



## Evergreen Industrial Services Pre-Qualification Form (PQF) 2010

GENERAL INFORMATION		
1. Company Name: Evergreen Environmental Services, LLC dba Evergreen Industrial Services	Telephone: 281-478-5800	Fax: 281-478-5004
Street Address: 704-C Old Underwood Road La Porte, TX 77571	Mailing Address: PO Box 2078 Deer Park, TX 77536	
Email: gmalone@evergreenes.com or psievert@evergreenes.com	Date: 01-19-2010	
2. Officers: Years with Company:		
President: Jon Hodges	10	
Vice President: Paul Sievert	4	
Treasurer & Secretary: Charleen Jones, CFO	3	
3. How many years has your organization been in business under your present firm name? 10 years		
4. Parent Company Name:		
City:	State:	Zip:
Subsidiaries:		
5. Under Current Management Since (Date): June 12, 2000		
6. Contact for Insurance Information: Georgia Malone		
Title: Exec. Asst.	Telephone: 281-478-5800	Fax: 281-478-5004
7. Insurance Carrier(s): Agent: Bowen, Milette & Britt Account Manager: Gay'I Bradley, CISR 713-880-7100		
Name	Type of Coverage	Telephone
Texas Mutual Ins.	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: Georgia Malone		
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

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>C</b></td> <td style="width: 5%;"><b>S</b></td> <td><b>7. 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<p><b>14. Describe Additional Services Performed:</b> <i>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.</i></p>																																																																																																													
<p><b>15. List other types of work within the services you normally perform that you subcontract to others:</b> <i>None. Do not use subcontractors.</i></p>																																																																																																													
<p><b>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.</b> <i>Attached.</i></p>																																																																																																													
<p><b>17. a. Do you normally employ?</b> <input type="checkbox"/> Union Personnel <input checked="" type="checkbox"/> Non-Union Personnel <input type="checkbox"/> Leased Personnel If union, list trades/locals: <b>b. Average number of employees for last 3 years</b> <u>175-300</u></p>																																																																																																													
<p><b>18. Company Benefits – Do you have or provide:</b></p> <table style="width: 100%;"> <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:	2009 \$30 Million	2008 \$39 Million	2007 \$25.2 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 #: 844157409	Annual Sales: \$30 million	Net Worth: \$	Tax ID #: 76-0643898
23.	Major jobs in progress:			
	<b>Customer/Location</b>	<b>Type of Work</b>	<b>Size \$M</b>	<b>Customer Contact</b>
	Flint Hills Resources Corpus Christi, TX	Turnaround	1.0M	Marvin Kirk 361-242-8754
	CITGO Lake Charles, LA	Coker Turnaround	0.5M	Perry Britt 337-708-7000
	Western Refining El Paso, TX	Waste Water Processing	1.0M	Robert Dennis 915-775-3326
24.	Major jobs completed in the past three years:			
	<b>Customer/Location</b>	<b>Type of Work</b>	<b>Size \$M</b>	<b>Customer Contact</b>
	Sterling Chemicals Texas City, TX	Styrene Turnaround Jan. to June 2008	4.0M	Carlos Mata 409- 942-3428
	ExxonMobil Beaumont, TX	Hurricane Clean-Up Sept. to Dec. 2008	2.5M	Greg Hulet 409-839-1321
	Flint Hills Corpus Christi, TX	FCCU SRU Turnaround Sept. to Nov. 2008	1.2M	Bart Manson 361-242-7411
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>_____</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;">.91</td> <td style="width: 50%;">2009-10</td> </tr> <tr> <td style="border-bottom: 1px solid black;">.99</td> <td>2008-09</td> </tr> <tr> <td style="border-bottom: 1px solid black;">.99</td> <td>2007-08</td> </tr> </table>	.91	2009-10	.99	2008-09	.99	2007-08
x	Interstate rate														
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.99	2007-08														
<p>c. State or Origin: Texas</p>	<p>d. EMR Anniversary Date: 11/9/2010</p>														

### 28. Injury and Illness Data:

<p>a. Corporate Employee hours worked last three years (excluding subcontractors)</p>	<b>Hours/ Year</b>	2009	2008	2007
Field		391,264	631,584	371,844
Total		448,555	704,651	437,464

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

	2009		2008		2007	
	No.	Rate	No.	Rate	No.	Rate
Injury related fatality <i>Rate = <math>\frac{\text{Total Injury Related Fatalities} \times 200,000}{\text{Total Employee Hours}}</math></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 = <math>\frac{\text{Total Lost workday cases} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	1	.28	1	.46
Lost workday case injuries involving days away from work <i>Rate = <math>\frac{\text{Total Lost workday case injuries} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	0	0	0	0
Injuries involving medical treatment only (No Lost Workdays) <i>Rate = <math>\frac{\text{Total Medical Treatment cases} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	1	.28	3	1.37
Total OSHA Recordable Injury Rate <i>Rate = <math>\frac{\text{Total OSHA Recordable cases} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	2	.57	4	1.83
Illness related fatality <i>Rate = <math>\frac{\text{Total Illness related fatalities} \times 200,000}{\text{Total Employee Hours}}</math></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 = <math>\frac{\text{Total Lost workday case illnesses} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	0	0	0	0
Lost workday case illnesses involving days away from work <i>Rate = <math>\frac{\text{Total Lost workday case illnesses} \times 200,000}{\text{Total Employee Hours}}</math></i>	0	0	0	0	0	0

