



Evergreen Industrial Services Pre-Qualification Form (PQF) 2009

GENERAL INFORMATION		
1. Company Name: Evergreen Environmental Services, LLC dba Evergreen Industrial Services	Telephone: 281-478-5800	Fax: 281-478-5004
Street Address:	Mailing Address:	
704-C Old Underwood Road	PO Box 2078	
La Porte, TX 77571	Deer Park, TX 77536	
Email: droye@evergreenes.com or psievert@evergreenes.com	Date: 1-15-2009	
2. Officers:	Years with Company:	
President: Jon Hodges	8.5	
Vice President: Paul Sievert	2	
Treasurer & Secretary: Charleen Jones, CFO	1	
3. How many years has your organization been in business under your present firm name? 8.5 years		
4. Parent Company Name:		
City:	State:	Zip:
Subsidiaries:		
5. Under Current Management Since (Date): June 12, 2000		
6. Contact for Insurance Information: Nina Parker		
Title: Administrator	Telephone: 281-478-5800	Fax: 281-478-5004
7. Insurance Carrier(s): Agent: Bowen, Miclette & Britt		
Account Manager: Gay'I Bradley, CISR 713-880-7100		
Name	Type of Coverage	Telephone
Seabright Ins. Co.	Worker's Comp	713-880-7100
Steadfast Ins. Co.	General Liability & Umbrella	713-880-7100
Zurich American Ins. Co.	Automobile Liability	713-880-7100
8. Are you self insured for Worker's Compensation Insurance?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9. Contact for Requesting Bids: Paul Sievert or ask for "Sales Rep"		
Title: VP Business Development	Telephone: 281-478-5800 or 281-910-0874 cell	Fax: 281-478-5004
10. PQF Completed By: Diana Roye		
Title: Exec. Assistant	Telephone: 281-478-5800	Fax: 281-478-5004

ORGANIZATION

11. Form of Business: Sole Owner Partnership Corporation LLC

12. Are you a Minority or Female owned business (greater than 51%)? Yes No

13a. NAICS Code 23899 SIC Code 1799

(As of January 2005, OSHA has adopted the NAICS coding system replacing the SIC code).

These codes can be found at the following web sites or your insurer may be able to provide.

<http://www.census.gov/epcd/naics02/naicod02.htm> <http://www.bls.gov/iif/oshwc/osh/os/ostb1244.txt>

13b. Describe Services Performed:

- | | |
|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Original Equipment Manufacturer |
| <input type="checkbox"/> Construction Design and Maintenance | <input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.) |
| <input type="checkbox"/> Original Equipment Manufacturer/Installer | <input type="checkbox"/> Manpower and Resource |
| <input checked="" type="checkbox"/> Project Maintenance | <input checked="" type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Maintenance | |

13c. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to Perform work. Feel free to attach additional information clarifying your capabilities and specialties.

(C) denotes work done by company employees (S) denotes work done by subcontractors

