

**SUPPLIER**  
PRE-QUALIFICATION QUESTIONNAIRE

**INSTRUCTIONS: Supplier shall complete this questionnaire in its entirety, unless otherwise directed by Company, and include all attachments requested.**

I. GENERAL DATA

A. COMPANY DATA

CORPORATE NAME: \_\_\_\_\_  
DIVISION NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
P.O. BOX: \_\_\_\_\_ P.O. CITY: \_\_\_\_\_ P.O. ZIP: \_\_\_\_\_  
SALES CONTACT: \_\_\_\_\_  
SALES CONTACT TITLE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
COMPANY WEB PAGE: \_\_\_\_\_

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B. BUSINESS TYPE

Select from the following, which most closely represents your business:

- Manufacturer  Erector/Installer/Constructor  
 Engineering and Design Services  Professional Service/Consultant

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C. BUSINESS CLASSIFICATION: (See Definition List Attached – Section VI)

The company certifies that it is a:

- Large Business Concern  
 Small Business Concern  
 Disadvantaged Business (Minority) Concern  
 Woman-Owned Business Concern

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II. ORGANIZATION

A. OWNERSHIP

Company is established as a:  Corporation  Partnership  Proprietorship  Other

State of Incorporation \_\_\_\_\_ Date \_\_\_\_\_

Company is owned or controlled by a Parent Company:  Yes  No

If the answer to the above is "Yes" provide the following information:

Full Name of Parent Company \_\_\_\_\_

Main Office Physical Address \_\_\_\_\_

City, State/Province, Zip, Country \_\_\_\_\_

Telephone No. / Fax No. \_\_\_\_\_

Employer's Identification No. \_\_\_\_\_  
(Federal Social Security Number used on Employer's Quarterly Federal Tax Return)

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B. MANUFACTURER'S AUTHORIZED REPRESENTATIVES

If your firm is a manufacturer, list below the authorized distributors for representatives of your products and services (or attached a full list).

1. Company: _____ Address: _____  Phone: (____) _____	2. Company: _____ Address: _____  Fax: (____) _____
2. Company: _____ Address: _____  Phone: (____) _____ Fax: (____) _____	4. Company: _____ Address: _____  Phone: (____) _____ Fax: (____) _____

C. MANAGEMENT

**Attach corporate organization chart(s)**, which illustrate how your business is organized to permit work and list below the officers or partners of company:

NAME	TITLE
_____	_____
_____	_____
_____	_____

III. FINANCIAL INFORMATION

A. FINANCIAL DATA

**Attach your Two (2) most recent Annual Reports;**

Most recent SEC Form 10-K and 10-Q; or, if SEC Form 10-K is unavailable, please substitute with audited annual financial information (including a balance sheet, income statement and cash flow statement);

Most recent quarterly financial information (including a balance sheet, income statement, and cash flow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Suppliers financial condition.

RATINGS:	COMPANY		PARENT (If Applicable)	
	Secured	Unsecured	Secured	Unsecured
Standard and Poor's	-----	-----	-----	-----
Moody's	-----	-----	-----	-----
Fitch	-----	-----	-----	-----

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B. SALES CAPACITY

Bidding Limits: Maximum \$\_\_\_\_\_ Minimum \$\_\_\_\_\_

Largest contract completed to date \$\_\_\_\_\_ Type of Contract (LS, TM, UP) \_\_\_\_\_

Year in which your largest contract was completed: \_\_\_\_\_

Sales Current Booked: \$\_\_\_\_\_

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C. BONDING

Aggregate Bonding Capacity \_\_\_\_\_ Amount Currently Bonded \$\_\_\_\_\_

Project Bonding Capacity \_\_\_\_\_

Bonding Company:

\_\_\_\_\_  
Company Address Phone No. Contact

Cost of Performance Bond (expressed as a percentage of the bond value) \_\_\_\_\_%

