



## CONTRACTOR PRE-QUALIFICATION FORM (PQF)

Form #: SAFE 60 PQF

Last Revised: 9/17/2025

### GENERAL INFORMATION

<b>Company Name:</b> Click here to enter text.	<b>Telephone:</b> Click here to enter text.	<b>Fax:</b> Click here to enter text.
<b>Street Address:</b> Click here to enter text.	<b>Mailing Address:</b> Click here to enter text.	
<b>Web Site:</b> Click here to enter text.		
<b>Contact Person:</b> Click here to enter text.	<b>Email:</b> Click here to enter text.	
<b>Telephone:</b> Click here to enter text.	<b>Fax:</b> Click here to enter text.	
<b>Describe Services Performed</b> (Check all that apply)		
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction Design	<input type="checkbox"/> Original Equipment Manufacturer and Installer
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Specialty Maintenance	<input type="checkbox"/> Manpower and Resource
<input type="checkbox"/> Original Equipment Manufacturer and Maintenance	<input type="checkbox"/> Service Work (e.g. Janitorial, Clerical, Etc.)	<input type="checkbox"/> Turnaround
<input type="checkbox"/> Engineering	<input type="checkbox"/> Other	

### WORK CATEGORIES

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties. Please include all types of work you are qualified to perform and interested in performing at ARG. If categories do not meet your type of work, please include brief description in Additional Services Performed box below.

	<u>Type of Work</u>		<u>Type of Work</u>
<input type="checkbox"/>	<b>1. Air Conditioning / Refrigeration</b> Click here to enter text.	<input type="checkbox"/>	<b>13. Instrumentation</b> Click here to enter text.
<input type="checkbox"/>	Comfort Cooling / HVAC Click here to enter text.	<input type="checkbox"/>	GeneralClick here to enter text.
<input type="checkbox"/>	Process RefrigerationClick here to enter text.	<input type="checkbox"/>	DCS Control SystemsClick here to enter text.
<input type="checkbox"/>	<b>2. Buildings</b> Click here to enter text.	<input type="checkbox"/>	<b>14. Insulation</b> Click here to enter text.
<input type="checkbox"/>	RemodelingClick here to enter text.	<input type="checkbox"/>	GeneralClick here to enter text.
<input type="checkbox"/>	New (steel, brick, block, other)Click here to enter text.	<input type="checkbox"/>	Asbestos AbatementClick here to enter text.
<input type="checkbox"/>	<b>3. Cleaning</b> Click here to enter text.	<input type="checkbox"/>	<b>15. Linings/coatings for:</b> Click here to enter text.
<input type="checkbox"/>	IndustrialClick here to enter text.	<input type="checkbox"/>	MetalClick here to enter text.
<input type="checkbox"/>	JanitorialClick here to enter text.	<input type="checkbox"/>	ConcreteClick here to enter text.
<input type="checkbox"/>	<b>4. Civil</b> Click here to enter text.	<input type="checkbox"/>	<b>16. Field Maintenance</b> Click here to enter text.
<input type="checkbox"/>	ConcreteClick here to enter text.	<input type="checkbox"/>	GeneralClick here to enter text.
<input type="checkbox"/>	Excavation/Grading PavingClick here to enter text.	<input type="checkbox"/>	Hot Tap/line stopsClick here to enter text.
<input type="checkbox"/>	AsphaltClick here to enter text.	<input type="checkbox"/>	Leak Sealing (online)Click here to enter text.
<input type="checkbox"/>	ConcreteClick here to enter text.	<input type="checkbox"/>	Field MachiningClick here to enter text.
<input type="checkbox"/>	<b>5. Communications (Low Voltage)</b>	<input type="checkbox"/>	Tank/Vessel CodeClick here to enter text.
<input type="checkbox"/>	<b>6. Demolition/Dismantling</b> Click here to enter text.	<input type="checkbox"/>	Boiler CodeClick here to enter text.
<input type="checkbox"/>	<b>7. Electrical</b> Click here to enter text.	<input type="checkbox"/>	Exchanger RetubingClick here to enter text.



