



Standardized Pre-Qualification Form (PQF)

LCS CONSTRUCTORS, INC.

West Coast • 15205 Alton Parkway • Irvine • CA 92618 • P 949.870-4500 • F 949.870-4501 • CA License. #640058

Gulf Coast • 11410 Brittmoore Park Drive • Houston • TX 77041 • P 713.934-7174 • F 713.934-7181 • M-37865 • TACLA2193C

GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
	Web site:	
Contact Person:	e-mail:	
Telephone:	Fax:	
2. Officers	Years With Company	
President:		
Vice President:		
Treasurer:		
3. How many years has your organization been in business under your present firm name?		
4. Parent Company Name:	4b. Tax ID #:	
4a. Dun & Bradstreet #:		
City:	State:	Zip:
Subsidiaries:		
5. Under Current Management Since (Date):		
6. Contact for Insurance Information:		
Title:	Telephone:	Fax:
7. Insurance Carrier(s):		
Name	Type of Coverage	Telephone
8. Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Contact for Requesting Bids:		
Title:	Telephone:	Fax:
10. PQF Completed By:		
Title:	Telephone:	Fax:



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ORGANIZATION																																																																																																																																																																																												
11. Form of Business: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Date and State of Incorporation:																																																																																																																																																																																												
12. Percent Minority/Female Owned:	EEO Category:																																																																																																																																																																																											
13. A. Describe Services Performed:																																																																																																																																																																																												
<input type="checkbox"/> Construction <input type="checkbox"/> Construction Design <input type="checkbox"/> Original Equipment Manufacturer and Installer <input type="checkbox"/> Maintenance <input type="checkbox"/> Specialty Maintenance	SIC Code: <input type="checkbox"/> Original Equipment Manufacturer and Maintenance <input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.) <input type="checkbox"/> Manpower and Resource <input type="checkbox"/> Other <input type="checkbox"/> Turnaround <input type="checkbox"/> Engineering																																																																																																																																																																																											
B. <u>Work Categories</u> - Check the categories in which you are interested in bidding and in which you are qualified to perform work. Feel free to attach additional information clarifying your capabilities and specialties. <i>"C" denotes work done by company employees "S" denotes work done by subcontractors</i>																																																																																																																																																																																												
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Air Conditioning/Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	Comfort Cooling/HVAC	<input type="checkbox"/>	<input type="checkbox"/>	Process Refrigeration			2. Buildings	<input type="checkbox"/>	<input type="checkbox"/>	Remodeling	<input type="checkbox"/>	<input type="checkbox"/>	New (steel, brick, block, other)			3. Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Janitorial			4. Civil	<input type="checkbox"/>	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	<input type="checkbox"/>	Excavation/Grading			Paving	<input type="checkbox"/>	<input type="checkbox"/>	-- Asphalt	<input type="checkbox"/>	<input type="checkbox"/>	-- Concrete	<input type="checkbox"/>	<input type="checkbox"/>	5. Demolition/Dismantling			6. 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Continued



Standardized Pre-Qualification Form (PQF)

LCS CONSTRUCTORS, INC.

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Gulf Coast • 11410 Brittmoore Park Drive • Houston • TX 77041 • P 713.934-7174 • F 713.934-7181 • M-37865 • TACLA2193C

<p>8. Instrumentation</p> <p><input type="checkbox"/> <input type="checkbox"/> General</p> <p><input type="checkbox"/> <input type="checkbox"/> DCS Control Systems</p> <p>9. Insulation</p> <p><input type="checkbox"/> <input type="checkbox"/> General</p> <p><input type="checkbox"/> <input type="checkbox"/> Asbestos Abatement</p> <p>10. Linings/coatings for:</p> <p><input type="checkbox"/> <input type="checkbox"/> Metal</p> <p><input type="checkbox"/> <input type="checkbox"/> Concrete</p>	<p>21. Consulting</p> <p><input type="checkbox"/> <input type="checkbox"/> - Mechanical</p> <p><input type="checkbox"/> <input type="checkbox"/> - Electrical</p> <p><input type="checkbox"/> <input type="checkbox"/> - Chemical</p> <p><input type="checkbox"/> <input type="checkbox"/> - Metallurgical</p> <p><input type="checkbox"/> <input type="checkbox"/> - Controls</p> <p><input type="checkbox"/> <input type="checkbox"/> - Other</p>			
14. Describe Additional Services Performed:				
15. List other types of work within the services you normally perform that you subcontract to others:				
16. A. Do you normally employ? Union Personnel <input type="checkbox"/> Non-Union Personnel <input type="checkbox"/> Leased Personnel <input type="checkbox"/>				
If union, list trades/locals:				
B. Average number of employees for last 3 years				
17. Annual Dollar Volume for the Past 3 Years:	YR : 20_____			
	\$ _____			
	YR :20 _____			
	\$ _____			
18. Largest Job During the Last 3 Years:				
19. Your Firm's Desired Project Size:	Maximum: _____			
	Minimum: _____			
20. D&B Financial Rating:	Annual Sales _____			
	Net Worth: \$ _____			
21. Bank Line of Credit:	Bonding Capacity _____			
	Bank Reference(s): _____			
22. Major jobs in progress:				
Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
23. Major jobs completed in the past three years:				
Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
24. Are there any judgments, claims or suits pending or outstanding against your company? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/>				
25. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/>				