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D. BANKING REFERENCE

\_\_\_\_\_  
Bank Address Phone No. Contact

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E. LEGAL CONSIDERATIONS

Have you at any time failed to complete a contract? YES  NO

Are there any judgments, claims, or suits pending or outstanding against you? YES  NO

Does your firm have any judgments, claims, or suits pending or outstanding against Company? YES  NO

Are you now or have you ever been involved in bankruptcy or reorganization proceedings? YES  NO

**If the answer to the above questions are "YES", explain below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IV. CAPABILITIES

A. PRODUCTS AND SERVICES

Select the applicable commodities, work, and services, which your company is capable of providing:

SECTION	APPLICATION
Construction Services	Installation or Erection Services
Material and Equipment	Supply of Material or Equipment
Professional Services	Services of a Non-Material Nature

LIST BELOW THE PRINCIPLE PRODUCTS AND SERVICES PROVIDED BY YOUR FIRM.

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B. DESCRIPTIVE DATA

**Attach any pre-printed brochures or literature** considered important to describe your company's capabilities.

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C. EXPERIENCE

**Attach an experience summary** that describes your business experience in the past two (2) years. Include a description of the Project, provide a client reference and contact number, contract type (Engineer/Procure/Construct - EPC, Engineer/Procure/Construction Management - EPCM, Engineer/Procure - EP, Engineering & Design only, Manufacture & Fabrication only or Construction only and designate LS - Lump Sum, TM - Time and Material or UP - Unit Price), contract dollar value, location, total man-hours expended, and for each direct-hired project state the total craft man-hours expended.

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D. WORK MIX

State as a percentage of your total sales volume, the amount of work performed in the following areas:

1. Commercial/Municipal/Government \_\_\_\_\_%
2. Industrial - Power Generation \_\_\_\_\_%
3. Industrial - Non Power Generation \_\_\_\_\_%

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E. INDUSTRIAL WORK

The work performed in the industrial sector has included work for clients doing business in the following areas:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manufacturing         | <input type="checkbox"/> Petroleum                | <input type="checkbox"/> Chemicals              |
| <input type="checkbox"/> Steel                 | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Biotechnology          |
| <input type="checkbox"/> Utility- Transmission | <input type="checkbox"/> Utility - Generation     | <input type="checkbox"/> Utility - Distribution |
| <input type="checkbox"/> Cogeneration          | <input type="checkbox"/> Engineering/Construction | <input type="checkbox"/> Other _____            |

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Indicate which of the following classifications you are interested in bidding on and indicate how you would normally perform contract work for the selected classifications:

