



## Subcontractor Qualifications – Performance & Safety Questionnaire

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### ORGANIZATION

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Primary Bonding Company \_\_\_\_\_

Have you at any time failed to complete a contract? \_\_\_\_\_

Can you provide a performance bond? \_\_\_\_\_

Are there any judgments, claims or suits pending or outstanding against you or affiliated firms? \_\_\_\_\_

Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? \_\_\_\_\_

**CONSTRUCTION EXPERIENCE** - Please attach separate lists for each of the following and provide responses to additional construction related requests below:

- A. Current projects under construction and
- B. Major projects completed in the last three (3) years

Each of the above Lists (A, B and C) should include the following information: **1.** Location of project and owner; **2.** Description of project; **3.** Direct & subcontracted work completed; **4.** Approximate value of the contract/subcontract; **5.** Percent Complete; **6.** Duration of work; **7.** Reference name and phone number.

See tables below – a separate document to provide this information may be attached.



	<b>Current Projects Under Construction</b>	
1	Location of the Project & Owner	
2	Brief description of the project	
3	Direct & Subcontracted work completed	
4	Approximate value of the contract/subcontract	
5	Percent complete	
6	Duration of the work	
7	Reference name and contact information	

	<b>Past Completed Projects</b>	2019	2018	2017
1	Location of the Project & Owner			
2	Brief description of the project			
3	Direct & Subcontracted work completed			
4	Approximate value of the contract/subcontract			
5	Percent complete			
6	Duration of the work			
7	Reference name and contact information			

**LABOR AFFILIATION** – Please explain any labor affiliations you have. Include specific craft agreements and any national agreements to which you are signatory.

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**STATE CONTRACTORS LICENSE** – Please list all state contractors’ licenses and titles held. Please also list any pending license applications.

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**CONTRACTOR'S SAFETY RECORD**

GILCHRIST CONSTRUCTION COMPANY places a high emphasis on a subcontractor's safety performance record as part of the criteria for being awarded subcontract work on our projects. GILCHRIST CONSTRUCTION COMPANY will emphasize safety continually from the very inception of the procurement process, throughout construction and/or subcontract execution and post subcontract completion. GILCHRIST CONSTRUCTION COMPANY requires our subcontractors to be fully committed to safety and to meet certain safety performance criteria before being allowed to participate on our construction projects.

During the subcontractor vetting process, GILCHRIST CONSTRUCTION COMPANY shall emphasize GILCHRIST CONSTRUCTION COMPANY's commitment to safety and explain specific contractual safety and health requirements. Prior to subcontract award, GILCHRIST CONSTRUCTION COMPANY will review a safety pre-construction checklist with the subcontractor's Field Supervisor to assure that he/she fully understands the criteria to which he/she must comply. GILCHRIST CONSTRUCTION COMPANY requires that an officer or owner of the subcontractor execute the "STATEMENT OF SAFETY COMMITMENT" at the end of this form. He/She shall personally assume responsibility for the safety of their employees on the project.

Upon completion of the subcontract, the safety performance of the subcontractor will be evaluated. The subcontractor will be judged on attitude, compliance, responsiveness and injury or incident occurrence. The evaluation results will be noted in the GILCHRIST CONSTRUCTION COMPANY database and used as the basis for consideration of future subcontract work. Only subcontractors with favorable safety and performance records shall be allowed to bid future work.

**SAFETY HISTORY TABLE**

		2019	2018	2017	2016	2015
A	Total number of field manhours					
B	Number of Recordable Incidents with <b>no lost time</b>					
C	Number of Recordable Incidents <b>with lost time</b>					
D	Total number of lost workdays					



E	Number of fatalities					
F	Incident Rate. (B+C)(200,000)/A					
G	Published EMR (Experience Modification Rate)					

Please provide complete copies, not just summaries, of your OSHA 200 / 300 Log for each year to support the above and to enable our better evaluation of your safety experience.

Provide documentation to support the above EMR information. Any of the following methods will be acceptable:

- a) Letter from insurance agent, insurance carrier, or appropriate government agency (on their letterhead) verifying the modification rate.
- b) Copies of the Experience Rating Calculation Sheets for each of the above years that your insurance carrier forward to you annually.
- c) Copy of the page from each of the noted years where insurance policies show the modification rate and the coverage period.

**ADDITIONAL SAFETY INFORMATION** – Please provide responses and documents requested below.

	Inquiry Item	Yes	No	Copy of Document Required	N/A
1	Company Mission Statement or Safety philosophy that addresses the company's Health, Safety and Environmental (HSE) practices/procedures.			X	
2	Attach a list of your HSE personnel			X	
3	Provide the Company HSE policies and procedures, e.g., safety manual or other type of formal written.			X	
4	Attach a copy of a new hire orientation procedure and project specific HSE orientation.			X	
5	Does your company conduct toolbox safety meetings? Daily____ Weekly____ Monthly____ What Day(s) of the week____ Attach examples of the format and documentation of such meetings.			X	



	Inquiry Item	Yes	No	Copy of Document Required	N/A
6	Does your company have an alcohol and drug-free workplace policy. This is administered by _____.			X	
7	Do you conduct physical fitness examinations on employees? If physical fitness examinations are given, provide examination protocol.			X	

**STATEMENT OF SAFETY COMMITMENT**

I speak on behalf of my Company in committing our resources to this project.

I personally assume the responsibility for the safety and health of my/our employees. I will make every effort and agree that my/our employees shall at all times observe and comply with relevant legislation and project/company procedures/rules.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Role/Title: \_\_\_\_\_

Return completed Questionnaire to Valerie Aymond, Chief Resource Officer at [vaymond@gilchristconstruction.com](mailto:vaymond@gilchristconstruction.com).