

SUBCONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number: _____

1. GENERAL INFORMATION												
NAME OF COMPANY (Full Legal Name) _____												
STREET ADDRESS _____						CITY - STATE - ZIP CODE _____						
MAILING ADDRESS _____						CITY - STATE - ZIP CODE _____						
TELEPHONE _____				FACSIMILE _____				E-MAIL _____				
WEBSITE _____				TELEX/TWX/CABLE _____				OTHER _____				
A. Type of Business (check box or boxes)				<input type="checkbox"/> CORPORATION OR COMPANY		<input type="checkbox"/> SUBSIDIARY		<input type="checkbox"/> DIVISION		<input type="checkbox"/> PARTNERSHIP		
Enter name and location of Parent Company _____						DUNS No. _____						
If a division, enter name and location of Corporate Headquarters _____						DUNS No. _____						
<i>If more than one DUNS number applies to your operation, attach additional explanatory page(s).</i>												
B. Type of Business (check box or boxes)				<input type="checkbox"/> MANUFACTURER/ FABRICATOR		<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> ARCHITECT/ ENGINEER		<input type="checkbox"/> TECHNICAL SERVICE		
				<input type="checkbox"/> GENERAL SERVICE		<input type="checkbox"/> OTHER (SPECIFY) _____						
C. Enter Applicable SIC Codes: _____												
D. Date Business Founded _____						D. Under Present Ownership Since: _____						
Number of Employees (All Facilities)				Manual: _____		Non-Manual: _____						
2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. The information is kept confidential.)												
A. Present Net Worth _____												
B. Annual Sales Volume (Last 3 Years) 1. 20__ \$ _____ 2. 20__ \$ _____ 3. 20__ \$ _____												
C. Banking Reference _____						Contact Phone No. _____						
D. Can you furnish a Performance Bond?						<input type="checkbox"/> YES		<input type="checkbox"/> NO				
If "Yes," indicate dollar limits		<input type="checkbox"/> To \$250,000		<input type="checkbox"/> To \$500,000		<input type="checkbox"/> To \$1,000,000		<input type="checkbox"/> To \$5,000,000		<input type="checkbox"/> To \$10,000,000		<input type="checkbox"/> \$25,000,000 and over
Surety _____				Agent _____				Phone No. _____				
3. PERSONNEL (For this location – fill in names only when applicable)												
A. President _____						D. Engineering Manager _____						
B. Sales Manager _____						E. QA/QC Manager _____						
C. Production Manager _____						F. Construction Manager _____						
4. LABOR RELATIONS – Shop and Field												
<i>(List all crafts with whom you have contracts and/or working agreements. Check here if not applicable: <input type="checkbox"/></i>												
CRAFT			EXPIRATION DATE			CRAFT			EXPIRATION DATE			
1.					4.							
2.					5.							
3.					6.							

5. BIDDING INTEREST AND QUALIFICATIONS

A. Indicate geographical area(s) (Country/State/Province) in which you have and are qualified to work. Name only those countries in which you have had significant experience. Identify applicable Goods and Services Code(s) (see Appendix B) with appropriate geographic area. Attach additional pages if necessary.

B. Indicate appropriate contract dollar range within which you prefer and are currently able to bid (i.e., \$250,000 to \$1,500,000)
 \$ _____ to \$ _____

C. List type of work you usually subcontract to others:

D. Indicate Industry Authorizations (ASME, API, TEMA, Class of Code-Stamp, etc.)

E. Are you certified to perform work requiring a quality assurance program?

Nuclear Yes No
 ISO 9001 Yes No
 Other _____

For your program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).

6. PROFESSIONAL LICENSES

Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.

TYPE OF LICENSE	LOCATION	TYPE OF LICENSE	LOCATION
1.		4.	
2.		5.	
3.		6.	

7. ENGINEERING, ARCHTECTURAL AND OTHER TECHNICAL SERVICES CONTRACTORS / SPECIFIC DATA LISTINGS

A. In addition to circling applicable work categories B (Goods and Services Codes), also indicate fields of specialization by your firm (i.e., chemical engineering, hydrology, geology, ecological surveying, etc.) on the bottom of the appendix.

B. List Personnel by Discipline (Number on Staff)

_____ Administrative	_____ Electrical Engineers	_____ Oceanographers
_____ Architects	_____ Estimators	_____ Planners (Urban/Regional)
_____ Chemical Engineers	_____ Geologists	_____ Sanitary Engineers
_____ Civil Engineers	_____ Hydrologists	_____ Soils Engineers
_____ Construction Inspectors	_____ Interior Designers	_____ Specification Writers
_____ Draftsman	_____ Landscape Architects	_____ Structural Engineers
_____ Ecologists	_____ Mechanical Engineers	_____ Surveyors
_____ Economists	_____ Mining Engineers	_____ Transportation Engineers

8. SAFETY EXPERIENCE (Complete the attached Safety and Health History)

9. WORK HISTORY (Complete Experience Statement Form)

10. SMALL, MINORITY- OR WOMEN-OWNED STATUS (U.S.)

Check box or boxes identifying minority categories from Appendix A.