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SAFETY & HEALTH PERFORMANCE

26. Workers Compensation Experience Modification Rate (EMR) Data: Complete below areas.

<p>a. EMR is:</p> <p><input 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>b. EMR for three last years:</p> <p>2010: _____</p> <p>2009: _____</p> <p>2008: _____</p>
---	--

c. State of Origin: _____	d. EMR Anniversary Date: _____
---------------------------	--------------------------------

27. Injury and Illness Data:

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

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

Notes:

- (1) Data should be the total company data unless specifically requested by client.
- (2) Combine injuries and illnesses as reported on 300 Forms
- (3) If your company is not required to maintain OSHA 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
<p>Fatalities</p> <p>Rate = Number of Fatalities x 200,000 / Total Employee Hours</p>						
<p>Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both.</p> <p>Rate = Total LW and restricted cases x 200,000 / Total Employee Hours</p>						
<p>Lost workday case injuries and illnesses involving days away from work.</p> <p>Rate = LW cases** x 200,000 / Total Employee Hours</p>						
<p>Injuries and Illnesses involving medical treatment only.</p> <p>Rate = Total injuries and illnesses involving medical treatment only x 200,000 / Total Employee Hours</p>						
<p>Total OSHA Recordable Injury and Illnesses Rate</p> <p>Rate = Total Injuries and Illnesses x 200,000 / Total Employee Hours</p>						

28. Have you received any regulatory (EPA, OSHA, etc.) civil or criminal citations in the last three years?
 If yes, please attach copies. Yes No



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SAFETY & HEALTH MANAGEMENT

29. Highest ranking safety/health professional in the company: _____ Title: _____

Contact: _____ Telephone: _____ Fax: _____

30. Do you have or provide:

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

31. Do you have or provide:

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

SAFETY & HEALTH PROGRAMS & PROCEDURES

32. a. Do you have a written Safety and Health Program? Yes No
- b. Does the program address the following key elements?
- | | | |
|---|------------------------------|-----------------------------|
| 1. Management commitment and expectations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Employee participation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Accountabilities and responsibilities for managers, supervisors, and employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Resources for meeting safety & health requirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Periodic safety and health performance appraisals for all employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Safety Recognition Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Hazard recognition and control | Yes <input 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 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 type="checkbox"/> | No <input type="checkbox"/> |

33. Does the program include work practices and procedures such as:

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|--|
| a. Equipment Lockout and Tagout (LOTO) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| b. Confined Space Entry | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| c. Injury & Illness Recording | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| d. Fall Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| e. Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| f. Portable Electrical/Power Tools | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| g. Vehicle Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| h. Compressed Gas Cylinders | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| i. Electrical Equipment Grounding Assurance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| k. Housekeeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| l. Accident/Incident Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| m. Unsafe Condition Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| n. Emergency Preparedness, including evacuation plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| o. Waste Disposal | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| p. Back Injury Prevention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | |



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34. Do you have written programs for the following:					
a.	Hearing Conservation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Respiratory Protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Where applicable, have employees been:			N/A	<input type="checkbox"/>
	• Trained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Fit tested	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Medically approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Hazard Communication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have employees been trained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
35. Do you have a substance abuse program? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, does it include the following?					
	• Pre-placement Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Random Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Testing for Cause	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• DOT Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Post Incident Testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
36. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If no, provide a description of your plan to assure that they can safely perform their jobs.					
37. Medical					
a.	Do you conduct medical examinations for:				
	• Pre-placement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Preplacement Job Capability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Hearing Function (Audiograms)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Pulmonary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Respiratory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Describe how you will provide first aid and other medical services for your employees while on-site. _____ Specify who will provide this service: _____				
c.	Do you have personnel trained to perform first aid and CPR?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
38. Do you hold site safety and health meetings for:					
	Field Supervisors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	New Hires	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Subcontractors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are the safety and health meetings documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
39. Personal Protection Equipment (PPE)					
a.	Is applicable PPE provided for employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you have a program to assure that PPE is inspected and maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
40. Do you have a corrective action process for addressing individual safety and health performance deficiencies? Yes <input type="checkbox"/> No <input type="checkbox"/>					
41. Equipment and Materials:					
a.	Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				N/A	<input type="checkbox"/>



