



CONTRACTOR PRE-APPROVAL FORM

Company Profile			
Legal Business Name		Company Website	
Address (City/State/Zip)			
Contact Name, Phone, Email			
Second Contact Name and Email			
Average Project Value	\$	Maximum completed project value	\$
Types of Projects	Healthcare Schools Government Hospitality Industrial Office Restaurant Retail Other:		
Geographic Work Areas			
Certified Minority Business Enterprise Contractor (MBE)?		Certified by:	
Certified Women Business Enterprise Contractor (WBE)?		Certified by:	
Do you have experience with LEED/green buildings?			
Do you have experience with design/build?			
Recent Projects			
General Contractor	Client	Value	Work Type

Achilles Prequalification Yes No Prequal #: _____

Vendor References			
Company	Point of Contact	Phone Number	Address



1. List your company's Experience Modification Rate (EMR) for the current year plus the past three years. Use your intrastate EMR if not interstate-rated. **Attach a signed and dated letter from your workers' compensation insurance carrier verifying your EMR.** If self-insured, attach a letter signed by a company officer stating that you are self-insured and do not have an EMR.

Year	20____	20____	20____	20____
EMR	_____	_____	_____	_____

2. Provide your company's injury experience for the current year plus the past three years by transferring data from your OSHA No. 300 logs into the table cells below, including total man-hours.

	20____	20____	20____	20____
Number of OSHA recordable cases				
Number of lost workday cases				
Number of lost workdays				
Number of restricted workday cases				
Number of fatalities				
Total company man-hours worked				

3. Total number of employees for the last calendar year: _____

4. Has your company been cited by OSHA or an Environmental Regulatory agency in the last three years?

Yes No How often? _____

If yes, for what? _____

5. Does your company have a full-time safety staff? Yes No

6. Are you self-insured Yes No

If no, name your insurance carrier: _____

7. How often will your insurance company's risk control specialist visit the project site?

Never Monthly Quarterly Annually

Bonding Capacity: _____

Insurance Limits: _____

8. Within your organization, what Senior Construction Management personnel, or other designated company officer, directly receives insurance reports, forms, OSHA 300 logs, etc., from outside audit agencies and jurisdictional authorities?

Name and Title: _____



9. Do you require that documented safety meetings be held for:

- a. Field Supervisor Yes No Frequency: _____
- b. Employees Yes No Frequency: _____
- c. New Hires Yes No Frequency: _____
- d. Subcontractors Yes No Frequency: _____

10. Do you conduct documented safety inspections? Yes No Frequency: _____

11. Do you have a home office safety representative who visits and audits the job? Yes No

If yes, provide contact information.

Name and Title: _____

Phone Number and Email Address: _____

Frequency of Visit to Job Site: _____

12. Does the representative have the authority to make corrections? Yes No

13. To whom does the representative report?

Name and Title: _____

14. Do you currently maintain a company program in compliance with applicable state "Right to Know" laws and OSHA Hazard Communication Standard for construction? Yes No

15. Does your company have a pre-work hazards assessment procedure? Yes No

16. How often do you audit/inspect your employees to ensure sound work practices? _____

17. Has your company's Safety Program been updated within the past year? Yes No

18. In the table below, select only the categories of training that are applicable to your trade or scope of work and to your employees who have been trained, certified or licensed where necessary to perform tasks in a safe and environmentally responsible manner.

<input type="checkbox"/> Aerial Lifts	<input type="checkbox"/> Emergency Evacuation	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Asbestos Awareness	<input type="checkbox"/> First Aid	<input type="checkbox"/> Portable Tools
<input type="checkbox"/> CFC Removal	<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Powered Industrial Vehicles
<input type="checkbox"/> Company Safety Plan	<input type="checkbox"/> Hazardous Waste Operations	<input type="checkbox"/> Pre-Job Hazard Assessment
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> CPR	<input type="checkbox"/> Ladders/Scaffolds	<input type="checkbox"/> Trenching/Excavation
<input type="checkbox"/> Cranes and/or Hoisting	<input type="checkbox"/> Lead Abatement	<input type="checkbox"/> Welding, Cutting, and Brazing
<input type="checkbox"/> Electrical and Arc Flash Safety	<input type="checkbox"/> Lead Hazard Awareness	<input type="checkbox"/> Other: _____

Please attach a description of your safety program as well as copies of your safety forms and manual.

This form will not be accepted for evaluation without the preparer's signature and date below. The undersigned warrants and represents the data provided in this document is accurate in all respects.

Name (PRINT): _____

Preparer's Signature: _____

Title: _____ Phone: _____

Email: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO:

Katie Willi
Pre-Construction
willik@twc-stl.com