



## Subcontractor Prequalification Questionnaire

PLEASE RETURN COMPLETED PREQUALIFICATION TO [PROJECTS@AMERICANINTEGRATED.COM](mailto:PROJECTS@AMERICANINTEGRATED.COM)  
AIS WILL REQUEST UPDATED FINANCIAL AND HEALTH AND SAFETY INFORMATION ANNUALLY

1.0 SUBCONTRACTOR INFORMATION					
Company Name:			Date:		
Address:		City:		State:	
Estimating Contact:	Phone Number:		Email Address:		
Type of Company:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor		
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other			
List trades performed with your own forces:					
Union:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which:		
Minority Business Enterprise Status		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> DBE	
		<input type="checkbox"/> DVBE	<input type="checkbox"/> SBE		
Certifying Agency:					
<small>Please attach copies of all certifications regarding MBE status</small>					
Total Number of Employees:					
Office:		Field Supervisory:		Field Labor:	

2.0 CONTRACTOR'S LICENSES – ATTACH COPY			
State:		License No. & Classifications:	
State:		License No. & Classifications:	
State:		License No. & Classifications:	

3.0 SURETY INFORMATION	
Surety:	
Broker:	
Bond Rate:	
Single Project:	Aggregate:

4.0 INSURANCE INFORMATION – ATTACH COPY	
Insurance Broker:	

5.0 CREDIT REFERENCES			
Company			
Contact	Telephone	Email	
Company			
Contact	Telephone	Email	

Company			
Contact	Telephone	Email	
<b>6.0 PROJECT REFERENCES</b>			
Client			
Contact	Telephone	Email	
Scope			
Original Amount	Change Orders		
Client			
Contact	Telephone	Email	
Scope			
Original Amount	Change Orders		
Client			
Contact	Telephone	Email	
Scope			
Original Amount	Change Orders		
Client			
Contact	Telephone	Email	
Scope			
Original Amount	Change Orders		
Largest Project Completed – Last 3 Years			
Current Backlog			
<i>Please attach copy of most recent reviewed or audited financial statements</i>			

### 7.0 HEALTH AND SAFETY STATISTICAL INFORMATION

List your company's Worker's Compensation (WC) Experience Modification Rate (EMR) for the three (3) most recent year. **Provide a letter from your WC insurance carrier certifying the below EMRs. If your firm does not qualify for OSHA or EMR reporting, please provide Loss Run and EMR Exemption documentation.**

Year:	20 _____	20 _____	20 _____
Intrastate:			
Interstate:			

Please consolidate your firm's injury and illness data for the last 3 years and complete the table below. The information provided must be for your company as a whole, not an individual office location. **For U.S. operations, provide copies of your OSHA 300 and 300A logs for the last 3 years.**

YEAR 20 _____	YEAR 20 _____	YEAR 20 _____
A. Average Number of Employees		
B. Number of Fatalities		
C. Number of cases that involved		

days away from work, or cases with job transfer or restriction, or both			
D. Other Recordable Cases – Medical Only (Number of cases without lost or restricted workdays)			
E. Total Recordable Cases			
F. Total Hours Worked			
G. Total Recordable Incident Rate $\frac{E \text{ (above)} \times 200,000}{\text{Employee Hours Worked (Given Year)}}$			
H. Lost Workday Case Incident Rate $\frac{C \text{ (above)} \times 200,000}{\text{Employee Hours Worked (Given Year)}}$			

### 8.0 HEALTH AND SAFETY PERFORMANCE

8.1	Does your firm employ a full-time Health and Safety representative?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Name: Title: Phone: Email:
8.2	Have your firm been cited by an Occupational Safety & Health or Environmental Enforcement Agency in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
If YES, please provide details:			
8.3	Does your firm have a formal Health and Safety policy or manual in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
If, YES please provide a copy of the Policy and a copy of the Table of Contents of the Manual.			
8.4	Has any employee from your firm or your firm ever been barred from working on any site due to a Health & Safety violation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
If YES, please provide details:			
8.5	Does your firm have a drug and alcohol screening/testing program in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
If "Yes," does your drug and alcohol program include the following:		Pre-employment testing Yes <input type="checkbox"/> No <input type="checkbox"/> Post-accident testing Yes <input type="checkbox"/> No <input type="checkbox"/> Testing for Cause Yes <input type="checkbox"/> No <input type="checkbox"/>	

		Random testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.6	Does your company have an ongoing medical surveillance program as required by applicable governmental regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
Do you conduct medical examinations for:		Pre-employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Pre-placement Job		
		Capability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Hearing Function		
		Audiogram)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Pulmonary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Respiratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.7	Does your firm have a Defensive Driving program (behind the wheel) for all drivers?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	

### 9.0 FIELD HEALTH AND SAFETY

9.1	Does your firm develop site-specific Health & Safety plans?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
9.2	Does your firm conduct pre-star and /or tailgate safety meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
How often?				
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>				
9.3	Does your firm conduct a hazard assessment prior to starting projects?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
9.4	Does your firm conducts self-inspections and audits and document them?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
9.5	Do your employees have the authority to stop work for safety reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
9.6	Does your firm have a written process to report, investigate, and record incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	
If YES, Does your process provide a technique for root cause analysis?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
9.7	Does your firm have a behavior-based safety (BBS) process in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:	

9.8	Does your firm have a written process for Short Service Employees (SSE)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
9.9	Does your firm have a preventative maintenance program on all of your equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
If YES, how is this accomplished?			
9.10	How are equipment deficiencies communicated to the staff that use the equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:

### 10.0 TRAINING

10.1	Does your firm have a HES orientation program for newly hired employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
10.2	Have your employees received the local regulatory required HES training and retraining?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
10.3	Does your firm provide specific supervisory HES training for new supervisors and refresher training for existing supervisors?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
10.4	Does your firm training program include work practices and procedures such as:		
	General safe work practices?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Equipment lock-out and tag-out (LOTO)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Permit-to-work procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Fall protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Personal protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Vehicle/Driving safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Electrical equipment grounding?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Incident reporting and investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
	Emergency preparedness and response?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:



## Subcontractor Prequalification Questionnaire

Environmental protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:
Hazard identification and control?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Comment/Questions:

Form Completed by: Name and Title:

Signature:

Phone Number:

Email Address:

### Attachments:

DBE Certifications

Contractor's License

W-9

Certificate of Insurance (i.e. Commercial Liability, Auto Liability, Worker's Comp)

Most Recent Audited/Reviewed Financial Statement

EMR Documentation

Health & Safety Policy or Table of Contents of H&S Plan

DIR #

**\*\*PLEASE EMAIL FORMS TO [Projects@americanintegrated.com](mailto:Projects@americanintegrated.com)\*\***

Form Approved By:

Date:

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REV 08/21/2018