Illnesses not involving lost workdays or restricted Workdays <i>Rate = <math>\frac{\text{Total Illnesses not lost wkdays or restricted}}{\text{Total Employee Hours}} \times 200,000</math></i>	0	0	0	0	0	0
Total OSHA Recordable Illness Rate <i>Rate = <math>\frac{\text{Total OSHA Recordable Illnesses}}{\text{Total Employee Hours}} \times 200,000</math></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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>SAFETY &amp; HEALTH MANAGEMENT</b>						
30. Highest ranking safety/health professional in the company:						
Title: VP, HSE & HR Bill Shaw, CSHO	Telephone: 281-478-5800		Fax: 281-478-5004			
31. Do you have or provide:						
a. Full time Safety/Health Director			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Full time Safety/Health Supervisor			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Full time Job Safety/Health Coordinator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
32. Do you have or provide:						
a. Safety/Health incentive program			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Company paid safety/health training			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SAFETY &amp; HEALTH PROGRAMS &amp; PROCEDURES</b>						
33. a. Do you have a written Safety & Health Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Does the program address the following key elements?						
Management commitment and expectations			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Employee participation			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Accountabilities and responsibilities for managers, supervisors, and employees			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Resources for meeting safety & health requirements			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Periodic safety and health performance appraisals for all employees			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Safety Recognition Program			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Hazard recognition and control			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Does the program satisfy your responsibility under the law for:						
Ensuring your employees follow the safety rules of the facility?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (*\*Do not use*)  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><b>38. Medical</b></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: <i>U.S. Healthworks Medical Center</i></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	
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														
<p><b>39. Do you hold site safety and health meetings for:</b></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 : n/a</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 : n/a
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 : n/a													
<p><b>40. Personal Protection Equipment (PPE)</b></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><b>41. Do you have a corrective action process for addressing individual safety and health performance deficiencies?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p><b>42. Equipment and Materials</b></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><b>43. Subcontractors</b></p>	<p><b>Do you use subcontractors? (If no, skip to question 44)</b></p> <p><b>a. Do you use safety and health performance criteria in selection of subcontractors?</b></p> <p><b>b. Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?</b></p> <p><b>c. Do your subcontractors have a written Safety &amp; Health Program?</b></p> <p><b>d. Do you include your subcontractors in:</b>  <b>Safety &amp; Health Orientation</b>  <b>Safety &amp; Health Meeting</b>  <b>Inspections</b>  <b>Audits</b></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  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>44. Inspections and Audits</b></p>	<p><b>a. Do you conduct safety and health inspections?</b></p> <p><b>b. Do you conduct safety and health program audits?</b></p> <p><b>c. Are corrections of deficiencies documented?</b></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  Hydroblast technicians  
 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 checked="" type="checkbox"/> Yes | <input 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

01-19-2010  
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 (10K to 40K)

UHP – Mobile Trailer Units

Chemical Circulation Pumps

High Volume Centrifugal Pumps

Vacuum Trucks, 70 bbl or 130 bbl

5-Axle Trucks

3-Axle Trucks

Roll-off Trucks

Robotic Tank Cleaning Systems

Vapor Phase Degassing Systems

Roll-off Boxes

Air Machines

Jet Rodder Sewer Cleaners

Peinemann Multi-Lance Units



## List of Evergreen Services

<b>CORE SERVICE</b>	<b>DESCRIPTION</b>	<b>COMMENTS</b>
Hydroblasting	10-12K psi	Assorted productivity enhancement tools
Ultra-High (UHP)	≥ 36,000 psi	Assorted productivity enhancement tools
Chemical Cleaning	Various applications	Inorganic/Organic
Roll-Off Box Services	All types and sizes	Box build and repair company
Waste Minimization	All types of materials	Centrifuge plate and frame presses and chemical
Off-Site Waste Transportation	Solids, liquids, sanitation	Partnerships with various disposal sites (Texas/Louisiana)
Robotic Tank Cleaning	Specialized tank degassing/waste processing systems	Providing “Best in Class” technology to maximize productivity
Line Pigging	Various size lines	Pre-commissioning to sludge/deposit removal
Rail Car Cleaning	Clean various delivery rail cars	Reduce transaction cost + direct cost
Septic Waste	Pick up and disposal	New core business
Plant Waste / Refuse Services	Handle all in-plant and roll boxes, including transportation	Partnerships with land-fill