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of materials and equipment?							
b.	Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
c.	Do you maintain operating equipment in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
d.	Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

42. Subcontractors:							
Do you use subcontractors?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
(If no, skip to question 43)							
a.	Do you use safety and health performance criteria in selection of subcontractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
b.	Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
c.	Do your subcontractors have a written Safety & Health Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
d.	Do you include your subcontractors in:						
	• Safety & Health Orientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	• Safety & Health Meeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	• Inspections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	• Audits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

43. Inspections and Audits							
a.	Do you conduct safety and health inspections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
b.	Do you conduct safety and health program audits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
c.	Are corrections of deficiencies documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
44. N/A							

SAFETY & HEALTH TRAINING

45. Safety & Health Training							
a.	Do you know the regulatory safety and health training requirements for your employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
b.	Have your employees received the required safety and health training and retraining and is it documented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
c.	Do you have a specific safety and health training program for supervisors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
d.	Are all employees trained in the work practices needed to safely perform his/her job?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
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	<input type="checkbox"/>	No	<input type="checkbox"/>		

CRAFT TRAINING AND ASSESSMENT

Data as of: _____

Notes



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<p>1. Data should be the best available applicable to the workforce in this region or area</p> <p>2. Skills Assessment means either the National Skills Assessment or the ISAC Skills Assessment. For other areas, if applicable, it would be the skills assessment process approved in the area.</p> <p>3. Skill assessment is not required for helper/trainer/laborers or for craft employees who have either 1) completed Wheels of Learning (WOL) or Department of Labor Bureau of Apprenticeship Training (DOL BAT) or 2) are participating in WOL or DOL BAT.</p>		
46. WORKFORCE	Number	Percentage
a. Journeymen Craftsmen	_____	_____ %
b. Helper/Trainees	_____	_____ %
c. Total Workforce	_____	_____ %
47. TRAINING		
a. Do you have craft training records for employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. % of Craft Employees who have completed Wheels of Learning or DOL Bureau of Apprenticeship Training	_____ %	
c. % of Craft Employees presently enrolled in Wheels of Learning or DOL BAT	_____ %	
d. If employees have not completed or are not enrolled in Wheels of Learning or DOL BAT have they been trained in appropriate job skills (attach explanation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
48. ASSESSMENT		
a. Craftsmen who have been assessed through the craft skills assessment process (see note 3)	_____	_____ %
b. Craftsmen who have been assessed with "no deficiencies" identified	_____	_____ %
c. Craftsmen who have been assessed with training needs (WOL modules) identified	_____	_____ %
d. Craftsmen who have not been assessed through the skills assessment	_____	_____ %
e. Craftsmen assessed with training needs identified who have completed upgrade training	_____	_____ %
f. Where appropriate are training needs being addressed through skill upgrade training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. For those employees for whom there is not a skills assessment available, do you have a process to assess the skills of your workers to assure they are qualified (attach explanation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Internal review of job performance yearly; 2. Training from senior craftsman; 3. Per project follow-up		
h. Are employees job skills certified where required by regulatory or industry consensus standards. (attach a list of the crafts which have been certified)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
49. HELPER/TRAINees		
a. Helpers who are enrolled in Wheels of Learning or DOL Bureau of Apprenticeship Training	_____	_____ %
b. Helpers who are not enrolled in WOL or DOL BAT	_____	_____ %



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INFORMATION SUBMITTAL

Please provide copies of checked items with the completed PQF:

- EMR documentation from your insurance carrier
- Insurance Certificate(s)
- OSHA 300 Logs (Past 3 Years)
- Safety & Health Program (table of contents only)
- Safety & Health Incentive Program
- Substance Abuse Program (Include Substances Tested & Levels)
- Hazard Communication Program
- Respiratory Protection Program
- Housekeeping Policy
- Accident/Incident Investigation Procedure
- Unsafe Condition Reporting Procedure
- Safety & Health Inspection Form
- Safety & Health Audit Procedure or Form
- Safety & Health Orientation (Outline)
- Safety & Health Training Program (Outline)
- Example of Employee Safety & Health Training Records
- Safety & Health Training Schedule (Sample)
- Safety & Health Training for Supervisors (Outline)
- Organization Chart
- List of major equipment (e.g., cranes, JLGs, forklifts) your company has available for work at this facility.

Note: Owner checks items to be provided with PQF.

Items have been checked by LCS Constructors.

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

Title	Name	Date
-------	------	------

PQF EVALUATION -- OWNER USE ONLY --

DO NOT FILL OUT - OWNER USE ONLY

Contractor is:

- Acceptable for Approved Contractor List
 - Conditionally acceptable for Approved Contractor List
- Conditions:

Reviewer

Date: