

Standardized Pre-Qualification Form (PQF)

GENERAL INFORMATION

1. Company Name: Phoenix Pollution Control & Environmental Services, Inc.		Telephone: 281-838-3400	Fax: 281-424-7748
Street Address: 7111 Decker Drive		Mailing Address: 4808 Fairmont Pkwy #274	
Baytown, Texas 77520		Pasadena, Texas 77505	
		Web site: www.phoenixpollution.com	
Contact Person: Nelson Fetgatter		e-mail: Nelson@phoenixpollution.com	
Telephone: 281-838-3400		Fax: 281-424-7748	
2. Officers		Years With Company	
President: Nelson Fetgatter		10	
Vice President: Connie Fetgatter		10	
Treasurer: N/A			
3. How many years has your organization been in business under your present firm name? 10			
4. Parent Company Name: Phoenix Pollution Control & Environmental Services, Inc.			
City: Baytown	State: TX	Zip: 77520	
Subsidiaries: N/A			
5. Under Current Management Since (Date): 2001			
6. Contact for Insurance Information: Denise Hartman			
Title: Agent	Telephone: 713-966-1705	Fax: 713-966-1700	
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
Westchester Surplus Lines Inc.	General Liability & Excess/Umbrella Liability	713-966-1705	
ACE American Ins. Company	Automobile Liability	713-966-1705	
Texas Mutual Ins. Company	Workers Compensation & Employers Liability	713-966-1705	
8. Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
9. Contact for Requesting Bids: Nelson J. Fetgatter		Title: President	
Telephone: 281-838-3400	Fax: 281-424-7748	E-Mail: Nelson@phoenixpollution.com	
10. PQF Completed By: Reese Majoue		Title: Sales Manager	Date: 01/31/11
Telephone: 281-838-3400	Fax: 281-424-7748	E-Mail: Reesem@phoenixpollution.com	

ORGANIZATION

11. Form of Business: Sole Owner Partnership Corporation

Date and State of Incorporation:

12. Percent Minority/Female Owned:

EEO Category:

13. A. Describe Services Performed: Emergency Response (Oil & Hazardous Spills, Transportation, Industrial Services, Product Sales, Training, Waste Disposal, Remediation, Tank & Sump Cleaning.

- | | |
|---|---|
| <input type="checkbox"/> Construction
<input type="checkbox"/> Construction Design
<input type="checkbox"/> Original Equipment Manufacturer and Installer
<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Specialty Maintenance
<input checked="" type="checkbox"/> Manpower and Resource | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance
<input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.)
<input type="checkbox"/> Turnaround
<input type="checkbox"/> Engineering
<input checked="" type="checkbox"/> Other: |
|---|---|

B. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties.

(C) denotes work done by company employees (S) denotes work done by subcontractors

C S 1. Air Conditioning/Refrigeration

- Comfort Cooling/HVAC
 Process Refrigeration

C S 2. Buildings

- Remodeling
 New (steel, brick, block, other)

C S 3. Cleaning

- Industrial
 Janitorial

C S 4. Civil

- Concrete
 Excavation/Grading Paving
 - Asphalt
 - Concrete

C S

5. Demolition/Dismantling

C S 6. Electrical

- General
 High-voltage/High-line
 Heat Tracing
 Cathodic Protection
 Grounding Systems

C S 7. Inspection & Testing

- General NDT
 Radiography
 Infrared Scanning
 Eddy Current Testing
 Acoustic Emission
 Column Scanning
 Civil/Soils
 High Voltage Electrical
 Electrical Ground Inspection

C S

8. Scaffolding

- 9. Scale Maintenance**
 10. Structural Steel Fab/Erection
 11. Tank – Field Erection

C S 12. Instrumentation

- General
 DCS Control Systems

C S 13. Insulation

- General
 Asbestos Abatement

C S 14. Linings/coatings for:

- Metal
 Concrete

C S 15. Field Maintenance

- General
 Hot Tap/line stops
 Leak Sealing (online)
 Field Machining
 Tank/Vessel Code
 Boiler Code
 Exchanger Retubing
 Rotating Equipment
 Valve
 Cooling Tower
 High Alloy Welding (list type)
 Lead Lining
 Glass Lining
 Heat Treating
 Nonmetallic materials
 Pipe Fabrication
 Mobil Equipment Repair

C S

Fiberglass Inspection 16. New Construction
 C S
 17. Painting
 18. Refractory/Acid Brick
 19. Rigging/Equipment Erection

 C S 20. Consulting
 Mechanical
 Electrical
 Chemical
 Metallurgical
 Controls

Describe Additional Services Performed: Emergency Response, Waste Disposal, Box Rental, Remediation, Tank & Sump Cleaning, Asbestos Removal, Excavation, Safety Training, Vacuum Truck & Roll Off Truck Services, Barge Cleaning, Hydroblasting, Equipment Decontamination, Industrial Services, Product Sales (Boom, Pads, Spill Kits), Spill Kit Maintenance, Spill Shed Maintenance & Air Monitoring.

14. A. Do you normally employ? Union Personnel Non-Union Personnel Leased Personnel
 If union, list trades/locals:
 B. Average number of employees for last 3 years 35

15. Annual Dollar Volume for the Past Three Years:	YR: 2008 \$ 5 Million	YR: 2009 \$ 3.5 Million	YR: 2010 \$ 8.5 Million
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16. Largest Job During the Last 3 Years: \$6 Million

17. Your Firm's Desired Project Size:	Maximum \$: 500,000.00	Minimum \$: 0.00
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18a. D&B Financial Rating:	18b. Annual Sales \$ 5 Million	18c. Net Worth: \$ 2.5 Million
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18d. DUNs #: 12-142-6568	Date:	18e. Tax ID #: 76-0685395
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19. Bank Line of Credit: \$	Bonding Capacity \$	Bank Reference(s): Wells Fargo
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20. Major jobs in progress:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
Vopak Terminals / Deer Park, TX	Industrial Services	50,000	Tiffany Hill	281-604-6083
Ameriforge	Waste Management	200000	John Crespo	713-393-4200
Malin Shipyard	Environmental Services	350000	Ralph Rutledge	409-739-7284

21. Major jobs completed in the past three years:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
United States Environmental Services	BP Deep Water Spill	6 Million	Cory Anderson	281-642-9117
Garner Environmental Services	Enbridge Pipeline Spill	700,000	Mike Attaway	713-206-8806
EagleOtome	Spill Clean up	500,000	Bil Carlin	856-220-8827

22. Are there any judgments, claims or suits pending or outstanding against your company?
 If yes, please attach details. Yes No

23. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?
 If yes, please attach details. Yes No

SAFETY & HEALTH PERFORMANCE

24. Workers Compensation Experience Modification Rate (EMR) Data

- | | |
|--|--|
| <p>a. EMR is:</p> <p><input checked="" type="checkbox"/> Interstate rate</p> <p><input type="checkbox"/> Intrastate rate</p> <p><input type="checkbox"/> Monopolistic State rate</p> <p><input type="checkbox"/> Dual rate</p> <p>c. State of Origin: Texas</p> <p>e. Standard Industrial Code (SIC): 562910</p> | <p>b. EMR for three last years:</p> <p>YR: 2010 EMR: .74</p> <p>YR: 2009 EMR: .74</p> <p>YR: 2008 EMR: .88</p> <p>d. EMR Anniversary Date: 03/17/11</p> |
|--|--|

25. Injury and Illness Data:

a. Total company employee hours worked last three years (excluding subcontractors)	Hours / Year	YR: 2010	YR: 2009	YR: 2008
	Field	0	0	0
	Total	0	0	0

b. Provide data (excluding subcontractor) using your OSHA 200 and 300 Forms from the past three (3) years:

Notes:

- (1) Data should be total company data unless specifically requested by client.
 (2) Combine injuries and illnesses from 200 Form as reported on 300 Form
 (3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.

	YR: 2010		YR: 2009		YR: 2008	
	No.	Rate	No.	Rate	No.	Rate
Fatalities						
Rate = Number of Fatalities x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both.						
Rate = Total LW and restricted cases x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Lost workday case injuries and illnesses involving days away from work.						
Rate = LW cases** x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Injuries and Illnesses involving medical treatment only.						
Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Total OSHA Recordable Injury and Illnesses Rate						
Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0

26. Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

Yes No

SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

27. Name of highest ranking safety/health professional in the company:

Name: Nelson J. Fetgatter

Title: President

Certifications:

Telephone: 281-838-3400

Fax: 281-424-7748

This person reports to:

Title:

28. Do you have or provide:

- | | | |
|--|---|-----------------------------|
| a. Full time Safety/Health Director | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Full time Site Safety/Health Supervisor | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Full Time Job Safety/Health Coordinator | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

29. Do you have or provide:

- | | | |
|--|---|-----------------------------|
| a. Safety/Health incentive program | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Company paid safety/health training | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS / PROCEDURES

