



Brown & Root
Industrial Services, LLC

Contractor Pre-Qualification Form (US Projects)

General Information

1. Company name:	Telephone:	Fax:
Physical Address:	Mailing Address:	
Website:		

2. Form of business: Corporation Partnership Sole Owner Other

3. Business Category	<u>Certifying Agency (certificate required)</u>	<u>Expiration Date</u>
Business Category		
<input type="checkbox"/> Small Business (SBE)*		
<input type="checkbox"/> Small Disadvantaged (DBE) *		
<input type="checkbox"/> Emerging Small Business (ESB)*		
<input type="checkbox"/> Minority Business (MBE)*		
<input type="checkbox"/> Woman Owned Business (WBE)*		
<input type="checkbox"/> Veteran Owned Business (VBE)*		
<input type="checkbox"/> Other *		
<input type="checkbox"/> Other *		

***A copy of the certification letter MUST be submitted with completed pre-qualification form.**

4. Number of years in business:

5. Type of Contractor or type of work performed:

6. Company's contact name for insurance information:

Title:	Telephone:	Fax:
Email:		

7. Insurance Carriers:

Name	Type of Coverage	Insurance Company Rating	Telephone
	Worker's Compensation/Employer's Liability		
	Comprehensive General Liability		
	Comprehensive Automobile Liability		
	Professional Liability		
	Excess Umbrella		
	Equipment Floater		

- *Attach a sample Certificate of Insurance showing normal limits
- *Attach reference letters from bonding company(ies)
- *Attach reference letters from banker(s)

8. D&B No.: _____ D&B Financial Rating: _____ ***Attach most recent financial statement**

9. Federal tax identification number: _____

10. Name of bonding company:	Bonding Rates:
Available bonding capacity:	

11. Contact for requesting bids: _____



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Title:	Telephone:	Fax:
Email:		

Organization

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1. Labor posture: <input type="checkbox"/> Open Shop <input type="checkbox"/> Union <input type="checkbox"/> Merit <input type="checkbox"/> Leased Personnel Are you signatory to a labor agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when does it expire?
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2. Company workforce involved in construction and engineering:
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Permanent employees Total:	Field Construction:
Manpower in past three years: Highest:	Lowest:

<u>Home Office Administrative Personnel</u> Average Last Year	<u>Project Personnel</u> Average Last Year
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Managers: Engineers: Draftpersons: Safety: Quality: Other:	Project Managers: Project Cost Engineers: Project Superintendents: Quality Control Engineers: Quality Supervisors: Other:
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<i>Craft Personnel: (List by discipline)</i>
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<u>Craft</u>	<u>Total</u>	<u>Craft</u>	<u>Total</u>

3. Computer systems and software normally utilized on projects:

Number of personnel trained in Critical Path Method of scheduling: List scheduling software used: What percentage of current projects are managed with CPM schedule? Electronic drawing capabilities Can you accept/read/print/drawings electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No What computer aided drafting system do you use?

4. Construction equipment: Basic Philosophy <input type="checkbox"/> Own and/or <input type="checkbox"/> Rent <i>(Attach a list of major owned equipment)</i>

5. Licenses: Please list the states your company is licensed to perform work along with the license numbers. (Attach listing if space provided is inadequate.)
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State	License No	State	License No.	State	License No.



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6. Specializations—Identify the **PRIMARY** type(s) of work performed by checking the appropriate “Self-Perform” or “Subcontract” boxes for each work type.

Self-Perform	Sub		Self-Perform	Sub	
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos/Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>	Machining
<input type="checkbox"/>	<input type="checkbox"/>	Architectural Finishes	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Batch Plant Operations	<input type="checkbox"/>	<input type="checkbox"/>	Marine Work
<input type="checkbox"/>	<input type="checkbox"/>	Blasting (Explosives)	<input type="checkbox"/>	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	<input type="checkbox"/>	Buildings – Architectural	<input type="checkbox"/>	<input type="checkbox"/>	Material Handling Systems
<input type="checkbox"/>	<input type="checkbox"/>	Buildings – Control Type	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Boilers/Furnaces/HRSG Erection
<input type="checkbox"/>	<input type="checkbox"/>	Buildings – Temporary	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Boiler/Exchanger Re-tubing
<input type="checkbox"/>	<input type="checkbox"/>	Buildings – Warehouse Type	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Catalyst Handling
<input type="checkbox"/>	<input type="checkbox"/>	Camp & Catering Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – CTG/STG Erection
<input type="checkbox"/>	<input type="checkbox"/>	Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Equipment Setting
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – FRP Piping
<input type="checkbox"/>	<input type="checkbox"/>	Chimneys	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – HDPE Piping
<input type="checkbox"/>	<input type="checkbox"/>	Civil/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – HVAC “Commercial”
<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – HVAC “Industrial”
<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Foundation Installation/Finishing	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Millwright
<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Grouting	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – NDE Services
<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Pumping	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Piping
<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Supply	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Piping Module Fabrication
<input type="checkbox"/>	<input type="checkbox"/>	Construction Management	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical – Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	Cooling Towers	<input type="checkbox"/>	<input type="checkbox"/>	Metal Siding & Roofing
<input type="checkbox"/>	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	<input type="checkbox"/>	Painting – Industrial
<input type="checkbox"/>	<input type="checkbox"/>	Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	Painting – Residential/Commercial
<input type="checkbox"/>	<input type="checkbox"/>	Earthwork (Site Prep)	<input type="checkbox"/>	<input type="checkbox"/>	Painting – Protective Coatings/Linings
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Cable Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	Panels – Concrete Tilt-Up
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Fiber Optic Terminations	<input type="checkbox"/>	<input type="checkbox"/>	Paving – Area/Final Road
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Paving – Asphalt
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Instrumentation & Controls	<input type="checkbox"/>	<input type="checkbox"/>	Paving – Concrete
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – ISO Phase Bus Installation	<input type="checkbox"/>	<input type="checkbox"/>	Piling – Auger Cast
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Residential	<input type="checkbox"/>	<input type="checkbox"/>	Piling – Drilled Shafts
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Switchyards	<input type="checkbox"/>	<input type="checkbox"/>	Piling – Driven
<input type="checkbox"/>	<input type="checkbox"/>	Electrical – Testing (HV)	<input type="checkbox"/>	<input type="checkbox"/>	Piling – Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Elevators – Construction	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Vessels – Certification
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Railroad



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<input type="checkbox"/>	<input type="checkbox"/>	Elevators – Personnel/Freight	<input type="checkbox"/>	<input type="checkbox"/>	Rebar Installer
<input type="checkbox"/>	<input type="checkbox"/>	Engineering – A/E Design Services	<input type="checkbox"/>	<input type="checkbox"/>	Refractory
<input type="checkbox"/>	<input type="checkbox"/>	Engineering – Construction Materials Testing & Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Remediation Services
<input type="checkbox"/>	<input type="checkbox"/>	Engineering – Geotechnical	<input type="checkbox"/>	<input type="checkbox"/>	Roofing – Built-Up/Other
<input type="checkbox"/>	<input type="checkbox"/>	Fencing – Temporary	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	<input type="checkbox"/>	Fencing – Permanent	<input type="checkbox"/>	<input type="checkbox"/>	Surveying
<input type="checkbox"/>	<input type="checkbox"/>	Field Erected Vessels	<input type="checkbox"/>	<input type="checkbox"/>	Security
<input type="checkbox"/>	<input type="checkbox"/>	Field Fabricated Tanks	<input type="checkbox"/>	<input type="checkbox"/>	Start-up and Commissioning
<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection Systems	<input type="checkbox"/>	<input type="checkbox"/>	Steam Blows
<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Stress Relieving – Heat Treating
<input type="checkbox"/>	<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel
<input type="checkbox"/>	<input type="checkbox"/>	Heat Tracing – Design	<input type="checkbox"/>	<input type="checkbox"/>	Training
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Haul / Transport	<input type="checkbox"/>	<input type="checkbox"/>	Underground Utilities
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Lifting / Rigging	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Hot Tapping	<input type="checkbox"/>	<input type="checkbox"/>	Other Specialties (Please List)
<input type="checkbox"/>	<input type="checkbox"/>	Hydro-Blasting / Cutting	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Hydro-Testing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Insulation – Industrial Piping & Ductwork	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Insulation – Commercial/Residential	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Lube Oil Flushing	<input type="checkbox"/>	<input type="checkbox"/>	

7. Code capabilities and stamps held:

8. Business and professional affiliations: (ABC, AGC, etc.)

9. Are your QA/QC procedures documented? Yes No

10. List ISO certifications and attach a copy of the certifications:

Experience

1. Contract types of interest: Lump Sum Cost Plus Unit Price Negotiated
 Value of contracts normally accepted: Minimum: _____ Maximum: _____

2. Average annual business volume during past three years:

3. Value of largest contract completed in past three years:

4. Current backlog:

5. Geographic areas of operations: List US regions (SE, NE, etc.) or states or cities; List countries



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6. References: (Typical contracts recently completed or within the last three years)				
Customer/Location	Type of Work	Contract Value	Customer Contact	Telephone

BR experience: (Contracts completed within the last three years)				
Project/Location	Type of Work	Contract Value	BR Contact	Telephone

7. Have you ever failed to complete a project? Yes No
8. Are there any material judgments, claims, or suits outstanding against your firm? Yes No
9. Are you currently involved in any litigation or other alternative dispute resolution or arbitration? Yes No
10. Has your firm had any past or present bankruptcy or reorganization proceedings? Yes No

Note: If you answered "Yes" to 7, 8, 9 or 10 above, you MUST submit a detailed explanation on a separate sheet.

