



**STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION**

Prequalification Management

1509 Mail Service Center
Raleigh, North Carolina 27699-1509

**SUBCONTRACTOR
RENEWAL FORM**

Please use legal company name with no abbreviations on all documents

COMPANY'S NAME: _____

FEDERAL TAX ID: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

<u>OWNERS OF COMPANY</u>	<u>PERCENT OF OWNERSHIP</u>	<u>RACE</u> (optional)	<u>GENDER</u> (optional)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Checklist for Renewing as a Subcontractor

By completing this package, your firm is requesting to be renewed as a Subcontractor. The following checklist has been provided to assist you in completing this package. Please review this list and verify that all necessary items have been completed.

- 1. All information on the front sheet has been completed.
- 2. Items on page 3 of the application have been addressed.
- 3. Complete Parts 1 and 2 of the Safety Index, including your firm's Experience Modification Rate (EMR) and Incident Rate. If you do not have worker's compensation insurance, please check the box associated with EMR. If your company is three years old or less, please note this next to Part 2, Question 1 where EMR is discussed. All firms must complete Parts 1 and 2 of the Safety Index. The Safety Index as a whole, has a total of 110 possible points.
- 4. Complete the work location sheet. Please only check counties or divisions where you typically work. This action does not prevent you from working elsewhere in the state.
- 5. Complete the affidavit on the last page of the application.
- 6. Email completed package to: Prequal@ncdot.gov

Applications not completed in their entirety will not be approved.

If approved, your firm will be added to the vendor list Directory of Transportation Firms, which can be found at [Directory of Firms](#) by typing in the name of your firm and hitting Enter.

General Questions

1. Is anyone working for your company, who is in a position to make decisions for the company, related by blood or marriage to any person employed by the North Carolina Department of Transportation (NCDOT)?

Yes No

If yes, please provide the name(s) of said person(s) employed by NCDOT and the Unit or Division where they work.

Name: _____ Unit/Division: _____ Telephone: _____

Name: _____ Unit/Division: _____ Telephone: _____

Name: _____ Unit/Division: _____ Telephone: _____

If there are more than three, please attach a full list containing their name(s) and the Unit or Division where they are employed.



North Carolina Department of Transportation Safety Index Rating Form

Date:

FIRM NAME:

ADDRESS:

TELEPHONE NUMBER: ()

FAX NUMBER: ()



Requirements include provisions for the evaluation of a new or existing firm's safety record. A safety index of D to A+(60 to >100) is considered satisfactory. The Carolina Building Star Program membership can result in receiving extra credit toward your final score. In addition, a safety index of D (60 to 69) may be considered marginal and/or may result in a safety audit or inspection by either the North Carolina Department of Transportation's Construction Unit, Area Resident Engineer's Office or the Occupational Safety and Health Division of the North Carolina Department of Labor. Any safety index of U (≤ 59) is considered unsatisfactory and will prohibit prequalification or approval of new firms and/or renewal for existing firms. These companies will not be approved for prequalification or subcontractor approval until they can provide adequate evidence that safety deficiencies have been corrected.

Safety Index Rating		
<u>Total Safety Profile Score</u>	=	<u>Index</u>
≥ 100	=	A+
90-99	=	A
80-89	=	B
70-79	=	C
60-69	=	D
≤ 59	=	U (Unsatisfactory)

When any existing prequalified bidder or approved subcontractor company's safety index becomes unsatisfactory, that firm will be subject to removal from the Department's List of Prequalified Bidders and/or Approved Subcontractors. Once the Contractor's safety index becomes unsatisfactory, it will be required to show cause in writing as to why the company should not be removed from the prequalified bidders' and/or approved subcontractors' lists. After the Department reviews the Contractor's safety records and show cause response, one of the following actions may be taken: The Contractor may (1) be removed from the list of prequalified bidders and/or approved subcontractors, (2) be placed on probation for up to two years, (3) perform an in-depth safety inspection of their firm's safety practices, (4) receive a written warning to correct the deficiency, or (5) any combination of the previous.

The action taken will depend on the severity and nature of the safety violations. Any removal from the list of prequalified bidders and/or approved subcontractors will be for a minimum of 30 days. To be reinstated, the Contractor must satisfactorily demonstrate that all safety deficiencies have been corrected. Any company that is repeatedly removed from the list of prequalified bidders and/or approved subcontractors due to safety may be subject to permanent disqualification.

The safety index rating procedures have been designed to minimize any impact on the final safety index rating related to the size of the company.

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Safety Index Rating: _____ Prequalification Expires: _____ Approved By: _____ Date: _____

Notes: _____

Part 1: Contractor's Safety Philosophy Profile (Possible 5 Points)

Listed below are questions to be used to determine your company's overall safety profile. Please provide the answer that best describes your company's present business approach towards safety. Any additional responses may be attached as needed. Although the questions are subjective, answers that are judged to provide a positive safety profile will result in an additional 5 points added to the overall index.

