

Date:

General Information - 1

Company Name:		Mailing Address:	
Street Address:		Mailing City, State Zip:	
Street City, State Zip:	,		,

Primary Contacts - 2

Bid Requests	Primary Safety Representative	Primary QA/QC Representative
Name:	Name:	Name:
Phone: () -	Phone: () -	Phone: () -
Fax: () -	Fax: () -	Fax: () -
E-mail:	E-mail:	E-mail:

Company Information - 3

<u>Title of Principle Officers</u>	<u>Names</u>	<u>Years with Company</u>
Year Company was founded in: Under present management since: If you are a subsidiary, name of the parent company: Did your company previously exist under another name?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s): D&B Rating:		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, Date: , State:		
Gross Sales for last 3 years (Year / \$) / / /		Current Net Worth: Number of Employees: Federal ID#: State Use Tax License:
Small Business <input type="checkbox"/> Yes <input type="checkbox"/> No Minority Business <input type="checkbox"/> Yes <input type="checkbox"/> No Woman Owned <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to any, certified by: Date: Certification No.:	

Bidding Interest - 4		
Primary Trade or Service:	<input type="checkbox"/> Field Painting <input type="checkbox"/> Foundations <input type="checkbox"/> Tank Strapping <input type="checkbox"/> Specialty Coatings <input type="checkbox"/> Rubber Lining <input type="checkbox"/> Lead Abatement <input type="checkbox"/>	<input type="checkbox"/> Insulation <input type="checkbox"/> Helium Testing <input type="checkbox"/> API-653 Inspection <input type="checkbox"/> Piping <input type="checkbox"/> Shop Tanks <input type="checkbox"/> Electrical <input type="checkbox"/>
	<input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Non-Destructive Testing (x-rays, etc) <input type="checkbox"/> Liners & Leak Detection <input type="checkbox"/> Clearing & Grading <input type="checkbox"/> Fencing <input type="checkbox"/> <input type="checkbox"/>	
Please provide any additional information we should know about the services you offer:		
SIC Code(s):		
Which US states do you work in:		
<input type="checkbox"/> Alabama <input type="checkbox"/> Connecticut <input type="checkbox"/> Illinois <input type="checkbox"/> Maine <input type="checkbox"/> Missouri <input type="checkbox"/> New Mexico <input type="checkbox"/> Oregon <input type="checkbox"/> Texas <input type="checkbox"/> Wisconsin	<input type="checkbox"/> Alaska <input type="checkbox"/> Delaware <input type="checkbox"/> Indiana <input type="checkbox"/> Maryland <input type="checkbox"/> Montana <input type="checkbox"/> New York <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Utah <input type="checkbox"/> Wyoming	<input type="checkbox"/> Arizona <input type="checkbox"/> Florida <input type="checkbox"/> Iowa <input type="checkbox"/> Massachusetts <input type="checkbox"/> Nebraska <input type="checkbox"/> North Carolina <input type="checkbox"/> Rhode Island <input type="checkbox"/> Vermont
<input type="checkbox"/> Arkansas <input type="checkbox"/> Georgia <input type="checkbox"/> Kansas <input type="checkbox"/> Michigan <input type="checkbox"/> Nevada <input type="checkbox"/> North Dakota <input type="checkbox"/> South Carolina <input type="checkbox"/> Virginia	<input type="checkbox"/> California <input type="checkbox"/> Hawaii <input type="checkbox"/> Kentucky <input type="checkbox"/> Minnesota <input type="checkbox"/> New Hampshire <input type="checkbox"/> Ohio <input type="checkbox"/> South Dakota <input type="checkbox"/> Washington	<input type="checkbox"/> Colorado <input type="checkbox"/> Idaho <input type="checkbox"/> Louisiana <input type="checkbox"/> Mississippi <input type="checkbox"/> New Jersey <input type="checkbox"/> Oklahoma <input type="checkbox"/> Tennessee <input type="checkbox"/> West Virginia
Are you licensed to work in the selected states? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:		
Do you perform work outside of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where do you work?		
What type of work do you normally perform? <input type="checkbox"/> Union <input type="checkbox"/> Non-union <input type="checkbox"/> Both		
Preferred Job Cost Range Minimum: Maximum:		
Are you able to provide a payment and performance bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your bonding limit: If yes, what is your bonding rate: / \$1000		