Safety and Health Performance

1. Safety/Health professional for the company. Name:
 Title: _____ Telephone: _____ Fax: _____
 Email: _____

2. Workers Compensation Experience Modification Rate (EMR) Data:

a) EMR is	b) EMR for last three years	c) EMR Anniversary Date: _____
<input type="checkbox"/> Interstate Rate	Current Year	d) For what state(s) is the EMR you are submitting:
<input type="checkbox"/> Intrastate Rate	Year _____	_____
<input type="checkbox"/> Monopolistic State Rate	_____	e) Is EMR for the entire company or for a particular
<input type="checkbox"/> Duel Rate	_____	department of division: _____

Note: documented proof of your EMR is required prior to approval

3. OSHA Form 300A Summary and Form 300 Log Information (current year to date and three previous years)	Reporting Year			
	Current YTD Thru	20XX	20XX	20XX
a) Number of hours worked by all employees				
b) Number of fatalities (Column G of OSHA 300 Log)				
c) Number of lost workday cases (Column H of OSHA 300 Log)				



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d) Number of cases with job transfer or restriction (Column I of OSHA 300 Log)				
e) Number of other recordable cases (Column J of OSHA 300 Log)				
f) Total recordable cases (sum of Columns G, H, I & J of OSHA 300 Log)				
g) TRIR – “Total Recordable Incident Rate” calculated by using the following formula: $\frac{\text{Total of Line "f" above} \times 200,000}{\text{Work-hours Worked (Line a above)}}$				
h) LTIR – “Lost Time Incident Rate” calculated by using the following formula: $\frac{\text{Total of Line "c" above} \times 200,000}{\text{Work-hours Worked (Line a above)}}$				
<p>Minimum safety performance established by BR for potential Contractors and their lower-tier subcontractors include the following:</p> <ol style="list-style-type: none"> 1) Workers Compensation Experience Modifier Rate (EMR) must be 1.0 or below 2) OSHA Total Recordable Incident Rate (TRIR) must be .8 or below 3) OSHA Lost Time Incident Rate (LTIR) be 0.25 or below. <p>Therefore, as a part of the Pre-Qualification requirements, the following information MUST be provided:</p> <ul style="list-style-type: none"> • OSHA 300 Logs for the three (3) previous years • OSHA 300A Summary Sheet for the three (3) previous years • Letter from your insurance carrier stating your EMR for the three (3) previous years and current year-to-date <p><u>IF your Company exceeds any of these parameters for the most current full year, the following information <u>MUST</u> be provided:</u></p> <ul style="list-style-type: none"> • A written explanation of why the EMR, TRIR or LTIR rate exceeds the limits stated above. • A copy of your Company’s Safety Program/Manual • Details of how your Company is improving its safety program in working to meet BR’s requirements. 				
4. Have you received any regulatory (EPA, OSHA, MSHA, etc.) citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copies.				
5. Do you have an HSE Orientation Program for new hires? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Do hold daily/weekly HSE meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Do you have a Fall Prevention Program with a goal to achieve 100% fall protection for all personnel working above ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Do you have a substance abuse & firearms policy in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy.				



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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT		
Do you have a written Basic Safety / HSE Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your Basic Safety/HSE Program include the following?		
a. HSE Policy statement signed by management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Management Involvement and Commitment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Hazard Identification and Risk Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Rules and Work Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Communications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Incident and Accident Reporting and Investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the program include work practices and procedures such as?		
a. Permit to Work including Isolation of Energy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Injury and Illness Recording	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Fall Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Personal Protective Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Portable Electrical/Power Tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Motor Vehicle/Driving Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Compressed Gas Cylinders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Electrical Equipment Grounding Assurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Powered Industrial Vehicles (Cranes, Forklifts, Etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Housekeeping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Accident/Incident Reporting and Investigations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Unsafe Condition Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n. Emergency Preparedness, Including Evacuation Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o. Waste Disposal and Pollution Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
p. Regular Workplace Inspection / Audits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Drug and Alcohol program?		
a. Pre-employment Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Reasonable Cause Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Post-rehabilitation/Return to Work Testing		