			% of Work	
Division	Check applicable Classifications	Work Classification	Own Force <small>s</small>	Sub-Contract
Division 1	General Requirements	<input type="checkbox"/> 1-1 Demolition		
		<input type="checkbox"/> 1-2 Geotechnical Engineering/Testing		
Division 2	Site Work	<input type="checkbox"/> 2-1 Clearing/Grading/Excavation		
		<input type="checkbox"/> 2-2 Piling/Caisson/Drilling		
		<input type="checkbox"/> 2-3 Underground Piping		
		<input type="checkbox"/> 2-4 Paving		
		<input type="checkbox"/> 2-5 Railroad		
		<input type="checkbox"/> 2-6 Highway/Bridge/Heavy Construction		
Division 3	Concrete	<input type="checkbox"/> 3-1 Precast Concrete/Roof Deck		
		<input type="checkbox"/> 3-2 Cast-in-Place Concrete		
Division 4	Masonry	<input type="checkbox"/> 4-1 Masonry		
Division 5	Metals	<input type="checkbox"/> 5-1 Structural Steel Fabrication		
		<input type="checkbox"/> 5-2 Structural Steel Erection		
		<input type="checkbox"/> 5-3 Pre-Engineered Building Fabrication		
		<input type="checkbox"/> 5-4 Pre-Engineered Building Erection		
		<input type="checkbox"/> 5-5 Siding Erection		
Division 6	Wood and Plastics	<input type="checkbox"/> 6-1 Carpentry		
Division 7	Moisture Protection	<input type="checkbox"/> 7-1 Roofing		
Division 9	Finishes	<input type="checkbox"/> 9-1 Painting/Sandblasting/Coating		
Division 11	Equipment	<input type="checkbox"/> 11-1 Process Equipment Fabrication		
		<input type="checkbox"/> 11-2 Process Equipment Erection		
Division 14	Material Handling	<input type="checkbox"/> 14-1 Elevators		
		<input type="checkbox"/> 14-2 Conveying Systems		
Division 15	Mechanical	<input type="checkbox"/> 15-1 Plumbing		
		<input type="checkbox"/> 15-2 Process/Utility Piping		
		<input type="checkbox"/> 15-3 Pressure Vessels (boilers, cond.,etc.)		
		<input type="checkbox"/> 15-4 Equipment Erection		
		<input type="checkbox"/> 15-5 Pipe & Equipment Insulation		
		<input type="checkbox"/> 15-6 Fire/Sprinkler Systems		
		<input type="checkbox"/> 15-7 HVAC		
		<input type="checkbox"/> 15-8 Field Erected Tanks		
Division 16	Electrical	<input type="checkbox"/> 16-1 Electrical (Building)		
		<input type="checkbox"/> 16-2 Electrical (Process)		
Division 17	Instrumentation	<input type="checkbox"/> 17-1 Instrumentation (Building)		
		<input type="checkbox"/> 17-2 Instrumentation (Process)		
Division 18	General Contractor	<input type="checkbox"/> 18-1 General Contractor Commercial		
		<input type="checkbox"/> 18-2 General Contractor Industrial		

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F. SAFETY RECORD

If you are a contractor, please **complete Attachment "A" - Safety Questionnaire**

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G. PERSONNEL

- | 1. Engineering/Production/Construction | No. of Employees | Average Years Experience |
|--|------------------|--------------------------|
| a. Graduate Engineers                  | _____            | _____                    |
| b. Designers and Draftsman             | _____            | _____                    |
| c. Estimating/Scheduling               | _____            | _____                    |
| d. Quality Control/Inspection          | _____            | _____                    |
| e. Manufacturing                       | _____            | _____                    |
| f. Procurement/Materials Mgmt.         | _____            | _____                    |
| g. Construction                        | _____            | _____                    |
| h. Other                               | _____            | _____                    |
2. Total number of full-time employees \_\_\_\_\_
3. Does your Company supplement its own forces with Personnel from other firms? If supplemented, What percentage of the workforce is typically From other firms? \_\_\_\_\_%  YES  NO
4. If a contractor, do you use union or non-union craft labor?  Union  Non-Union  
If union, identify the Labor Agreements you work under.
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H. BIDDING AND TYPES OF CONTRACTS

What type bidding and type of contract pricing have you participated in over the past two years?

Lump Sum;  Time & Mat'l;  GNT E;  UP;  Auction Bid;  Other: \_\_\_\_\_

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V. COMPANY CERTIFICATION

- Do your personnel policies comply with the Equal Opportunity provisions of Executive Order 11246?  YES  NO
- Is your company a participant in and/or has it implemented an Affirmative Action Plan?  YES  NO
- Does your company currently implement a drug screening program for employees?  YES  NO
- Does your company's Health and Safety Plan conform to the Requirements set Fort in Federal OSHA Hazard Communications Standards 20 CFR 1925 and 1910?  YES  NO

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Does your company have a written Quality Assurance/Quality Control Program?  YES  NO  
If yes, **include your written Quality Assurance/Quality Control Program with submittal.**

Does your company have any ASME stamps?  YES  NO  
If yes, **include a copy of certifications with submittal.**

Is your Company ISO Certified?  YES  NO  
If Yes, **No.** \_\_\_\_\_

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This package, including Attachment A, should be verified as current, complete and accurate as of the date of signing by a duly authorized representative and your signature certifies that you are acting within the scope of your authority to make such representations and certifications.