1. Do you currently have a written safety program in full force and effect? Yes No

If so, please attach a copy of the Title sheet

2. Do you have a designated safety officer? Yes No

Full Time

Part Time

3. Does your company provide drug/alcohol screening? Yes No

Please check the type of drug/alcohol testing performed:

Random

CDL Complaint

Post Accident

Other _____

Please check the positions below that receive drug/alcohol testing:

Laborers

Field Supervisors

Operators

Others _____

4. Are regular safety meetings held on project sites? Yes No

List frequency _____

Please check the positions that are required to attend on-site safety meetings:

Laborers

Field Supervisors

Operators

Others _____

5. Are new employees (permanent or temporary) provided with safety orientation? Yes No

6. Please check the following personal safety equipment that your firm requires employees to use on each project site:

Hard Hats

Steel Toed Shoes

Safety Vests

Fall Protection

Eye Protection*

Hearing Protection*

7. Does your company provide safety training for field personnel? Yes No

Please check if the following training is provided and list the general frequency that training for these items is provided:

Trench Safety _____

Equipment Operation _____

Work Zone Safety _____

Flagger Training _____

Fall Protection _____

Personal Safety Equipment _____

Is this training by Internal Trainer

Outside Provider

Is safety training documentation available? Yes No

8. Does your company perform scheduled inspections and maintenance on equipment and safety devices?

Yes No

List frequency: _____

* Consistent with the hazards for that site

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Score:

Part 2: Contractor's Safety Operating Profile (Possible 105 Points)

Listed below are questions to be used to determine your company's safety operating profile. Please provide the answers that best describe your company's present business operating practices regarding safety. Any additional responses may be attached as needed. The North Carolina Department of Transportation will complete all scoring. Please note that all questions must be answered.

1. List your firm's Experience Modification Rate (EMR) for the three most recent years. (This Rate can be obtained by contacting your firm's Workers' Compensation Insurance carrier.)

Year:		Rate:		
Year:		Rate:		
Year:		Rate:		

Average three year rate: _____

If your Workers' Compensation insurance carrier does not have an EMR for your company, please attach an explanation. If your firm does not have Workers' Compensation Insurance, please check the box below.

This firm does not have Workers' Compensation Insurance

2. Using the formula below, determine your Incidence Rate for Total Lost Workday Cases for the three most recent years. This information can be found on your firm's OSHA 200/300 logs. If your firm does not maintain OSHA 200/300 logs, the Incident Rate must still be calculated.

Year:	Number of injuries and illnesses that resulted in lost work days or days of restricted activity (This is <u>not</u> the number of lost work days, only the number of incidents):	Total number of hours worked by all employees during the calendar year: Note: If Sole Proprietor, list own Hrs.

Incidence Rate for total lost workdays = (Number of accidents that resulted in lost work days or days of restricted work activity) x 200,000 ÷ (Total hours worked by **all** employees during the Calendar year.)

List your company's North American Industry Classification System Code (NAICS) if different than 23730 (A short list of NAICS codes are listed on Part 3 of the Safety Index)

3. Within the last two years, has your company received any citations (open or closed) for OSHA defined 'Repeat' violation(s) in any state where your company operates?

If so, attach a copy of each citation. Yes No

4. Within the last two years, has your company received any citations (opened or closed) for OSHA defined 'Willful' violation(s) in any state where your company operates?

If so, attach a copy of each citation. Yes No

5. For any state where your company operates:

Has your company experienced any work-related fatality within the last five years? Yes No

Were any citations (open or closed) issued by OSHA as a result of the work related fatality?

Yes No

If so, attach a copy of each citation. Please include a statement explaining each fatality you identified.

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Score:

Score:

Score:

Score:

Part 2 continued: Contractor's Safety Operating Profile (cont.)

6. Within the last three years has your company received any formal written suspensions by the NCDOT and/or any other state Department of Transportation with which you do business for violation(s) of any of the safety emphasis areas below?

If so, please attach a detailed list of each occurrence.

- Excavating, Trenching, or Shoring: Yes No
- Fall Protection: Yes No
- Crane Safety: Yes No
- Equipment Safety Devices (backup alarms, etc.): Yes No
- Workzone Traffic Control: Yes No

Score:

Part 3: Standard Industry Classification Codes For Construction

For reference purposes to assist with answering Part 2, Question 2. Most firms involved with Highway and Street Construction will use 2373.

