



PREQUALIFICATION FORM

Contractor: _____

Address: _____

Federal ID Number: _____

Telephone: _____

Fax: _____

Years in Business _____ If incorporated what year _____ State _____

1. Name of bonding Company: _____

Address: _____

Contact: _____ Phone: _____

Total Bonding Amount: _____

2. List you organization's Experience Modification Rate (EMR) for the past 3 years:

2.1 201__ _____

2.2 201__ _____

2.3 201__ _____

3. Does your organization have a written Company Safety Program? _____

3.1 If requested will a copy be available _____

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4. Do you hold site safety meetings for field supervisors? _____

How often?

Weekly _____ Monthly _____

Bi-weekly _____ Less often, as needed _____

5. Do you hold craft "toolbox" safety meetings? _____

How often?

Weekly _____ Monthly _____

Bi-weekly _____ Less often, as needed _____

6. Do you conduct project safety inspections? _____

If yes, who conducts this inspection (title)? _____

How often? _____

7. Do you have a program for newly hired or promoted foreman? _____

If yes, does it include instruction on the following:

	Yes	No
A. Safe work practices	_____	_____
B. Safety supervision	_____	_____
C. Toolbox meetings	_____	_____
D. Emergency procedures	_____	_____
E. First aid procedures	_____	_____
F. Accident investigation	_____	_____
G. Fire protection and prevention	_____	_____

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H. New work orientation _____

8. Do you have a program for newly hired employees? _____

Who does the training? _____

9. Using last year's OSHA No.200 Log fill in:

	Number	Incident Rate
4.1 Fatalities	_____	_____
4.2 Injuries/Lost Workdays	_____	_____
4.3 Injuries Involving Days Away	_____	_____
4.4 Days Away From Work	_____	_____
4.5 Days of Restricted Work Activity	_____	_____
4.6 Injuries Without Lost Workdays	_____	_____

10. List two significant projects completed in the last five years that are similar to the pending project:

Project 1:

Project Name: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Your Contract Amount \$ _____ Labor Value \$ _____

Project Scheduled Start Date _____ Scheduled Completion Date _____

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Actual Completion Date _____

Your Average Size Work Force _____

Project 2:

Project Name: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Your Contract Amount \$ _____ Labor Value \$ _____

Project Scheduled Start Date _____ Scheduled Completion Date _____

Actual Completion Date _____

Your Average Size Work Force _____

11. References

Reference 1

Contact: _____

Company: _____

Telephone: _____ Fax: _____

Email: _____

Last Project worked with Reference 1: _____

Size of last project worked with Reference 1: _____

Reference 2

Contact: _____

Company: _____

Telephone: _____ Fax: _____

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COMMERCIAL . INDUSTRIAL

NJ WBE/SBE CERTIFIED

Email: _____

Last Project worked with Reference 2: _____

Size of last project worked with Reference 2: _____

Reference 3

Contact: _____

Company: _____

Telephone: _____ Fax: _____

Email: _____

Last project worked with Reference 3: _____

Size of last project worked with Reference 3: _____

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