



## PREQUALIFICATION FORM

Cont	ractor:				
Addr	ress:				
Fede	eral ID Number:				
Telep	phone:				
Fax:					
Year	rs 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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Н	ow often?			
	/eekly	Monthly_		
В	i-weekly	Less often, as needed_		
5. D	o you hold craft "too	lbox" safety meetings? _		
Н	ow often?			
W	eekly	Monthly _	<del></del>	
В	i-weekly	Less often, as needed _		
5. D	o you conduct projec	t safety inspections?		
		via inappartian (title)?		
If	yes, who conducts the	iis iiispection (title)?		
Н	ow often?			_
Н 7. D	ow often?	_	noted forema	 an?
Н 7. D	ow often?	n for newly hired or prom	noted forema	_
Н 7. D	ow often?	n for newly hired or prom	noted foremang:	 an?
Н 7. D	ow often?	n for newly hired or prom nstruction on the followin	noted foremaing: Yes	 an? No
Н 7. D	ow often? o you have a program yes, does it include i	n for newly hired or prom nstruction on the following practices	noted foremaing: Yes	 an? No
Н 7. D	A. Safe work B. Safety supe	n for newly hired or prom nstruction on the following practices ervision eetings	noted foremaing: Yes	 an? No
Н 7. D	A. Safe work B. Safety supe	n for newly hired or prom nstruction on the following practices ervision eetings	noted foremaing: Yes	 an? No
Н 7. D	A. Safe work B. Safety supe C. Toolbox m D. Emergency	practices ervision eetings procedures erocedures	noted foremaing: Yes	 an? No

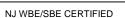
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	H. New work orientation		
8.	Do you have a program for newly hired Who does the training?		
9.	Using last year's OSHA No.200 Log fill	l in:	
		Number	Incident Rate
	4.1 Fatalities		
	4.2 Injuries/Lost Workdays		
	4.3 Injuries Involving Days Away		
	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 i pending project:	in the last five year	s that are similar to the
	Project 1:		
	Project Name:		
	Address:		
	Contact:		
	Telephone: Fax:		
	Your Contract Amount \$	Labor Value	×\$
	Project Scheduled Start Date	Scheduled Co	mpletion Date

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Actual Completion Date	
Your Average Size Work Force	
Project 2:	
Project Name:	
Address:	
_	
Telephone:Fax:	
Your Contract Amount \$	Labor Value \$
Project Scheduled Start Date	Scheduled Completion Date
Actual Completion Date	
Your Average Size Work Force	
Company:	
Email:	
_	
Email:	
Email:	
Email:  Last Project worked with Reference 1: Size of last project worked with Refere  Reference 2	
Email:  Last Project worked with Reference 1:  Size of last project worked with Refere  Reference 2	nce 1:





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:					