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
(Date of Execution)

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**VI. BUSINESS CLASSIFICATION DEFINITIONS**

**PARENT COMPANY** for the purpose of this qualification is defined as a company, which either owns or controls the activities and basic business policies of the company. To own another company means the parent company must own more than 50% of the voting rights in that company. To control another company, such ownership is not required. If another company is able to formulate, determine, or veto basic policy decisions of the company, such other company is considered the parent company. This control may be exercised through contractual arrangements or otherwise.

**LARGE BUSINESS CONCERN** is defined as a business that exceeds the small business standards established by the Small Business Administration as set forth in 13 CFR 121.

**SMALL BUSINESS CONCERN** is defined as an independently owned and operated business under the size standards described in Section 3 of the Small Business Act as set forth in 13 CFR 121. (This generally refers to businesses, which deal in materials that employ 500 or fewer employees, and service businesses with annual sales of \$2.5 to \$17 million depending on type of service.)

**DISADVANTAGED BUSINESS CONCERN** is defined as a small business concern: (a) which is at least 51% owned by one or more socially or economically disadvantaged individuals, or in a case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially or economically disadvantaged individuals; and (b) whose management and daily business operations are controlled by one or more such individuals. Socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, and Asian-Pacific Americans, Asian-Indian-Americans and other minorities, or any other individual found to be disadvantaged by the Administration pursuant to Section 8(a) of the Small Business Act as set forth in 13 CFR 124.1.

**WOMEN-OWNED BUSINESS** is defined as a small business that is at least 51% owned by a woman or women who are U.S. Citizens and who also control and operate the business. "Control in the context means exercising the power to make policy decisions, "Operate" in this context means being actively involved in the day-to-day management.



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**ATTACHMENT A**  
**SAFETY QUESTIONNAIRE**

Sheet 1 of 3

Contractor Name: \_\_\_\_\_

Date: \_\_\_\_\_

**A.** List your company's Experience Modification Rate (**EMR**) for the three (3) most recent years.

<b>Policy Year</b>	<b>Interstate</b>	<b>Intrastate (If Applicable)</b>
200____	_____	_____
200____	_____	_____
200____	_____	_____

**B.** Please provide a letter from your insurance carrier that certifies the above EMR rates. If EMR is greater than 1.0, please provide appropriate information that clarifies EMR history and attach a written explanation of the methods that are being implemented by your company to reduce this rate.

Please use your OSHA No. 200 or No. 300 logs to record the number of injuries and illnesses for the last three (3) years. *A copy of each OSHA No. 200 or No. 300 log from the last three (3) years must be attached to this questionnaire.*

<b>Year</b>	<b>20____</b>	<b>20____</b>	<b>20____</b>
1. Number of Fatalities	-----	-----	-----
2. OSHA Recordable Case Incident Rate <sup>1</sup>	_____	_____	_____
3. OSHA Restricted Duty Case Incident Rate <sup>2</sup>	_____	_____	_____
4. OSHA Lost Workday Case Incident Rate <sup>3</sup>	_____	_____	_____
5. OSHA Lost Workdays Severity Rate <sup>4</sup>	_____	_____	_____
6. Number of Hours Worked	-----	-----	-----

**Note:** PSEG requires all Contractors to provide the above accident information, even though certain companies may not be statutorily required to keep an OSHA 200 log. In addition, if a company does not have OSHA 200 forms to submit as required above, then the company must submit their workers' compensation loss run and the amount of premiums paid over the last three years.