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="0"> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">S</td> <td>1. Air Conditioning/Refrigeration</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Comfort Cooling/HVAC</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Process Refrigeration</td> </tr> <tr> <td colspan="2"></td> <td>2. Buildings</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Remodeling</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>New (steel, brick, block, other)</td> </tr> <tr> <td colspan="2"></td> <td>3. Cleaning</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Industrial</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Janitorial</td> </tr> <tr> <td colspan="2"></td> <td>4. 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Cleaning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | <input type="checkbox"/> | Janitorial | | | 4. Civil | <input type="checkbox"/> | <input type="checkbox"/> | Concrete | <input type="checkbox"/> | <input type="checkbox"/> | Excavation/Grading | | | Paving | <input type="checkbox"/> | <input type="checkbox"/> | Asphalt | <input type="checkbox"/> | <input type="checkbox"/> | Concrete | <input type="checkbox"/> | <input type="checkbox"/> | 5. Demolition/Dismantling | | | 6. 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| <input type="checkbox"/> | <input type="checkbox"/> | Comfort Cooling/HVAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Process Refrigeration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2. Buildings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Remodeling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | New (steel, brick, block, other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3. Cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Industrial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Janitorial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. Civil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Concrete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Excavation/Grading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Paving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asphalt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Concrete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Demolition/Dismantling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6. Electrical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | General | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | High-voltage/High-line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Tracing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cathodic Protection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Grounding Systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | S | 11. Field Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | General | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot Tap/line stops | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Leak Sealing (on line) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Field Machining | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tank/Vessel Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Boiler Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Exchanger Retubing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Rotating Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Valve | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooling Tower | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | High Alloy Welding (list type) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lead Lining | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Glass Lining | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Treating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Nonmetallic materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fabrication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Mobil Equipment Repair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 12. Environmental Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacuum trucks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chemical cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hydro blasting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. New Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Painting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Refractory/Acid Brick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Rigging/Equipment Erection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Scaffolding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">C</td> <td style="width: 5%; text-align: center;">S</td> <td style="width: 90%;">7. Inspection & Testing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>General NDT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Infrared Scanning</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Eddy Current Testing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Acoustic Emission</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Column Scanning</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Civil/Soils</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>High Voltage Electrical</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Electrical Ground Inspection</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fiberglass Inspection</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td colspan="3">8. Instrumentation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DCS Control Systems</td> </tr> <tr> <td colspan="3">9. Insulation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asbestos Abatement</td> </tr> <tr> <td colspan="3">10. Linings/coatings for:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Metal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Concrete</td> </tr> </table>	C	S	7. Inspection & Testing	<input type="checkbox"/>	<input type="checkbox"/>	General NDT	<input type="checkbox"/>	<input type="checkbox"/>	Infrared Scanning	<input type="checkbox"/>	<input type="checkbox"/>	Eddy Current Testing	<input type="checkbox"/>	<input type="checkbox"/>	Acoustic Emission	<input type="checkbox"/>	<input type="checkbox"/>	Column Scanning	<input type="checkbox"/>	<input type="checkbox"/>	Civil/Soils	<input type="checkbox"/>	<input type="checkbox"/>	High Voltage Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Ground Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Other	8. Instrumentation			<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>	DCS Control Systems	9. Insulation			<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Abatement	10. 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Consulting</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Mechanical</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Electrical</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Chemical</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Metallurgical</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Controls</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	C	S	18. Scale Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	19. Structural Steel Fab/Erection	<input type="checkbox"/>	<input type="checkbox"/>	20. Tanks - Field Erection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Other	22. 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<p>14. Describe Additional Services Performed: Hydroblast Cleaning, Vacuum Services, Tank Cleaning, Ultra High Pressure Water Cutting, Hazardous Waste Transportation Services, Waste Minimization, Hydro Excavation, Tower Cleaning, Roll-Off Services, Sewer Cleaning, Air Machines, Turnarounds, Chemical Cleaning, Sludge Processing, Pond Dredging, Abrasive Blast Cleaning, Vapor Phase De-Gassing, plus Pipeline and Vessel De-Coking.</p>																																																																																																	
<p>15. List other types of work within the services you normally perform that you subcontract to others: None.</p>																																																																																																	
<p>16. Attach a list of major equipment (e.g., cranes, JLGs, forklifts) your company has available for work at this facility and the method of establishing competency to operate. Attached.</p>																																																																																																	
<p>17. a. Do you normally employ? <input type="checkbox"/> Union Personnel <input checked="" type="checkbox"/> Non-Union Personnel <input type="checkbox"/> Leased Personnel If union, list trades/locals: b. Average number of employees for last 3 years <u>175-300</u></p>																																																																																																	
<p>18. Company Benefits – Do you have or provide:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Company paid health/dental insurance</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>b. Educational reimbursement</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>c. Paid sick leave/vacation/holiday</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>d. Employee profit sharing</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		a. Company paid health/dental insurance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. Educational reimbursement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. Paid sick leave/vacation/holiday	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. Employee profit sharing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																								
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COMPANY WORK HISTORY

