

**SUBCONTRACTOR PREQUALIFICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Newkirk Contact Name: |       | Project Reference: |       |

**COMPANY INFORMATION:**

|  |  |
| --- | --- |
| Company Name:  |       |
| Mailing Address: |       |
| Telephone:  |       | Fax: |       |
| Website: |       |

|  |  |
| --- | --- |
| Primary Company Contact: |       |
| Contact’s Address:  |       |
| Contact’s Phone: |       |
| Contact’s Cell Phone: |       |
| Contact’s E-mail Address: |       |

|  |  |
| --- | --- |
| Names of Company Officers/Owners*:* |       |
| Type of Organization *(e.g. Corporation, Partnership, etc.):* |       |
| State of Origin: |       |
| State Licenses/License Numbers: |       |
| Primary Trade(s): (*e.g.concrete, trucking, fence, excavation, etc.)*  |       |
| Date Company Established:  |       | Years in Business (Current Name): |       |
| Number of Office Staff: |       | Number of Field Staff: |       |
| Workforce Status: | [ ]  Union [ ]  Non-union |

|  |  |
| --- | --- |
| Has/Does Company:*(Select all that apply)* | [ ]  failed to complete a contract; [ ]  been involved in bankruptcy/reorganization; [ ]  have any pending judgments against them; [ ]  have any claims or suits against them. |
| If checked any above, please explain: |       |

**FINANCIAL INFORMATION (please attached latest annual financial statement):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 20     : | 20     : | 20     : |
| Annual Sales *(preceding three years):* |  |  |  |
| Tax ID Number:  |       |
| Dun & Bradstreet Number and Rating: |       |
| Bank Reference (include contact name, address, phone, e-mail): |       |
| Bonding Reference (include contact name, address, phone, email) |       |
| Bonding Capacity (single/aggregate): |       |

**REFERENCES:**

|  |  |  |
| --- | --- | --- |
| **Project References:***\*\*Please list your three largest projects completed in the past 3 years.* | 1.  | Customer Name:      Project Name/Location:      Project Value:      Customer Contact Name:      Phone:      Email:       |
|  | 2.  | Customer Name:      Project Name/Location:      Project Value:      Customer Contact Name:      Phone:      Email:       |
|  | 3. | Customer Name:      Project Name/Location:      Project Value:      Customer Contact Name:      Phone:      Email:       |
| **Trade References:** | 1.  | Customer Name:      Contact Name:      Address:      Phone:      Email:       |
|  | 2. | Company:      Contact Name:      Address:      Phone:      Email:       |

**SAFETY INFORMATION:**

|  |  |
| --- | --- |
| Highest Ranking Safety Contact Name/Title: |       |
| Contact’s Phone: |       |
| Contact’s E-mail Address: |       |

**Safety Incident Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| *(Previous 3 years)* | 20     : | 20     : | 20     : |
| EMR/Experience Modification Rating*:* |       |       |       |
| Total Hours Worked: |       |       |       |
| Lost Day Cases: |       |       |       |
| Restricted/Transfer Cases: |       |       |       |
| Days Away/Restricted/Transfer Rate (DART) |       |       |       |
| Total Recordable Incidents: |       |       |       |
| Total Recordable Incident Rate (TRIR): |       |       |       |
| Any fatalities in past 5 years? |       |
|  If yes, please explain: |       |
| Any citations in past 5 years? |       |
|  If yes, please explain: |       |

**Safety Program Information:**

|  |  |
| --- | --- |
| Do you subscribe to ISNetworld or any other third-party safety qualification sites? If yes, list the name(s) of each site you are currently active with: | Yes [ ]  No [ ] Sites:       |
| Does Company have a Written Safety Program (attached Table of Contents)?  | Yes [ ]  No [ ]  |
| Does your Safety Program include the following? |  |  |
| 1. EHS Policy statement signed by company management
 | Yes [ ]  | No [ ]  |
| 1. Management Involvement and Commitment in EHS Program
 | Yes [ ]  | No [ ]  |
| 1. Hazard Identification and Risk Control
 | Yes [ ]  | No [ ]  |
| 1. Rules and Work Procedures
 | Yes [ ]  | No [ ]  |
| 1. Communications and Training
 | Yes [ ]  | No [ ]  |
| 1. Incident/Accident Investigation
 | Yes [ ]  | No [ ]  |
| 1. Incident/Accident Reporting
 | Yes [ ]  | No [ ]  |
| 1. Work Permit (including isolation of energy)
 | Yes [ ]  | No [ ]  |
| 1. Confined Space Entry
 | Yes [ ]  | No [ ]  |
| 1. Fall Protection
 | Yes [ ]  | No [ ]  |
| 1. PPE Program
 | Yes [ ]  | No [ ]  |
| 1. Portable Electrical/Power Tools
 | Yes [ ]  | No [ ]  |
| 1. Driver Safety Program
 | Yes [ ]  | No [ ]  |
| 1. Compressed Gas Cylinders
 | Yes [ ]  | No [ ]  |
| 1. Electrical Equipment Grounding Assurance
 | Yes [ ]  | No [ ]  |
| 1. Power Industrial Vehicles (Forklifts, Cranes, Etc.)
 | Yes [ ]  | No [ ]  |
| 1. Housekeeping
 | Yes [ ]  | No [ ]  |
| 1. Unsafe Work Conditions Reporting
 | Yes [ ]  | No [ ]  |
| 1. Emergency Preparedness Plan / Evacuation Plan
 | Yes [ ]  | No [ ]  |
| 1. Waste Disposal/Pollution Prevention Plan
 | Yes [ ]  | No [ ]  |
| 1. Regular Workplace Inspections / Audits
 | Yes [ ]  | No [ ]  |
| 1. Drug and Alcohol Program
 | Yes [ ]  | No [ ]  |
| 1. Pre-Employment Drug/Alcohol Testing
 | Yes [ ]  | No [ ]  |
| 1. Reasonable Cause Drug/Alcohol Testing
 | Yes [ ]  | No [ ]  |
| 1. Post-Accident Drug/Alcohol Testing
 | Yes [ ]  | No [ ]  |
| 1. Post Rehabilitation/Return to Work Testing
 | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| **Do you agree to comply with all Newkirk Electric’s Safety Policies and Procedures, and the Safety Policies or requirements of the Owner/Prime Contractor for all projects you perform work on?** | Yes [ ]  No [ ]  |

**Authorization of Company Representative:** *I assert that all of the information provided herein is truthful to the best of my knowledge.*

**Print Name: \_\_\_     \_\_\_\_ \_\_\_\_ Title: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_     \_\_\_**

**SUBMITTAL INSTRUCTIONS:**

Submit the following documents along with this form (Please send each separately. **Do not** combine into one PDF):

* Prequalification Form (this form)
* OSHA 300 and 300A Logs for Past 3 years (combine logs into a single PDF, if possible)
* EMR Verification from Insurance Company or State Board
* Table of Contents for Safety Manual
* ISNetworld Grade Report or other third-party safety qualifier site grade report (if applicable)
* Prior year audited/reviewed financial statement.

**Submit all documents or questions to:** prequal@newkirk-electric.com