- | | | | |
|--|---|-----------------------------|------------------------------|
| 30. a. Do you have a written S, H & E Program? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| b. Does the program address the following key elements? | | | |
| 1. Management commitment and expectations | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 2. Employee participation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 3. Accountabilities and responsibilities for managers, supervisors, and employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 4. Resources for meeting safety, health & environmental requirements. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 5. Periodic safety and health performance appraisals for all employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 6. Safety, Health & Environmental Recognition Program | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 7. Hazard recognition and control | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| c. Does the program satisfy your responsibility under the law for: | | | |
| 1. Ensuring your employees follow the safety rules of the facility | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 2. Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| 31. Does the program include work practices and procedures such as: | | | |
| a. Equipment Lockout and Tagout (LOTO) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Confined Space Entry | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Injury & Illness Recording | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Fall Protection | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Personal Protective Equipment | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Portable Electrical/Power Tools | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Vehicle Safety | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Compressed Gas Cylinders | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Electrical Equipment Grounding Assurance | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Housekeeping | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Accident/Incident Reporting | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| m. Unsafe Condition Reporting | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| n. Emergency Preparedness, including evacuation plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| o. Waste Disposal/Waste Minimization/Spill Prevention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| p. Back Injury Prevention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| q. Hazwoper Training | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| r. Heat Stress Prevention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| s. Scaffold Building /Scaffold Use | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| t. General NDT & Radiography | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

<p>32. Do you have written programs for the following:</p> <ul style="list-style-type: none"> a. Hearing Conservation b. Spill prevention and waste minimization c. Hazard Communication d. Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910). e. Respiratory Protection <p>Where applicable, have employees been:</p> <ul style="list-style-type: none"> Trained Fit tested Medically approved 	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>33. Do you have a substance abuse program? If yes, does it include the following?</p> <ul style="list-style-type: none"> • Pre-placement Testing • Random Testing • Testing for Cause • DOT Testing • Post Incident Testing <p>34. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If no, provide a description of your plan to assure that they can safely perform their jobs.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>35. Medical</p> <ul style="list-style-type: none"> a. Do you conduct medical examinations for: <ul style="list-style-type: none"> • Pre-placement • Preplacement Job Capability • Hearing Function (Audiograms) • Pulmonary • Respiratory b. Describe how you will provide first aid and other medical services for your employees while on-site Specify who will provide this service: Give Immediate Care To An Injured Or Ill Employee Until Seen By A Doctor Or E.M.T's. Field Supervisor c. Do you have personnel trained to perform first aid and CPR? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p>36. Do you hold site safety, health and environmental meetings for:</p> <ul style="list-style-type: none"> Field Supervisors Employees New Hires Subcontractors <p>Are the safety, health and environmental meetings documented? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Frequency Weekly</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Frequency Weekly</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Frequency Weekly</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Frequency Weekly</p>
<p>37. Personal Protection Equipment (PPE)</p> <ul style="list-style-type: none"> a. Is applicable PPE provided for employees? b. Do you have a program to assure that PPE is inspected and maintained? <p>38. Do you have a corrective action process for addressing individual safety and health performance deficiencies?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

39. Equipment and Materials:

- a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? Yes No N/A
- b. Do you conduct inspections on operating equipment e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements? Yes No N/A
- c. Do you maintain operating equipment in compliance with regulatory requirements? Yes No N/A
- d. Do you maintain the applicable inspection and maintenance certification records for operating equipment? Yes No N/A

40. Subcontractors

Do you use subcontractors? (If no, skip to question 43) Yes No

- a. Do you use safety, health and environmental performance criteria in selection of subcontractors? Yes No N/A
- b. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process? Yes No N/A
- c. Do your subcontractors have a written safety, health and environmental program? Yes No N/A

Do you include your subcontractors in:

- Safety, Health & Environmental Orientation Yes No N/A
- Safety, Health & Environmental Meeting Yes No N/A
- Safety, Health & Environmental Inspections Yes No N/A
- Safety, Health & Environmental Audits Yes No N/A

41. Inspections and Audits

- a. Do you conduct Safety, Health & Environmental inspections? Yes No
- b. Do you conduct Safety, Health & Environmental program audits? Yes No
- c. Are corrections of deficiencies documented? Yes No

SAFETY, HEALTH & ENVIRONMENTAL TRAINING

42. Safety, Health & Environmental Training

- a. Do you know the regulatory safety, health and environmental training requirements for your employees? Yes No
- b. Have your employees received the required safety, health and environmental training and retraining and is it documented? Yes No
- c. Do you have a specific safety, health and environmental training program for supervisors? Yes No
- d. Are all employees trained in the work practices needed to safely perform his/her job? Yes No
- e. Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan? Yes No

CRAFT TRAINING AND ASSESSMENT

Data time frame: to

- Notes
1. Data should be the best available applicable for your company's workforce (use average of last twelve months)
 2. Training, Skills Assessment Testing and Performance Verification refer to nationally recognized programs such as NCCER, NCCCO and DOL BAT programs.