19.	Annual Dollar Volume for the Past Three Years:	2008 \$39 million	2007 \$25.2 million	2006 \$20.5 million
20.	Largest Job During the Last 3 Years: \$4 million for Valero			
21.	Your Firm's Desired Project Size: \$500,000		Maximum: \$10 million	Minimum: \$5,000
22.	D&B Financial Rating:	Annual Sales: \$39 million	Net Worth: \$	Tax ID #: 76-0643898
23.	Major jobs in progress:			
	Customer/Location	Type of Work	Size \$M	Customer Contact
				Telephone
	Pasadena Refining Pasadena, TX	Tank cleaning Jan. to Dec. 2008	3	Steve Wilson
	Valero Refining Houston, TX	Industrial cleaning Jan. to Dec. 2008	4	Brion Cann
	BP Texas City, TX	Waste transportation Jan. to Dec. 2008	7	Suzanne Joyner
24.	Major jobs completed in the past three years:			
	Customer/Location	Type of Work	Size \$M	Customer Contact
				Telephone
	Sterling Chemicals Texas City, TX	Styrene Turnaround Jan. to June 2008	4	██████████
	ExxonMobil Beaumont, TX	Hurricane Clean-Up Sept. to Dec. 2008	2.5	██████████
	Flint Hills Corpus Christi, TX	FCCU SRU Turnaround Sept. to Nov. 2008	1.2	██████████
	Ineos Nova Bayport, TX	Plantwide Turnaround April to June 2004	1.5	██████████
25.	Are there any judgments, claims or suits pending or outstanding against your company? If yes, please attach details. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26.	Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? If yes, please attach details. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SAFETY & HEALTH PERFORMANCE

27. Workers Compensation Experience Modification Rate (EMR) Data

<p>a. EMR is:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">x</td> <td style="width: 50%;">Interstate rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Intrastate rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Monopolistic State rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td>Dual rate</td> </tr> </table>	x	Interstate rate	_____	Intrastate rate	_____	Monopolistic State rate	_____	Dual rate	<p>b. EMR for last three years:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">.99</td> <td style="width: 50%;">2008-09</td> </tr> <tr> <td style="border-bottom: 1px solid black;">.99</td> <td>2007-08</td> </tr> <tr> <td style="border-bottom: 1px solid black;">.99</td> <td>2006-07</td> </tr> </table>	.99	2008-09	.99	2007-08	.99	2006-07
x	Interstate rate														
_____	Intrastate rate														
_____	Monopolistic State rate														
_____	Dual rate														
.99	2008-09														
.99	2007-08														
.99	2006-07														
<p>c. State or Origin: Texas</p>	<p>d. EMR Anniversary Date: 11/9/2009</p>														

28. Injury and Illness Data:

<p>a. Corporate Employee hours worked last three years (excluding subcontractors)</p>	Hours/ Year	2008	2007	2006
Field		631,584	371,844	280,644
Total		704,651	437,464	330,170

b. Provide the following data using your OSHA 300 Forms for the past three (3) years:

	2008		2007		2006	
	No.	Rate	No.	Rate	No.	Rate
Injury related fatality <i>Rate = $\frac{\text{Total Injury Related Fatalities} \times 200,000}{\text{Total Employee Hours}}$</i>	0	0	0	0	0	0
Lost workday cases injuries involving days away from work, or days of restricted work activity or both <i>Rate = $\frac{\text{Total Lost workday cases} \times 200,000}{\text{Total Employee Hours}}$</i>	1	.28	1	.46	0	0
Lost workday case injuries involving days away from work <i>Rate = $\frac{\text{Total Lost workday case injuries} \times 200,000}{\text{Total Employee Hours}}$</i>	0	0	0	0	0	0
Injuries involving medical treatment only (No Lost Workdays) <i>Rate = $\frac{\text{Total Medical Treatment cases} \times 200,000}{\text{Total Employee Hours}}$</i>	1	.28	3	1.37	0	0
Total OSHA Recordable Injury Rate <i>Rate = $\frac{\text{Total OSHA Recordable cases} \times 200,000}{\text{Total Employee Hours}}$</i>	2	.57	4	1.83	0	0
Illness related fatality <i>Rate = $\frac{\text{Total Illness related fatalities} \times 200,000}{\text{Total Employee Hours}}$</i>	0	0	0	0	0	0
Lost workday case illnesses involving days away from work, or days of restricted work activity, or both <i>Rate = $\frac{\text{Total Lost workday case illnesses} \times 200,000}{\text{Total Employee Hours}}$</i>	0	0	0	0	0	0
Lost workday case illnesses involving days away from work <i>Rate = $\frac{\text{Total Lost workday case illnesses} \times 200,000}{\text{Total Employee Hours}}$</i>	0	0	0	0	0	0