- 2361: General Building Contractors – residential
- 2362: General Builders – nonresidential
- 23711: Water and Sewer Line Contractors
- 2373: Highway and Street Construction (Airports, highways, Streets & Sidewalks)
- 2379: Heavy Construction, Except Highway and Street (Bridges, Tunnels, Water & Sewer)
- 23821: Electrical Contractors
- 23822: Plumbing, Heating & Air Conditioning
- 23832: Painting (includes bridge painting and pavement marking)

If your company performs multiple classifications listed above along with Highway and Street construction, use NAICS Code 2373.

For additional NAICS codes, contact OSHA of the U. S. Department of Labor or visit their website.
(Revised 6/17/2009)

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Contractor's Safety Index

Part 1: Contractor's Safety Philosophy Profile Score: — (Maximum of 5 points)

Part 2: Contractor's Safety Operating Profile Score: — (Maximum of 105 points)

Contractor's Total Safety Profile Score: — (Maximum of 110 points)

Contractor's Safety Index:	A+	A	B	C	D	Unsatisfactory
	≥100	90-99	80-89	70-79	60-69	≤59

Work Location(s)

Please check the area of the state in which your firm typically performs work. Please select *Divisions* or counties within each *District*. This action does not prevent your firm from working anywhere in the state. Once you are approved (prequalified), you may work anywhere in the state regardless of your selection below. This is for information purposes only.

Division	District 1	District 2	District 3
<input type="checkbox"/> One	<input type="checkbox"/> Camden <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans	<input type="checkbox"/> Bertie <input type="checkbox"/> Hertford <input type="checkbox"/> Northampton	<input type="checkbox"/> Chowan <input type="checkbox"/> Hyde <input type="checkbox"/> Martin <input type="checkbox"/> Tyrrel <input type="checkbox"/> Washington
<input type="checkbox"/> Two	<input type="checkbox"/> Beaufort <input type="checkbox"/> Pitt	<input type="checkbox"/> Carteret <input type="checkbox"/> Craven <input type="checkbox"/> Pamlico	<input type="checkbox"/> Greene <input type="checkbox"/> Jones <input type="checkbox"/> Lenoir
<input type="checkbox"/> Three	<input type="checkbox"/> Onslow <input type="checkbox"/> Pender	<input type="checkbox"/> Duplin <input type="checkbox"/> Sampson	<input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover
<input type="checkbox"/> Four	<input type="checkbox"/> Edgecombe <input type="checkbox"/> Halifax	<input type="checkbox"/> Nash <input type="checkbox"/> Wilson	<input type="checkbox"/> Johnston <input type="checkbox"/> Wayne
<input type="checkbox"/> Five	<input type="checkbox"/> Wake	<input type="checkbox"/> Durham <input type="checkbox"/> Granville <input type="checkbox"/> Person	<input type="checkbox"/> Franklin <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> Six	<input type="checkbox"/> Robeson	<input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus
<input type="checkbox"/> Seven	<input type="checkbox"/> Alamance <input type="checkbox"/> Orange	<input type="checkbox"/> Guilford	<input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham
<input type="checkbox"/> Eight	<input type="checkbox"/> Chatham <input type="checkbox"/> Randolph	<input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Moore	<input type="checkbox"/> Montgomery <input type="checkbox"/> Richmond <input type="checkbox"/> Scotland
<input type="checkbox"/> Nine	<input type="checkbox"/> Davidson <input type="checkbox"/> Rowan	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes	
<input type="checkbox"/> Ten	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Anson <input type="checkbox"/> Union
<input type="checkbox"/> Eleven	<input type="checkbox"/> Alleghany <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin	<input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Watauga	<input type="checkbox"/> Ashe <input type="checkbox"/> Wilkes
<input type="checkbox"/> Twelve	<input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston	<input type="checkbox"/> Alexander <input type="checkbox"/> Iredell	<input type="checkbox"/> Lincoln <input type="checkbox"/> Catawba
<input type="checkbox"/> Thirteen	<input type="checkbox"/> Burke <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Rutherford	<input type="checkbox"/> Buncombe <input type="checkbox"/> Madison <input type="checkbox"/> Yancey	
<input type="checkbox"/> Fourteen	<input type="checkbox"/> Henderson <input type="checkbox"/> Polk <input type="checkbox"/> Transylvania	<input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Swain	<input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Macon

Affidavit

I hereby certify that all of the information provided in this application is correct to the best of my knowledge. I also certify that our firm will at all times comply with the Department's Standard Specifications in order to remain on the Department's List of Prequalified Contractors.

Firm Name: _____

By: _____

Officer's Signature

Officer's Title: _____

STATE OF _____

County of _____

On this _____ day of _____, 20____ personally appeared before me

_____, for _____

(Signing Officer's Printed Name)

(Firm Name)

who signed the forgoing affidavit in my presence and made oath to the truth of the statement herein contained

(Notary Signature)

My commission expires _____

(Revised 5-5-09)

(Stamp/Seal)