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<input type="checkbox"/> GeneralClick here to enter text.	<input type="checkbox"/> Rotating EquipmentClick here to enter text.
<input type="checkbox"/> High-voltage/High-lineClick here to enter text.	<input type="checkbox"/> ValveClick here to enter text.
<input type="checkbox"/> Heat TracingClick here to enter text.	<input type="checkbox"/> Cooling TowerClick here to enter text.
<input type="checkbox"/> Cathodic ProtectionClick here to enter text.	<input type="checkbox"/> High Alloy Welding (list type)Click here to enter text.
<input type="checkbox"/> Grounding SystemsClick here to enter text.	<input type="checkbox"/> Lead LiningClick here to enter text.
<input type="checkbox"/> 8. Inspection & TestingClick here to enter text.	<input type="checkbox"/> Glass LiningClick here to enter text.
<input type="checkbox"/> General NDTClick here to enter text.	<input type="checkbox"/> Heat TreatingClick here to enter text.
<input type="checkbox"/> RadiographyClick here to enter text.	<input type="checkbox"/> Nonmetallic materialsClick here to enter text.
<input type="checkbox"/> Infrared ScanningClick here to enter text.	<input type="checkbox"/> Pipe FabricationClick here to enter text.
<input type="checkbox"/> Eddy Current TestingClick here to enter text.	<input type="checkbox"/> Mobile Equipment RepairClick here to enter text.
<input type="checkbox"/> Acoustic EmissionClick here to enter text.	<input type="checkbox"/> 17. New ConstructionClick here to enter text.
<input type="checkbox"/> Column ScanningClick here to enter text.	<input type="checkbox"/> 18. PaintingClick here to enter text.
<input type="checkbox"/> Civil/SoilsClick here to enter text.	<input type="checkbox"/> 19. Refractory/Acid BrickClick here to enter text.
<input type="checkbox"/> High Voltage ElectricalClick here to enter text.	<input type="checkbox"/> 20. Rigging/Equipment ErectionClick here to enter text.
<input type="checkbox"/> Electrical Ground InspectionClick here to enter text.	<input type="checkbox"/> 21. ConsultingClick here to enter text.
<input type="checkbox"/> Fiberglass InspectionClick here to enter text.	<input type="checkbox"/> MechanicalClick here to enter text.
<input type="checkbox"/> 9. ScaffoldingClick here to enter text.	<input type="checkbox"/> ElectricalClick here to enter text.
<input type="checkbox"/> 10. Scale MaintenanceClick here to enter text.	<input type="checkbox"/> ChemicalClick here to enter text.
<input type="checkbox"/> 11. Structural Steel Fab/ErectionClick here to enter text.	<input type="checkbox"/> MetallurgicalClick here to enter text.
<input type="checkbox"/> 12. Tanks - Field ErectionClick here to enter text.	<input type="checkbox"/> ControlsClick here to enter text.

Describe Additional Services Performed:

### HEALTH & SAFETY PERFORMANCE

Workers Compensation Experience Modification Rate (EMR) Data (or attach EMR documentation from Insurance Company –see below)

☐ Check box here if supporting EMR information is attached (if so no need to complete sections a,b,c,d – proceed to e).

a. EMR is:Click here to enter text.

b. EMR for last three yearsClick here to enter text.

c. State of Origin:Click here to enter text.

d. EMR Anniversary Date:Click here to enter text.

e. Standard Industrial Classification (SIC):Click here to enter text.

OSHA Injury and Illness Data: Please complete information below



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☐ Check box here if previous 3 years OSHA 200 / 300 forms are attached (if so proceed to HEALTH, SAFETY & ENVIRONMENTAL MANAGEMENT section, if not please continue on next page with submittal of info)

a. Provide data (excluding subcontractor) using your OSHA 200 and 300 Forms from the past three (3) years: Notes:

- 1) Data should be total company data unless specifically requested by client.
- 2) Combine injuries and illnesses from 200 Form as reported on 300 Form
- 3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years. (attach separate items upon submittal).

b. Total company employee hours worked last three years (excluding subcontractors):

Year:	Year:Click here to enter text.	Year:Click here to enter text.	Year:Click here to enter text.
Hours worked:	Hours:Click here to enter text.	Hours:Click here to enter text.	Hours:Click here to enter text.
<b>Fatalities</b> Rate = Number of Fatalities x 200,000 / Total Employee Hours	# : Click here to enter text.	Rate:Click here to enter text.	# : Click here to enter text. Rate:Click here to enter text.:
<b>DART (Days Away/Restricted or Job Transfer Rate)</b> Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both Rate = Total LW and restricted cases x 200,000 / Total Employee Hours	# : Click here to enter text.	Rate:Click here to enter text.	# : Click here to enter text. Rate:Click here to enter text.:
<b>MTC (Medical Treatment Case)</b> Injuries and Illnesses involving medical treatment only. Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 / Total Employee Hours	# : Click here to enter text.	Rate:Click here to enter text.	# : Click here to enter text. Rate:Click here to enter text.:
<b>TRIR (Total OSHA Recordable Injury and Illnesses Rate)</b> Rate = Total Injuries and Illnesses x 200,000 / Total Employee Hours	# : Click here to enter text.	Rate:Click here to enter text.	# : Click here to enter text. Rate:Click here to enter text.:

Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years? If so, how many and provide description of citation.  
Click here to enter text.

### HEALTH, SAFETY & ENVIRONMENTAL MANAGEMENT

Name of highest ranking safety/health professional in the company

Name: Click here to enter text.	Title: Click here to enter text.
Telephone: Click here to enter text.	Fax: Click here to enter text.
<b>Do you have or provide:</b>	a. Full time Safety/Health Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Full time Site Safety/Health Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Full Time Job Safety/Health Coordinator: <input type="checkbox"/> Yes <input type="checkbox"/> No

### HEALTH, SAFETY & ENVIRONMENTAL PROGRAMS / PROCEDURES

a. Do you have a written EHS Program? ☐ Yes ☐ No \*\*If no skip to section F\*\*



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**b. Does the program address the following key elements? Check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Management commitment and expectations   | <input type="checkbox"/> 2. Employee participation   |
| <input type="checkbox"/> 3. Accountabilities and responsibilities for managers, supervisors, and employees | <input type="checkbox"/> 4. Resources for meeting safety, health environmental requirements. |
| <input type="checkbox"/> 5. Hazard recognition and control   | <input type="checkbox"/> 6. Safety, Health Environmental Recognition Program                 |

**c. Does the program satisfy your responsibility under the law for:** Check box below if yes

- |  |
|--|
| <input type="checkbox"/> Ensuring your employees follow the safety rules   |
| <input type="checkbox"/> Advising owner of any unique hazards presented by the contractors work and of any hazards found by the contractor |

**d. Does the program include work practices and procedures such as:** Check box below if yes

- |  |
|--|
| <input type="checkbox"/> Ensuring your employees follow the safety rules   |
| <input type="checkbox"/> Advising owner of any unique hazards presented by the contractors work and of any hazards found by the contractor |

**e. Does the program include work practices and procedures such as:** Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> a. Equipment Lockout and Tagout (LOTO)             | <input type="checkbox"/> b. Confined Space Entry                                  |
| <input type="checkbox"/> c. Injury and Illness Recording                    | <input type="checkbox"/> d. Confined Space Rescue                                 |
| <input type="checkbox"/> e. Personal Protective Equipment                   | <input type="checkbox"/> f. Fall Protection                                       |
| <input type="checkbox"/> g. Vehicle Safety                                  | <input type="checkbox"/> h. Portable Electrical/Power Tools                       |
| <input type="checkbox"/> i. Electrical Equipment Grounding Assurance        | <input type="checkbox"/> j. Compressed Gas Cylinders                              |
| <input type="checkbox"/> k. Housekeeping                                    | <input type="checkbox"/> l. Powered Industrial Vehicles (Cranes, Forklifts, JLGs) |
| <input type="checkbox"/> m. Unsafe Condition Reporting                      | <input type="checkbox"/> n. Accident/Incident Reporting                           |
| <input type="checkbox"/> o. Back Injury Prevention                          | <input type="checkbox"/> p. Emergency Preparedness, including evacuation plan     |
| <input type="checkbox"/> q. Heat Stress Prevention                          | <input type="checkbox"/> r. Hazwoper Training                                     |
| <input type="checkbox"/> s. General NDT and Radiography                     | <input type="checkbox"/> t. Scaffold Building /Scaffold Use                       |
| <input type="checkbox"/> u. Other <a href="#">Click here to enter text.</a> |   |

**f. Do you have written programs for the following:** Check all that apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> a. Hearing Conservation  | <input type="checkbox"/> b. Spill prevention and waste minimization | <input type="checkbox"/> c. Hazard Communication |
| <input type="checkbox"/> d. Program to support contractor requirements of the OSHA Process Safety Management of highly hazardous chemicals; Explosives-blasting agents standard (29 CFR 1910) |   |  |
| <input type="checkbox"/> e. Respiratory Protection  |   |  |

- |                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Trained? | <input type="checkbox"/> Fit tested? | <input type="checkbox"/> Medically approved? |
|-----------------------------------|--------------------------------------|--|

**g. Do you have a substance abuse program?** ☐ Yes ☐ No

If yes, does it include the following? (check all that are included in your program)

- |  |   |  |                                      |  |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Pre-placement Testing | <input type="checkbox"/> Random Testing | <input type="checkbox"/> Testing for Cause | <input type="checkbox"/> DOT Testing | <input type="checkbox"/> Post Incident Testing |
|--|---|--|--------------------------------------|--|

**Do you have a Background check program?** ☐ Yes ☐ No**Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?** ☐ Yes ☐ No