If Not applicable, please explain

43. Workforce

	#	%
a. Journeymen	0	0
b. Sub-Journeyman Trainees (NCCER or DOL BAT covered)		
c. Helpers	30	100
d. Non-covered Journeymen Craftsmen		
e. Non-covered Sub-Journeymen Craftsmen/Trainees/Helpers		
f. Supervision (Foremen/General Foremen)		
g. Professional (Safety/Scheduling/Engineering)		
h. Administration/Management		
i. Total Workforce	35	100

44. Do you have written Workforce Development Policies & Procedures?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
45. Formal Training For Sub-Journeyman Trainees		
a. Do you have and maintain craft training records for employees?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Do you provide incentives to trainees to complete formal training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. % of sub-journeymen Trainees that have completed all NCCER curriculum or DOL Bureau of Apprenticeship Training and graduated	%	
d. % of S-J Trainees presently enrolled in NCCER or DOL BAT Programs	%	
e. Is Company an accredited NCCER Training Sponsor or Unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46. Assessments, Upgrade Training & Certification		
	#	%
a. Journeymen craftsmen who have been assessed through the craft skills assessment process (see note 2)		
b. Journeyman Craftsmen who have been certified through written skills assessment testing?		
c. Journeyman Craftsmen who have been certified in more than one craft?		
d. Journeymen craftsmen with skills deficiencies identified through assessment testing and receiving upgrade training?		
e. Journeymen craftsmen in upgrade training to improve areas identified through assessment testing?		
f. Do you provide incentives for journeymen to become certified?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
g. Do craftsmen have access to upgrade training to improve skills?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
h. Is Company an accredited NCCER Assessment Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. When are craftsmen assessed?		
<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Within 30 days of hire	Other, specify
47. Performance Verification		
	#	%
a. Journeymen craftsmen that have achieved verified performance	0	0
b. Journeymen craftsmen that have achieved both written certification and verified performance.	30	100

COMMENTS/EXPLANATIONS

INFORMATION SUBMITTAL

Please provide copies of checked items with the completed PQF:

<input checked="" type="checkbox"/>	EMR documentation from your insurance carrier	<input type="checkbox"/>	Safety, Health & Environmental Training Schedule (Sample)
<input type="checkbox"/>	Insurance Certificate(s)	<input type="checkbox"/>	Safety, Health & Environmental Training for Supervisors (Outline)
<input checked="" type="checkbox"/>	OSHA 200 and 300 Logs (Past 3 Years)	<input type="checkbox"/>	Copy of Louisiana Contractor's Licence
<input checked="" type="checkbox"/>	Safety, Health & Environmental Program	<input type="checkbox"/>	Organization Chart
<input type="checkbox"/>	Safety, Health & Environmental Incentive Program	<input type="checkbox"/>	List of major equipment (e.g., cranes, JLGs, forklifts) your company has available for work at this facility.
<input checked="" type="checkbox"/>	Substance Abuse Program (Include Substances Tested & Levels)	<input type="checkbox"/>	Equipment Lockout and Tagout (LOTO)
<input type="checkbox"/>	Hazard Communication Program	<input type="checkbox"/>	Confined Space Entry
<input type="checkbox"/>	Respiratory Protection Program	<input type="checkbox"/>	Fall Protection, Scaffold use, scaffold building
<input type="checkbox"/>	Housekeeping Policy	<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	Accident/Incident Investigation Procedure	<input type="checkbox"/>	Portable Electric / Power Equipment
<input type="checkbox"/>	Unsafe Condition Reporting Procedure	<input type="checkbox"/>	Vehicle Safety
<input type="checkbox"/>	Safety, Health & Environmental Inspection Form	<input type="checkbox"/>	Compressed Gas Cylinders
<input type="checkbox"/>	Safety, Health & Environmental Audit Procedure or Form	<input type="checkbox"/>	Electrical Equipment Grounding Assurance
<input type="checkbox"/>	Safety, Health & Environmental Orientation (Outline)	<input type="checkbox"/>	Emergency Preparedness, including evacuation plan.
<input type="checkbox"/>	Safety, Health & Environmental Training Program (Outline)	<input type="checkbox"/>	Waste Disposal
<input type="checkbox"/>	Example of Employee Safety, Health & Environmental Training Records	<input type="checkbox"/>	Back Injury Prevention
<input type="checkbox"/>	Workforce Development Policies	<input type="checkbox"/>	Heat Stress Prevention
<input type="checkbox"/>	NDT & Radiography Program		

Note: Owner checks items to be provided with PQF.

Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:

Name: Nelson J. Fetgatter

Title: President

Date:

EVALUATION	
-- OWNER USE ONLY --	
DO NOT FILL OUT - OWNER USE ONLY	
Contractor is:	
<input type="checkbox"/>	Acceptable for Approved Contractor List
<input type="checkbox"/>	Conditionally acceptable for Approved Contractor List
Conditions:	
<input type="checkbox"/>	Unacceptable
Reviewer:	Date: