a the OSHA Hazard Communication Standard? Yes No

13. Does your company implement a medical surveillance program for employees that work on hazardous waste sites or with hazardous chemicals (*for example: lead, asbestos, benzene, arsenic, formaldehyde, etc.*)? Yes No

If yes, provide as attachment.

14. Does your company hold "tailgate / toolbox" safety meetings? Yes No

If yes, how often?

15. Does your company have a written Alcohol and Substance Abuse Program? Yes No

If yes, provide program as attachment, and does it include the following?

5-panel substance testing Yes No

Pre-employment / pre-job assignment testing (within 30 days of pre-job assignment) Yes No

Post-accident drug and alcohol testing Yes No

Random testing (5 percent per month) Yes No

Reasonable suspicion drug and alcohol testing Yes No

SECTION 8: ENVIRONMENTAL REMEDIATION PRACTICES (IF APPLICABLE)

1. Does your company have a written Environmental Management System program? Yes No *If yes, provide a copy.*

2. Does your company implement an Environmental Management System? Yes No

3. Has your company received an EPA / State Violation in the last five (5) years? Yes No

If yes, provide the following information:

Number and type of violation(s)

Penalties

Corrective Actions

4. Has your company reported any spills in the last three (3) years? Yes No *If yes, provide information.*

5. If your company will be **transporting** hazardous materials or waste, provide the following:

Transportation Method Air Highway Rail Vessel

Transportation ID No(s):

Motor Carrier No(s): USDOT State

Motor Carrier Safety Rating: USDOT State

EPA/State ID No(s):

6. If your company will be disposing of hazardous waste, please provide the following:

Facility Name and Address:

Services *(for example: hazardous waste, asbestos, PCBs, recycling)*

Attach proof *(for example, copy of front page)* of all Federal, State and Local permits or licenses.

Is the facility approved under the CERCLA Off-Site Rule? Yes No

CERTIFICATION

The undersigned warrants and represents the data provided in this document is accurate in all respects and I am authorized to sign on behalf of the firm.

Name of Firm:

Completed By:

Signature:

Title:

Date:

HAKS USE ONLY

1. Marketing Department:

All required data provided: Yes No **If no, gather data from subconsultant prior to approval.**

2. Legal / Risk Management Review

Reviewed by: _____ Date: _____

Accepted Conditional* Rejected

3. Responsible Health and Safety Manager Review

Reviewed by: _____ Date: _____

Accepted Conditional* Rejected

4. Responsible Environmental Manager Review (when reviewed by REM)

Reviewed by: _____ Date: _____

Accepted Conditional* Rejected

5. Project Manager / Department Manager Review (for criteria exceptions only)

Reviewed by: _____ Date: _____

Accepted Conditional* Rejected

Additional level of planning and operational oversight required or other conditions of acceptance:

6. Marketing Department - Subconsultant Qualification Database Administrator

Entered into database by: _____ Date: _____

Subconsultant Approved? **Yes** **No**

*A Corrective Action Plan is required if standard criteria is not met.