Safety & Health - 5

Workers Compensation Experience Modification Rate (EMR):

- EMR is: Interstate
 Intrastate
 Monopolistic State Rate
 Dual Rate

- EMR for last 3 years:
 EMR:
 EMR:
 EMR:

List your company's OSHA incident rate for the 3 most recent years.

Year	OSHA Incident Rate	Total Hours Worked (excluding Subcontractors)
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- 1) How many serious and willful OSHA citations has your company received in the past 3 years?
Response:
- 2) How many fatalities or subcontractor fatalities has your company incurred in the past three years?
Response:
- 3) Does your company have a written safety program? Yes No
- 4) Does your company have a written hazardous communication program? Yes No
- 5) Does your company have a safety orientation program? Yes No
- 6) Does your company have a written substance abuse program? Yes No
 If yes, does it include the following?

Pre-placement testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random Testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testing for Cause:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOT Testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post Incident Testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- 7) Has your company previously performed work for Fisher Tank Company? Yes No
 If yes, list the last 3 projects your company worked on:

Project Name	Location (City, State)	Value (\$)
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- 8) Provide contact information for the person in charge of your safety program.
 Name:
 Address: ,
 Phone:
 Cell:
 e-mail:

Quality Assurance and Control (QA/QC) - 6

- 1) Does your company have a written Quality Assurance and Control Program? Yes No
If no, please explain why:
- 2) Does your company have written procedures for performing your work? Yes No
If no, please explain why:
- 3) Does your company have a formal training program for your personnel? Yes No
If no, please explain why:
- 4) Does your company have a certification program for the control of measuring and test equipment used to perform your work? Yes No
If no, please explain why:

For NDE companies only:

- 1) Are personnel trained and certified to ASME Section V? Yes No
If no, please explain why:

Information Submittal - 7

Provide a copy of the following with the completed Subcontractor Prequalification Form:

- 1) EMR documentation from your insurance company (Most recent 3 years)
- 2) OSHA 300/300A Logs (Past 3 Years)
- 3) Safety, Health & Environmental Program
- 4) Substance Abuse Program (Include Substances Tested & Levels)

Instructions - 8

- 1) **All questions must be answered.** If the question does not apply, please indicate a "NA" in the response.
- 2) Completed questionnaires and associated documents are to be e-mailed to:

subcontractors@FisherTank.com

If necessary, hard copies are to be sent to: Fisher Tank Company
104 Fisher Tank Drive
Leesville, SC 29070

- 3) **Preferred delivery method of the questionnaire and associated attachments is via e-mail with PDF attachments.**

Signatures - 9

Questionnaire Completed by:

Printed Name: _____

Title: _____

Signature: _____

Date: _____

As an authorized representative of this business, I have reviewed the information provided on this form and certify that it is accurate.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Telephone: () - _____

Email: _____

Evaluation - 10

DO NOT COMPLETE – FISHER TANK USE ONLY

Subcontractor Prequalification For:

Safety

Contractor is: Approved
 Not approved. If not approved, please state reason:
 Conditionally approved. Conditions:

Reviewer: _____ Title: _____

Signature: _____ Date: _____

QA/QC

Contractor is: Approved
 Not approved. If not approved, please state reason:
 Conditionally approved. Conditions:

Reviewer: _____ Title: _____

Signature: _____ Date: _____

Finance

Contractor is: Approved
 Not approved. If not approved, please state reason:
 Conditionally approved. Conditions:

Reviewer: _____ Title: _____

Signature: _____ Date: _____