Illnesses not involving lost workdays or restricted Workdays <i>Rate = $\frac{\text{Total Illnesses not lost wkdays or restricted}}{\text{Total Employee Hours}} \times 200,000$</i>	0	0	0	0	0	0
Total OSHA Recordable Illness Rate <i>Rate = $\frac{\text{Total OSHA Recordable Illnesses}}{\text{Total Employee Hours}} \times 200,000$</i>	0	0	0	0	0	0

29. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?
If yes, please attach copies. Yes No

SAFETY & HEALTH MANAGEMENT

30. Highest ranking safety/health professional in the company:

Title: VP, HSE & HR Bill Shaw, CSHO	Telephone: 281-478-5800	Fax: 281-478-5004
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31. Do you have or provide:

a. Full time Safety/Health Director Yes No

b. Full time Safety/Health Supervisor Yes No

c. Full time Job Safety/Health Coordinator Yes No

32. Do you have or provide:

a. Safety/Health incentive program Yes No

b. Company paid safety/health training Yes No

SAFETY & HEALTH PROGRAMS & PROCEDURES

33. a. Do you have a written Safety & Health Program? Yes No

b. Does the program address the following key elements?

Management commitment and expectations Yes No

Employee participation Yes No

Accountabilities and responsibilities for managers, supervisors, and employees Yes No

Resources for meeting safety & health requirements Yes No

Periodic safety and health performance appraisals for all employees Yes No

Safety Recognition Program Yes No

Hazard recognition and control Yes No

c. Does the program satisfy your responsibility under the law for:

Ensuring your employees follow the safety rules of the facility? Yes No

Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor? Yes No

34. Does the program include work practices and procedures such as:
- a. Equipment Lockout and Tagout (LOTO) Yes No
 - b. Confined Space Entry Yes No
 - c. Injury & Illness Recording Yes No
 - d. Fall Protection Yes No
 - e. Personal Protective Equipment Yes No
 - f. Portable Electrical/Power Tools Yes No
 - g. Vehicle Safety Yes No
 - h. Compressed Gas Cylinders Yes No
 - i. Electrical Equipment Grounding Assurance Yes No
 - j. Powered Industrial Vehicles (Crane, Forklifts, JLGs, etc.) Yes No *Forklift only*
 - k. Housekeeping Yes No
 - l. Accident/Incident Reporting Yes No
 - m. Unsafe Condition Reporting Yes No
 - n. Emergency Preparedness, including evacuation plan Yes No
 - o. Waste Disposal Yes No
 - p. Back Injury Prevention Yes No
 - q. Specialized Equipment (e.g. Hydroblast, Exchanger Extractors, etc.) Yes No

35. Do you have written programs for the following:
- a. Hearing Conservation Yes No
 - b. Respiratory Protection Yes No
 - Where applicable, have employees been:
 - Trained Yes No
 - Fit tested Yes No
 - Medically approved Yes No
 - c. Hazard Communication Yes No
 - Have employees been trained Yes No
 - d. Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910). Yes No

36. Do you have a substance abuse program? Yes No
- If yes, does it include the following?
- Pre-placement Testing Yes No
 - Random Testing Yes No
 - Testing for Cause Yes No
 - DOT Testing Yes No *if required*

37. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? Yes No
- If no, provide a description of your plan to assure that they can safely perform their jobs.