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If no, provide a description of your plan to assure that they can safely perform their jobs. <a href="#">Click here to enter text.</a>			
<b>Medical</b>			
a. Do you conduct medical examinations for: Check all that apply			
<input type="checkbox"/> Pre-placement	<input type="checkbox"/> Pre-placement Job Capability	<input type="checkbox"/> Hearing Function (Audiograms)	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Respiratory
b. Describe how you will provide first aid and other medical services for your employees while on-site and specify who will provide this service .			<a href="#">Click here to enter text.</a>
c. Do you have personnel trained to perform first aid and CPR? <a href="#">Click here to enter text.</a>			
<b>Do you hold site safety, health and environmental meetings for:</b> Check all that apply			
<input type="checkbox"/> Field Supervisors	<input type="checkbox"/> Frequency:	<input type="checkbox"/> Employees	<input type="checkbox"/> Frequency:
<input type="checkbox"/> New Hires	<input type="checkbox"/> Frequency:	<input type="checkbox"/> Subcontractors	<input type="checkbox"/> Frequency:
<input type="checkbox"/> Safety, health and environmental meetings are documented.			
<b>Personal Protection Equipment (PPE)</b> Check box below if "yes"			
<input type="checkbox"/> a. Is applicable PPE provided for employees?		<input type="checkbox"/> b. Do you have a program to assure that PPE is inspected and maintained?	
<b>Do you have a corrective action process for addressing individual safety and health performance deficiencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Equipment and Materials:</b> Check box below if "yes"			
<input type="checkbox"/> a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?			
<input type="checkbox"/> b. Do you conduct inspections on operating equipment e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?			
<input type="checkbox"/> c. Do you maintain operating equipment in compliance with regulatory requirements?			
<input type="checkbox"/> d. Do you maintain the applicable inspection and maintenance certification records for operating equipment?			
<b>Subcontractors</b>			
Do you use subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to next question. If Yes please complete SAFE 60 SCF – Request For Subcontractors).			
<input type="checkbox"/> a. Do you use safety, health and environmental performance criteria in selection of subcontractors?			
<input type="checkbox"/> b. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process? <a href="#">Click here to enter text.</a>			
<input type="checkbox"/> c. Do your subcontractors have a written safety, health and environmental program? <a href="#">Click here to enter text.</a>			
d. Do you include your subcontractors in: Check all that apply			
<input type="checkbox"/> Safety, Health and Environmental Orientation		<input type="checkbox"/> Safety, Health and Environmental Inspections	
<input type="checkbox"/> Safety, Health and Environmental Meeting		<input type="checkbox"/> Safety, Health and Environmental Audits	
<b>Inspections and Audits</b> Check box below if "yes"			
<input type="checkbox"/> a. Do you conduct Safety, Health and Environmental inspections?		<input type="checkbox"/> b. Do you conduct Safety, Health and Environmental program audits?	
<input type="checkbox"/> c. Are corrections of deficiencies documented?			

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HEALTH, SAFETY & ENVIRONMENTAL TRAINING		
<b>Safety, Health &amp; Environmental Training</b> Check box if "yes"		
<input type="checkbox"/>	a. Do you know the regulatory safety, health and environmental training requirements for your employees?	
<input type="checkbox"/>	b. Have your employees received the required regulatory safety, health and environmental training and retraining and is it documented?	
<input type="checkbox"/>	c. Do you have a specific safety, health and environmental training program for supervisors?	
<input type="checkbox"/>	d. Are all employees trained in the work practices needed to safely perform his/her job?	
<input type="checkbox"/>	e. Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan?	
<input type="checkbox"/>	f. I understand that I must provide documentation of regulatory training required for my employees performing work at ARG upon request by ARG.	
COMMENTS/EXPLANATIONS		
COMMENTS/EXPLANATIONS Click here to enter text.		
Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:		
Name: Click here to enter text.	Title: Click here to enter text.	Date: Click here to enter text.

Please contact the following with any questions:  
 Sabina Vecellio, Health & Safety Department – 814-368-8740 or [svecellio@amref.com](mailto:svecellio@amref.com)  
 Tyler Smith, Health & Safety Department – 814-368-1330 or [tsmith@amref.com](mailto:tsmith@amref.com)  
 Michael Salada, Health & Safety Department – 814-368-1201 or [msalada@amref.com](mailto:msalada@amref.com)  
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 Kortney Regis, Purchasing Department – 814-368-8754 or [kregis@amref.com](mailto:kregis@amref.com)  
 Purchasing Department – [purchasing@amref.com](mailto:purchasing@amref.com)