



A  QUANTA SERVICES COMPANY

Sub-Contractor Prequalification

A. General Information

Business Name:

P.O. Box:

Street Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

What is your company's SIC Code?

NAICS Code?

2. **Does your company have branch offices in other areas?** Yes No

3. **Work Classifications of Sub-Contractor:** *Please list types of work you would like to perform as a sub-contractor for M.G. Dyess, Inc.*

B. Safety and Environmental Information

- | | | |
|---|-----|----|
| 1. Does your company have a written Management Safety Policy Statement that establishes responsibility and accountability for safety within your company?
<i>If yes, please provide a copy of the Management Safety Policy.</i> | Yes | No |
| 2. Does your company have an Environmental Program?
<i>If yes, please provide a copy of the Environmental Program.</i> | Yes | No |
| 3. Does your company have an Employee Company EHS Manual?
<i>If yes, please provide a copy of your EHS Manual.</i> | Yes | No |
| 4. Does your company employ a full time EHS Director/officer?
<i>If yes, please provide a name and number.</i> | Yes | No |
| 5. Does your company conduct Weekly Safety Meetings? | Yes | No |

- | | | |
|--|-----|----|
| 6. Does your company conduct daily JSA's?
<i>If yes, please provide a copy of JSA form.</i> | Yes | No |
| 7. Does your company conduct regular jobsite Safety and Health inspections?
<i>If yes, please provide a copy of inspection form.</i> | Yes | No |
| 8. Does your company maintain OSHA 300A Logs?
<i>If yes, please provide a copy of OSHA 300A Logs.</i> | Yes | No |
| 9. Does your company maintain EMR Documentation?
<i>If yes, please provide a copy of EMR Documentation.</i> | Yes | No |

C.

- | | | |
|--|-----|----|
| 1. Does your company require Safety Training for your employees?
<i>If yes, please provide an outline of your company's requirements. Note: Proof of employee training will be required upon selection.</i> | Yes | No |
| 2. Does your company provide New Employee Safety Orientation prior to job assignment?
<i>If yes, please provide an outline of your company's requirements.</i> | Yes | No |
| 3. Does your company conduct Site-Specific Safety Orientation?
<i>If yes, please provide an outline of your company's requirements.</i> | Yes | No |
| 4. Does your company have a CPR / First Aid / AED training program? | Yes | No |
| 5. Does your company require an employee certified in CPR / First Aid on the jobsite? | Yes | No |
| 6. Does your company require Environmental Training for your employees?
<i>If yes, please provide an outline of your company's requirements.</i> | Yes | No |
| 7. Does your company require Equipment Operator Training for your employees?
<i>If yes, please provide an outline of your company's training requirements. Note: A copy of your training logs will be required upon selection.</i> | Yes | No |
| 8. Does your company conduct inspections of operating equipment? | Yes | No |
| 9. Does your company maintain inspection and maintenance records for equipment? | Yes | No |

D. Safety Statistics (Guidance Attached)

A.	Year: Please list information for three previous years	20	20	20
B.	Average Number of Employees:			
C.	Total Employee Hours Worked:			
D.	Number of Recordable Cases:			
E.	Incident Rate of Recordable Cases:			
F.	Number of Lost Work Day Cases:			
G.	Lost Work Day Incident Rate:			
H.	Number of Fatalities:			
I.	Experience Modification Rating (EMR)			

Has your company received any citations or been convicted of violations of OSHA or EPA regulations related to your subcontracted work in the last three (3) years? Yes No

(If yes, please attach a summary of the cause of the citation and/or conviction/disposition)

E. Control of Alcohol and Illegal Drugs

1. **Does your company maintain an acceptable DOT Anti-drug and Alcohol Program?** *If yes, please provide a Table of Contents* Yes No
2. **Does your company maintain an acceptable Non-DOT Anti-drug and Alcohol Program?** *If yes, please provide a Table of Contents* Yes No

F. Operator Qualification (OQ)

1. **Does your company maintain an acceptable DOT Operator Qualification Program?** *If yes, which OQ group(s) are you affiliated with?* Yes No
- A. NCCER Yes No
- B. OQSG Yes No
- C. Veriforce Yes No
- D. E-Web OQ Yes No
- E. Other:

G. Insurance

Please provide a copy of any applicable insurance certificates for M.G. Dyess, Inc. to keep on file.

H. SDS - Safety Data Sheets

If applicable, please provide an SDS for any chemical, treating agent, or any other substance that will be brought on site.

NOTE: After you press Submit you may attach any supporting documents to the outgoing e-mail.

HAVE YOU INCLUDED THE FOLLOWING ATTACHMENTS WITH YOUR PACKAGE?			
1.	Management Safety Policy	Yes	No
2.	Environmental Program	Yes	No
3.	EHS Manual	Yes	No
4.	EHS Director Contact Information	Yes	No
5.	JSA Form	Yes	No
6.	Jobsite Inspection Form	Yes	No
7.	Outline of Safety Training Requirements	Yes	No
8.	Outline of New Employee Safety Orientation	Yes	No
9.	Outline for Site - Specific Training Requirements	Yes	No
10.	Environmental Training Requirements	Yes	No
11.	Equipment Operator Requirements	Yes	No
12.	OSHA 300A Logs	Yes	No
13.	Documentation of EMR Rate	Yes	No

I. Sub-Contractor Prequalification Completed By:

By signing below, the undersigned certifies:

- That he or she is authorized to execute this questionnaire and provide foregoing information.
- That he or she has reviewed the information provided above and that the information is true and accurate as of the date indicated below.

Name: _____

Title: _____

Date: _____

Signature: _____

Note: Information below this line is for M.G. Dyess, INC. use only.

J. M.G. Dyess, Inc. Approval:

Approved: Yes No

Approved Conditional: Yes No

Explain Decision:

Name

Date

Signature

Title