<p>38. Medical</p> <p>a. Do you conduct medical examinations for:</p> <table border="0"> <tr> <td>Pre-placement</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Pre-placement Job Capability</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Hearing Function (Audiogram)</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Pulmonary</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Respiratory</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> <p>b. Describe how you will provide first aid and other medical services for your employees while on site. <i>They are seen by the Safety Coordinator and sent to a medical facility if needed.</i> Specify who will provide this service: Bayport Occupational Medical Center</p> <p>c. Do you have personnel trained to perform first aid and CPR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	Pre-placement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-placement Job Capability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hearing Function (Audiogram)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Pulmonary	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Respiratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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Pulmonary	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No														
Respiratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No														
<p>39. Do you hold site safety and health meetings for:</p> <table border="0"> <tr> <td>Field Supervisors</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Frequency : weekly</td> </tr> <tr> <td>Employees</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Frequency : weekly</td> </tr> <tr> <td>New Hires</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Frequency : weekly</td> </tr> <tr> <td>Subcontractors</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td>Frequency :</td> </tr> </table> <p>Are the safety and health meetings documented? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	Field Supervisors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency : weekly	Employees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency : weekly	New Hires	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency : weekly	Subcontractors	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Frequency :
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Employees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency : weekly													
New Hires	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency : weekly													
Subcontractors	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Frequency :													
<p>40. Personal Protection Equipment (PPE)</p> <p>a. Is applicable PPE provided for employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Do you have a program to assure that PPE is inspected and maintained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>41. Do you have a corrective action process for addressing individual safety and health performance deficiencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>42. Equipment and Materials</p> <p>a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Do you maintain operating equipment in compliance with regulatory requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Do you maintain the applicable inspection and maintenance certification records for operating equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																

<p>43. Subcontractors</p> <p>Do you use subcontractors? (If no, skip to question 44)</p> <p>a. Do you use safety and health performance criteria in selection of subcontractors?</p> <p>b. Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?</p> <p>c. Do your subcontractors have a written Safety & Health Program?</p> <p>d. Do you include your subcontractors in:</p> <p>Safety & Health Orientation</p> <p>Safety & Health Meeting</p> <p>Inspections</p> <p>Audits</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>44. Inspections and Audits</p> <p>a. Do you conduct safety and health inspections?</p> <p>b. Do you conduct safety and health program audits?</p> <p>c. Are corrections of deficiencies documented?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

SKILL ASSESSMENT & CRAFT TRAINING

48. What kind of skill assessment training and or craft assessment do you use?

- Company Owned Hydroblast technicians
 ABC/WOL
 NCCER
 DOLBAT
 Other (e.g. Certificate, Degree, Testing, etc.) DOT Compliance Class, DOT DDC for Professional Truck Drivers

Note: (Questions 48-51) Even though your workers may not be a traditional craft (pipefitter, electrician, etc.), provide answers for whatever their profession or skill is.

49. WORKFORCE	# of Total Direct	% of Total Direct
a. Journeymen Craftsmen	<u>40</u>	<u>27</u>
b. Helper/Trainees	<u>80</u>	<u>53</u>
c. Total Workforce (All Other)	<u>30</u>	<u>20</u>

50. SKILL ASSESSMENT TRAINING RECORDS

- a. Do you have training records for employees? Yes No
- b. % of Employees who have completed Craft Training 27 %
- c. % Employees presently enrolled in Craft Training 5-10 %
- d. If employees have not completed or are not enrolled in Craft Training, have they been trained for tasks to which they are assigned (attach explanation). Yes No
- e. Do the training records include the following?:
- | | | |
|-------------------------------------|---|-----------------------------|
| Employee identification | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of trainer | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Method used to verify understanding | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
- f. How do you verify understanding of training?
 (Check all that apply.)
- | | |
|--|---|
| <input checked="" type="checkbox"/> Written test | <input checked="" type="checkbox"/> Job Monitoring |
| <input type="checkbox"/> Oral test | <input checked="" type="checkbox"/> Other (List) <u>Hands on training</u> |
| <input type="checkbox"/> Performance test | |

51. ASSESSMENT

- a. Have Craftsmen been assessed through the craft skills assessment process? Yes No
- b. How do you address craft training deficiencies?

