

## Subcontractor Prequalification and Safety Form

1. Type of Business:                    \_\_\_\_\_ Contractor                    \_\_\_\_\_ Vendor
2. Division:
- |                               |                           |                          |
|-------------------------------|---------------------------|--------------------------|
| _____ 01-General              | _____ 02-Site work        | _____ 03-Concrete        |
| _____ 04-Masonry              | _____ 05-Metals           | _____ 06-Wood & Plastics |
| _____ 07-Thermal & Moisture   | _____ 08-Doors & Windows  | _____ 09-Finishes        |
| _____ 10-Specialties          | _____ 11-Equipment        | _____ 12-Furnishing      |
| _____ 13-Special Construction | _____ 14-Conveying System | _____ 15-Mechanical      |
| _____ 16-Electrical           | _____ 17-Voice & Data     | _____ Other              |

3. Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Business Information:

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

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

5. Organization:    \_\_\_\_\_ Corporation    \_\_\_\_\_ Partnership    \_\_\_\_\_ Individual    \_\_\_\_\_ Joint Venture

6. Federal Identification Number or Social Security Number: \_\_\_\_\_

7. Name and Title of Officers, Owners and Partners:

<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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8. License of Company:

Name	Title	<u>% of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Length of time in business: \_\_\_\_\_

10. Number of Employees: \_\_\_\_\_

11. Have your company failed to complete any work awarded? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List five reference:

Company Name	Contact	Phone Number	Fax Number

13. Does your company comply with drug free work act? \_\_\_\_\_

14. Does your company have a written safety Policy? \_\_\_\_\_

15. Has your company been cited by OSHA in the past five years? \_\_\_\_\_

## Subcontractor Prequalification and Safety Form

16. List current construction projects:

Project Name	Address	Contract Amount	Owner Name	Architect Name	General Contractor	Contact Name	Contact telephone #

17. List major construction projects:

Project Name	Address	Contract Amount	Owner Name	Architect Name	General Contractor	Contact Name	Contact telephone #

## **PROJECT REGULATIONS**

- EACH SUB-CONTRACTOR IS REQUIRED TO CHECK-IN AND OUT OF THE PROJECT, DAILY.
- ALL SUB-CONTRACTORS' WORKER COMPENSATION AND LIABILITY INSURANCE MUST BE KEPT UPDATED AND ON FILE WITH DEESLINE CONSTRUCTION. ALL SUB-CONTRACTORS' PERSONNEL MUST BE COVERED BY THE SUB-CONTRACTORS' WORKER COMPENSATION.
- ALL WORK AREAS ARE TO BE CLEANED AND LEFT IN A NEAT APPEARANCE BY 3:45 PM DAILY. IF THIS IS NOT DONE, DEESLINE CONSTRUCTION INC. WILL CHARGE THE OFFENDING SUB-CONTRACTOR \$50.00 AN HOUR PLUS DUMP FEES.
- ALL AREAS MUST BE MAINTAINED IN A CLEAN, NEAT AND ORDERLY MANNER. THE OWNER'S DRIVES, WALKS, ENTRANCES AND EXITS MUST BE KEPT CLEAR AT ALL TIMES.
- WORK TIME IS: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY FROM 7:30 AM TO 4:00 PM, ALL OTHER TIME MAY BE SCHEDULED BUT MAY BE ASSESSED SUPERVISION COST
- NO: SMOKING, EATING, OR DRINKING IN BUILDING
- BOISTEROUS OR OBSCENE LANGUAGE WILL NOT BE TOLERATED ON THIS PROJECT.
- NO PETS OR CHILDREN WILL BE PERMITTED AT THE PROJECT OR PARKING AREAS.
- NO RADIOS OR LOUD MUSIC WILL BE PERMITTED AT THE PROJECT OR PARKING AREAS.
- CLOTHING – WEARING A SHIRT IS MANDATORY OR COMPLETE COVERALLS OR SIMILAR CLOTHING ADEQUATELY COVERS THE BODY. WEAR DURABLE CLOTHES AND STURDY SHOES OR BOOTS SUITABLE FOR YOU WORK. **(NO SHORTS OR CUT-OFFS)**. LOOSE OR TORN CLOTHING, NECKTIE OR SWEAT RAGS MAY CONTRIBUTE TO AN ACCIDENT.
- ALL SUB-CONTRACTORS MUST UPDATE AS-BUILT DRAWINGS MONTHLY; NO CHECKS WILL BE ISSUED TO THE OFFENDING SUB-CONTRACTOR UNTIL AS-BUILTS ARE UPDATED.
- ALCOHOLIC BEVERAGES, DRUG SUBSTANCE AND FIREARMS WILL NOT BE ALLOWED ON CONSTRUCTION PROPERTY AT ANY TIME.

**DEESLINE CONSTRUCTION, INC.**

## **PROJECT REGULATIONS**

- **ALL PERSONAL IN ACCORDANCE WITH APPROPRIATE SAFETY REGULATIONS MUST WEAR HARDHATS, GLOVES AND PROPER FOOT WEAR.**
- **CONTRACTORS ARE REQUIRED TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL SAFETY REGULATIONS. IN PARTICULAR, THE FEDERAL OCCUPATIONAL SAFETY AND HEALTH ACT (OSHA).**
- **ALL EQUIPMENT AND ELECTRICAL CORDS SHOULD BE IN GOOD WORKING CONDITIONS.**
- **LADDERS MUST BE IN GOOD REPAIR. ALL SCAFFOLDING MUST BE A TYPE APPROVED BY OSHA AND BE SAFELY AND SECURELY ERECTED.**
- **DEESLINE CONSTRUCTION IS NOT LIABLE FOR ANY MATERIALS OR EQUIPMENT STORED, USED OR STOLEN AT THIS PROJECT.**
- **NO MATERIALS CAN BE BILLED FOR PAYMENT UNLESS AT JOB SITE OR AT A BONDED WAREHOUSE.**
- **ALL COMPRESSED GAS AND AIR CYLINDERS SHALL BE TRANSPORTED CAREFULLY AND IN AN UPRIGHT POSITION WITH CAPS IN PLACE. ALL CYLINDERS WHETHER EMPTY OR FULL, SHALL BE STORED IN AN UPRIGHT POSITION AND SECURED BY CHAINS TO PREVENT THEM FROM FALLING.**
- **RIDING LOADS, SLINGS, BALL, CRANE HOOK OR OTHER MATERIALS HOISTING EQUIPMENT IS PROHIBITED EXCEPT IN AN EMERGENCY.**
- **IN THE EVENT OF A HURRICANE OR STORM EMERGENCY IS IMMINENT THE SUBCONTRACTOR SHALL, AT HIS OWN EXPENSE AND WITHOUT COST TO THE OWNER OR DEESLINE CONSTRUCTION, TAKE ALL NECESSARY MEASURES TO SECURE ALL HIS MOVABLE PROPERTY, BUILDING WORK OR PLANT IN SUCH MANNER THAT NO DAMAGE TO PUBLIC OR PRIVATE PROPERTY OR TO PERSONS MAY RESULT BY REASON OF DISPLACEMENT OF THE CONTRACTOR'S MATERIAL, EQUIPMENT OR PLANT DURING SUCH HURRICANE OR STORM.**