

**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](mailto:prequal@newkirk-electric.com)