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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Do you have a Job Safety Analysis (JSA) process in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is there a Root Cause Analysis process used for investigations, near misses, and environmental spills?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is there a Management of Change (MOC) Process in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have programs for the following?			
a. Respiratory Protection	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
b. Where applicable, have employees been:			
• 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/WHMIS	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
d. Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Medical			No
a. Do you conduct medical examinations for:			<input type="checkbox"/>
• Pre-placement Job Capability	Yes	<input type="checkbox"/>	No
• Pulmonary	Yes	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory	Yes	<input type="checkbox"/>	No
b. Describe how you intend to provide first aid and other medical services while on-site.			<input type="checkbox"/>
Do you have personnel trained to perform first aid and CPR?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective 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"/>
HSE Meetings			Frequency
a. Do you hold site HSE 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"/>



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Inspections and Audits			Frequency
a. Do you conduct internal HSE Inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Do you conduct internal HSE program audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Equipment and Materials:			
a. Do you own or lease Equipment and Materials? If yes, please complete the following questions:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do you maintain operating equipment in compliance with regulatory requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Do you maintain the applicable inspection and maintenance certification records for operating equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Do you document corrections or deficiencies from equipment inspections and maintenance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subcontractor Management			
a. Do you subcontract any work? If the answer is yes, please complete the following questions:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a written contractor safety management process?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you use HSE performance criteria in selection of subcontractors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Do your subcontractors have a written HSE Program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Do you include your subcontractors in:			
• HSE Orientation		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Meetings		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Equipment Inspections		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Program Audits		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Are corrections or deficiencies documented		Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT

Employee and Trades Training			
a. Have employees been trained in appropriate job skills?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
b. Are employees' job skills certified where required by regulatory or industry consensus standards?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
c. List trades/crafts which have been certified:			
Health, Safety and Environmental Orientation			
	New Hires		Supervisors
a. Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
b. Does the program provide instruction on the following:			No <input type="checkbox"/>
• New worker orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>



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<ul style="list-style-type: none"> • Safety Supervision • Toolbox meetings • Emergency Procedures • First Aid Procedures • Fire Protection and Prevention • Safety Intervention • Hazard Communication/WHMIS 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Health, Safety and Environmental Training</p> <p>a. Do you know the regulatory HSE training requirements for your employees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Have your employees received the required HSE training and re-training? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Do you have a specific HSE training program for supervisors? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
<p>Training Records</p> <p>a. Do you have HSE and training records for your Employee's? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Do the training records include the following:</p> <ul style="list-style-type: none"> • Employee identification Yes <input type="checkbox"/> No <input type="checkbox"/> • Date of training Yes <input type="checkbox"/> No <input type="checkbox"/> • Name of trainer Yes <input type="checkbox"/> No <input type="checkbox"/> • Method used to verify understanding Yes <input type="checkbox"/> No <input type="checkbox"/> <p>c. How do you verify understanding of training? (Check all that apply)</p> <p><input type="checkbox"/> Written test <input type="checkbox"/> Oral test <input type="checkbox"/> Performance test <input type="checkbox"/> Job Monitoring <input type="checkbox"/> Other (List)</p>				

Required Information Submittal

Please provide the following supporting documents, as applicable, and check box if included:

Safety Information:

- OSHA 300 Logs and OSHA 300A Summary Pages (past 3 years)
- Letter from insurance carrier stating your EMR (past 3 years)
- Copies of the Experience Rating Calculation Sheets for each of the above years provided by your agent/carrier
- A written explanation of why the EMR, TRIR or LTIR rate exceeds the limits stated above (if applicable)
- A copy of your Company's Safety Program/Manual (if required)
- A copy of your Company's Substance Abuse & Firearm Policy
- Details of how your company is improving its safety program in working to meet BR's requirements (if required)
- Sample Insurance Certificate(s)
- Detailed explanation of any EPA, OSHA, MSHA or other citations (if applicable)

Financial/Legal Information:

- Reference letters from bonding company(ies)
- Reference letters from banker(s)
- Most recent audited financial statement
- Detailed explanation of past or present bankruptcy or reorganization proceedings (if applicable)
- Detailed explanation of current involvement in litigation for arbitration (if applicable)



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Other Information:

- List of major owned equipment
- Detailed explanation of failure to complete a project
- Certificate(s) from certifying agency confirming business category (SBE, DBE, ESB, MBE, WBE, VBE, etc.)
- Certificate(s) for ISO certifications
- Company policy addressing business ethics, anti-corruption, payments of commissions, entertainment of or gifts for customers or Government Officials, or related topics.

In addition, attach other data you believe is important or supplemental to the above information (list of clients, list of projects, brochures, etc.)

-
-
-
-
-

Company Name

Date: _____

By: _____
Print Name

Telephone: _____

Signature

Email: _____

Title: _____

Return this form and all required attachments to:

Name: Donna Broussard and cc/the person who sent it to you.

Title: Subcontracts Director

Email address: donna.broussard@brownandroot.com