

# SUBCONTRACTOR PREQUALIFICATION FORM



COMPANY INFORMATION																	
Company Name				Company Web Site													
Address		Address 1															
City	State	Zip	Country														
Point of Contact		Point of Contact Title															
Point of Contact Phone		Point of Contact Fax		Point of Contact Email													
Year Established		Tax ID Number		DUNS Number													
Primary NAICS Code		Other NAICS Code		Annual Gross Revenues	Number of Employees												
Business Classification <input type="checkbox"/> Large Business <input type="checkbox"/> Non/Profit/Educational <input type="checkbox"/> Small Business		Small Business Classifications <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> 8(a) Certified</td> <td style="padding: 5px;"><input type="checkbox"/> Minority Owned</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Small Disadvantaged Business Certified</td> <td style="padding: 5px;"><input type="checkbox"/> Veteran Owned</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Woman-Owned</td> <td style="padding: 5px;"><input type="checkbox"/> Service Disabled Veteran Owned</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> HUBZone Certified</td> <td style="padding: 5px;"><input type="checkbox"/> Handicapped/Disabled</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Native American</td> <td style="padding: 5px;"><input type="checkbox"/> Indian Tribe</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Alaskan Native Corporation</td> <td style="padding: 5px;"><input type="checkbox"/> Native Hawaiian</td> </tr> </table>				<input type="checkbox"/> 8(a) Certified	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Small Disadvantaged Business Certified	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Service Disabled Veteran Owned	<input type="checkbox"/> HUBZone Certified	<input type="checkbox"/> Handicapped/Disabled	<input type="checkbox"/> Native American	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Alaskan Native Corporation	<input type="checkbox"/> Native Hawaiian
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Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation State of Incorporation																	
Product/Service Description																	
Have you done business with AMEC before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="padding: 5px;">AMEC Point of Contact</th> <th style="padding: 5px;">Contract/Agreement #</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>			AMEC Point of Contact	Contract/Agreement #									Is your company now, or has it ever been debarred or suspended from working on federal contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Geographic Scope <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Local  If Regional or Local, list States you can provide service in:	
AMEC Point of Contact	Contract/Agreement #																
List Trade and Union Agreements to which company is signatory. Please state None, if not applicable.																	

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State Licenses and Registrations			
State	Classification Type	License/Registration #	Monetary Limit (if applicable)

Please list major contracts you completed during the past five years with special emphasis on environmental projects:

Contract Number	Client	Contract Value	Year Completed

Please list major contracts in progress with special emphasis on environmental projects:

Contract Number	Client	Contract Value	Location

## HEALTH AND SAFETY PRACTICES

Health and Safety Officer	Health and Safety Officer Phone Number
Do you have a written safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your program include a written respiratory protection policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold safety "tailgate" meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No  How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Do you hold safety meetings for field supervisions? <input type="checkbox"/> Yes <input type="checkbox"/> No  How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
Have you received any OSHA citations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, give number of citations and list locations, types of citations, specific violations and corrective actions taken.	Do you conduct project safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No  How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other  Who conducts these inspections? (Title)

## MEDICAL PRACTICES

Do you provide pre-employment medical exams? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you provide pre-employment medical exams, describe content and pass/fail criteria.	Do you conduct pre-employment drug screening? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does the content of the pre-employment drug screening comply with 29 CFR 1910.120(f)?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you conduct post-employment/termination medical exams? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## QUALITY ASSURANCE

Do you have an internal Quality Assurance Program applicable to your work activities?  
 Yes  No

Is the program documented in a Quality Assurance Manual and/or written procedures?  
 Yes  No  
*If yes, provide a copy of the QA manual or table of contents.*

Provide a brief description of the QA program and applicable regulations (such as EPA) which it meets:

List governing standards (such as ANSI, ASTM, EPA) which have been adopted for testing, analysis and work performance.

Have you previously been required by contract to have and implement a QA Program?  
 Yes  No  
 If yes, when and with whom?

Have you previously been included under a client's QA Program?  
 Yes  No  
 If yes, did you directly implement part of their QA program?  
 Yes  No  
 Describe Participation.

Will you provide AMEC personnel with access to your facilities/operations for the purpose of audits?  
 Yes  No  
 If no, explain.

List applicable certifications of key personnel (or include in attached resumes):

Do you normally perform the following QA practices?

	Yes	No	Frequency
Design Reviews			
Calibration			
Preventive Maintenance			
In-process Inspection			
In-process Testing			
Formal Training			
Personnel Certification			
Corrective Action (identification, reporting, resolution)			
Record Maintenance			
Audits			

If you are supplying materials or equipment, are you prepared to provide certifications and/or test results?  
 Yes  No

Describe the industry standards which generally apply.

If the service to be provided involves laboratory analysis, list the certification programs in which you participate and provide the results of the most recent evaluation.

## TRAINING PRACTICES

Do you have an orientation program for new hires?

Yes  No

If yes, does it include instruction on the following?

	Yes	No
Head Protection		
Eye Protection		
Hearing Protection		
Respiratory Protection		
Safety Belts and lifeline		
Scaffolding		
Fire Protection		
First aid facilities		
Emergency procedures		
Confined space entry		
Trenching and excavation		
Signs, barricades, flagging		
Electrical Safety		
Rigging and Cranes		
Hazard Communication		
Heat/cold stress		
Housekeeping		

Do you have a developmental program for all newly hired or promoted supervisors?

Yes  No

If yes, does it include instruction on the following?

	Yes	No
Safe Work Practices		
Safety Supervision		
Emergency procedures and response		
First Aid procedures		
Accident investigation		
Fire protection and prevention		
New worker orientation		
"Tailgate" Meetings		

Do your employees receive training required by OSHA?

Yes  No

If yes, describe content of training.

Do you keep records of training received by your employees?

Yes  No

Where are those records maintained and by whom (title)?

## ACCIDENT INFORMATION

Provide the following information from your previous two years of OSHA logs (include current year);

	200	200	200
Total number of injuries			
Total number of lost workday cases			
Total number of restricted workday cases			
Total number of cases with medical attention only			
Total number of fatalities (attach description)			
Total number of manhours worked (do not include any nonwork time, even though paid)			
Experience Modification Rating (EMR) *			
<small>(applicable to firms whose workers' compensation is \$10,000 or more and have been in business for at least 2 years)</small>			

**INSURANCE INFORMATION**

Describe the limits of your worker's compensation insurance coverage:

Describe the limits of your comprehensive general liability insurance:

Can you arrange for AMEC and our client to be certificate holders for any orders awarded to your company? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Limits	Do you possess professional liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Limits
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Do you possess pollution liability coverage?  
 Yes  No                      Limits                      Amount of Coverage

**REFERENCES**

Client Name	Client Name
Location	Location
Point of Contact	Point of Contact
Point of Contact Phone Number	Point of Contact Phone Number
Contract Value	Contract Value
Period of Performance	Period of Performance
Type of Work Performed	Type of Work Performed

**ACKNOWLEDGEMENT**

I understand that AMEC will utilize this document in order to rate and qualify prospective subcontractors. I certify that the information provided in this subcontractor prequalification form is complete and accurate as of the date below.

Name	
Title	
Date	
Signature	

Please return completed form to:

Claire Hackett  
 Subcontract Administrator  
 AMEC Earth & Environmental  
 One Plymouth Meeting  
 Suite 850  
 Plymouth Meeting, PA 19462-1308  
 Email: Claire.Hackett@amec.com