Schedule the employee for more training. _____
- c. For those employees for whom there is not a skills assessment available, do you have a process to assess the skills of your workers to assure they are qualified (attach explanation) Yes No

- d. Are employees job skills certified where required by regulatory or industry consensus standards (attach a list of the crafts which have been certified) Yes No
- e. Does your company employees operate cranes? Yes No
 If so, are they NCCCO Certified ? Yes No
 If not, explain.

52. HELPERS/TRAINEES	#	%
a. Helpers who are enrolled in Wheels of Learning or DOL Bureau of Apprenticeship Training	<u> 0 </u>	<u> 0 </u>
b. Helpers who are not enrolled in WOL or DOL BAT	<u> 0 </u>	<u> 0 </u>
c. Other _____	<u> 0 </u>	<u> 0 </u>

QUALITY MANAGEMENT SYSTEM

53. Does your company have a Quality Program? Yes No
 If yes, Is your Quality Program registered? Yes No
- List all Quality Programs with active registrations/certifications _____

- Name of Registering Body _____

54. Does your quality program include:
- | | | |
|--------------------------------|---|-----------------------------|
| Management Review | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internal Auditing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Document and Data Control | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quality Records | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corrective / Preventive Action | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

55. Do your procedures include instruction on the following:
- | | | |
|--|------------------------------|--|
| Approval of suppliers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Tracking of supplier performance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Handling of nonconforming product | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Notification to customer when nonconformance occurs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Corrective action and follow to a customer quality complaint | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
56. Do you have QA/QC for Mechanical Integrity? Yes No
 If Yes, provide copy of program.

BACKGROUND CHECKS

57. Will your company provide any of the following services
- | | | |
|--|------------------------------|--|
| Car service drivers (limo drivers) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Contract workers with access to Customer Proprietary Information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Access to Computing facilities (LAN) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telecommunication networks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mailroom workers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DCS Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lab Contractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INFORMATION SUBMITTAL

Upon request, Evergreen can provide copies of the following items with the completed PQF:

- EMR documentation from our insurance carrier
- Insurance Certificate(s)
- OSHA Logs 300 and 300A (Past 3 years)
- Safety & Health Program
- Safety & Health Incentive Program
- Substance Abuse Program
- Hazard Communication Program
- Respiratory Protection Program
- Hearing Conservation
- Ground Fault Assurance
- Employee Craft Training Documentation
- Housekeeping Policy
- Accident/Incident Investigation Procedure
- Unsafe Condition Reporting Procedure
- Safety & Health Inspection Form
- Safety & Health Audit Procedure or Form
- Safety & Health Orientation (Outline)
- Safety & Health Training Program (Outline)
- Example of Employee Safety & Health Training Records
- Safety & Health Training Schedule (Sample)
- Safety & Health Training for Supervisors (Outline)

This document must be signed by a company officer.

Evergreen Environmental Services, LLC dba Evergreen Industrial Services
Company

Bill Shaw CSHO

VP HSE & HR
Title

Signature

01-15-2009
Date

Bill Shaw, CSHO
Name



List of Crafts

Hydroblast Operators
Hydroblast Technicians
Vacuum Truck Operators
Vacuum Truck Technicians
Tank Cleaning Operators
Tank Cleaning Technicians
Chemical Cleaning Operators
Chemical Cleaning Technicians
Field Supervisors
Project Managers



List of Equipment that Evergreen has available to work at your facility:

Hydroblast Pumps

Chemical Circulation Pumps

High Volume Centrifugal Pumps

Vacuum Trucks, 70 bbl or 130 bbl

Roll-off Trucks

Transportation Vehicles

Robotic Tank Cleaning System

Roll-off Boxes