SMALL WOMEN-OWNED MINORITY-OWNED, CATEGORY: _____

ATTACH A LIST OF PERMANENT OFFICES AND ANY BROCHURES WHICH FURTHER DESCRIBE YOUR COMPANY'S ACTIVITIES AND CAPABILITIES. PLEASE DO NOT INCLUDE PRODUCT CATALOGS, INVENTORY OR PRICE LISTS.

SIGNATURE	TITLE
NAME	DATE

Safety and Health History

(SUB)CONTRACT NO.: _____ FLATIRON-LANE: _____ COMPANY _____
 (SUB)CONTRACTOR: _____ JOB NO.: _____

1. EMR							
1A. List your firm's Interstate Experience Modification Rate (EMR) for the three most recent years and total hours worked.							
		20	20	20			
a.	EMR	_____	_____	_____			
b.	Hours Worked	_____	_____	_____			
1B. If the state where the Jobsite is located has an EMR rating system, provide the state EMR for the three most recent years and total hours worked.							
		20	20	20			
a.	EMR	_____	_____	_____			
b.	Hours Worked	_____	_____	_____			
2. SAFETY PERFORMANCE							
2A. Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required):							
20		20	20	20			
_____		_____	_____	_____			
_____		_____	_____	_____			
2B. Use your OSHA No. 200 log to fill in the three most recent years:							
		20	20	20			
a.	Number of lost workday cases.	_____	_____	_____			
b.	Number of restricted workday cases.	_____	_____	_____			
c.	Number of cases with medical attention only.	_____	_____	_____			
d.	Number of fatalities.	_____	_____	_____			
e.	Number of hours worked.	_____	_____	_____			
3. Check your type of work:							
<input type="checkbox"/>	Non-Residential Building						
<input type="checkbox"/>	Heavy (Non-Highway) Construction						
<input type="checkbox"/>	Mechanical						
<input type="checkbox"/>	Electrical						
<input type="checkbox"/>	Other (State Types): _____						
4. Are accident reports (OSHA 200) and report summaries sent to the following and how often?							
			No	Yes	Monthly	Quarterly	Annually
a.	Project Superintendent/Site Manager.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Vice President/Manager of Construction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Safety Director		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety and Health History

(SUB)CONTRACT NO.: _____ FLATIRON-LANE: _____
 _____ COMPANY

(SUB)CONTRACTOR: _____ JOB NO.: _____

d. President of Firm

5. Do you hold site safety meetings for field employees both Manual and Non-Manual?

Yes No

How Often?

Weekly Bi-Weekly Monthly Less Often, As needed

6. Do you conduct project safety inspections?

Yes No

If yes, who conducts this inspection?

TITLE

HOW OFTEN?

7. How are accident records and accident summaries kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Accidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotalled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotalled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How are costs of individual accidents kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Costs totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotalled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotalled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. List key Safety and Health personnel planned for this project. Please list name, expected position and safety performance on last three projects (OSHA Recordable and Lost Workday Case Incident (LWCI) rate). When a project has not been specified, list key company personnel.

NAME	POSITION	PROJECT	OSHA	LWCI

Safety and Health History

(SUB)CONTRACT NO.: _____

FLATIRON-
LANE: _____ COMPANY

(SUB)CONTRACTOR: _____

JOB NO.: _____

10. Do you have a written safety program?

Yes No

If yes, submit a copy for evaluation.

11. Do you have an orientation program for new hires?

Yes No

If yes, submit a copy for evaluation. Does it include instruction on the following?

	Yes	No		Yes	No
a. Head protection	<input type="checkbox"/>	<input type="checkbox"/>	i. Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	j. First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	k. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	l. Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety belts and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	m. Trenching and excavation	<input type="checkbox"/>	<input type="checkbox"/>
f. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	n. Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
g. Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>	o. Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
h. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	p. Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	q. Road Safety (Driving)	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you have a program for newly hired or promoted foremen?

Yes No

If yes, submit a copy for evaluation. Does it include the following?

	Yes	No		Yes	No
a. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	e. First aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>	f. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
c. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>	g. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	h. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you hold craft "toolbox" safety meetings?

Yes No

How Often?

Weekly Bi-Weekly Monthly Less Often, As needed

14. Do you have a written Hazard Communication program?

Safety and Health History

(SUB)CONTRACT NO.: _____

FLATIRON-
LANE: _____
COMPANY

(SUB)CONTRACTOR: _____

JOB NO.: _____

Yes No

If yes, how is it implemented on each project?

15. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes No

If yes, explain field procedure for informing craft workers about potential hazards:

16. List three (3) client references that could verify the quality and management commitment of your safety program.

Name

Address

Phone No.

a.

b.

c.

EXPERIENCE STATEMENT

The Contractor submits the following statement as to its experience qualifications:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country. **[Item 4 does not apply to U.S. work.]**
5. Column Completion Notes:
 - a. Name and Address. For past Flatiron or Lane work, include Flatiron or Lane Job No. and also asterisk any work requiring nuclear quality assurance.
 - b. Work Description. Describe work scope and then indicate if prime or subcontract.
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

Item No.	Customer name, address, representative and phone no.	Work Description	Location	Value	Start/Stop	Schedule	Budget

EXPERIENCE STATEMENT (continued)

Item No.	Customer name, address, representative and phone no.	Work Description	Location	Value	Start/Stop	Schedule	Budget