<sup>1</sup>The following formula is used for calculating the OSHA Recordable Case Incident Rate: =  $\frac{\text{Number of Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$

<sup>2</sup>The following formula is used for calculating the OSHA Restricted Duty Case Rate: =  $\frac{\text{Number of Restricted Duty Cases} \times 200,000}{\text{Number of Hours Worked}}$

<sup>3</sup>The following formula is used for calculating the OSHA Lost Workdays Case Incident Rate: =  $\frac{\text{Number of Lost Workday Cases} \times 200,000}{\text{Number of Hours Worked}}$

<sup>4</sup>The following formula is used for calculating the OSHA Lost Workday Severity Rate: =  $\frac{\text{Number of Lost Workdays} \times 200,000}{\text{Number of Hours Worked}}$

**C.** Has your company received an OSHA (or State OSHA) or MSHA citation within the last five (5) years? Yes  No

If yes, **please explain (on a separate page) type of citation, fine or penalty assessed, and explanation of final resolution (including fines paid). Were the citations contested/vacated? What corrective actions were taken?**

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**ATTACHMENT A**  
**SAFETY QUESTIONNAIRE**

Sheet 2 of 3

**D.** Does your company have a written occupational safety and health program? Yes  No

If yes, **include your written Occupational Safety and Health Program with submittal.**

**E. 1.** Does your company conduct field safety audits to determine compliance with applicable regulations and procedures? Yes  No

2. Who conducts these audits? \_\_\_\_\_

3. How often are safety audits conducted? \_\_\_\_\_

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

	Staff	Temporary	Total
Corporate Safety Professional	_____	_____	_____
Project Safety Professional	_____	_____	_____
EMT/Paramedic	_____	_____	_____
Industrial Hygienist	_____	_____	_____

**G. 1.** Does your company have a safety orientation program for new hires? Yes  No

2. Provide a brief description of the topics discussed during new-hire orientation:

\_\_\_\_\_

3. Does your company conduct annual refresher orientation training? Yes  No

4. Do you document the safety training provided to your employees? Yes  No

**H.** Does your company provide task specific training on the following topics?

Yes	No	N/A	Yes	No	N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Aerial Life Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste (40-hour)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Blasting/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Conservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder/Scaffolding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Construction (OSHA Certified 10 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Construction (OSHA Certified 30 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Crane and Rigging Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powder-actuated Tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Excavation Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process Safety Management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Fall Protection (100%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign/Signals/Barricades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Forklift Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Cutting

**I.** Does your company conduct additional health & safety training for supervisors, including foremen? Yes  No

**J.** Provide a list of the topics addressed during supervisory training:

\_\_\_\_\_

\_\_\_\_\_

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**ATTACHMENT A**  
**SAFETY QUESTIONNAIRE**  
Sheet 3 of 3

**K.** Does your company conduct pre-task safety planning? Yes  No   
If yes, **provide a brief description of your safety planning process:**

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**L.** Does your company have a safety incentive program? Yes  No

**M.** Are your company's subcontractors contractually obligated to comply with all elements of your written safety program? Yes  No

**N.** Does your company have written procedures for waste disposal? Yes  No

**O.** Does your company have a program in place to discipline workers that perform unsafe work practices? Yes  No

**P.** Does your company have written Accident Investigation Procedures? Yes  No

**Q.** Does your company have a home office or corporate safety representative who will audit the job? Yes  No   
If yes, **Name** \_\_\_\_\_ **and Title:** \_\_\_\_\_

**R.** Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard? Yes  No

**S.** Does your company have a clear, written policy on drug and alcohol abuse? Yes  No   
If yes, does it include:  
Pre-employment testing? Yes  No  Random testing? Yes  No   
Testing for cause? Yes  No  DOT testing? Yes  No

**T.** Does your company conduct documented periodic inspections of safety equipment, PPE, & construction tools and equipment? Yes  No

If so, list the types of inspections conducted and their frequency:

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**U.** Does your company hold "tailgate/toolbox" safety meetings? Yes  No   
If yes, how often? \_\_\_\_\_

**INFORMATION SUBMITTAL**

**Please provide copies of the following with the completed Supplier Qualification Statement:**

**EMR Documentation from Your Insurance Provider**  
**OSHA 200/300 Logs (Past 3 years)**

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