



NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

*Contractual Services Unit
1509 Mail Service Center
Raleigh, North Carolina 27699-1509*

Phone: (919) 733-5616, ext. 313 Fax: (919) 733-3584

RENEWAL EXPERIENCE QUESTIONNAIRE FOR PREQUALIFICATION

FIRM NAME: _____
ADDRESS: _____

CONTACT NAME: _____
TELEPHONE: () - _____
FAX NUMBER: () - _____
EMAIL ADDRESS: _____
DATE: _____

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Prequalification Expires: _____ Approved By: _____ Date: _____

Ownership	<input type="checkbox"/>	By: _____	Date: _____	Signature	<input type="checkbox"/>	By: _____	Date: _____
Safety Index	<input type="checkbox"/>	By: _____	Date: _____	Non-Collusion	<input type="checkbox"/>	By: _____	Date: _____

Checklist for Renewing as a Bidder

This checklist has been provided to assist you in completing your application. Please review this list and verify that all necessary items have been completed.

<input type="checkbox"/>	1. Questions 1 through 8 of the application have been answered.
<input type="checkbox"/>	2. An original non-collusion affidavit and debarment certification, with all necessary signatures and that has been signed and sealed by a Notary Public. See Question 7.
<input type="checkbox"/>	3. The affidavit has been signed by an officer of your firm and has been signed and sealed by a Notary Public.
<input type="checkbox"/>	4. 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 the EMR. If your company is three years old or less, please note or explain this next to Part 2, Question 1 where EMR is discussed. <u>All</u> firms must complete <u>both</u> parts of the Safety Index. If there are certain sections of Part 1 that your company does not practice, leave them unchecked. Please note that leaving items unchecked does affect your score, but typically not by much. Part 1 is only worth 5 points, total. The Safety Index, as a whole, has a total of 110 possible points.
<input type="checkbox"/>	5. Complete the desired work location sheet.

1. How many years has your firm been in business as a contractor under your present business name? _____
 What is the previous firm name? (If applicable) _____

2. How many years has your firm been in the construction business? _____
3. List the principal members or officers of your firm that are involved in management, policy-making, or day-to-day operation of your firm. If there are more than three (3), attach a list.

	<i>Name</i>	<i>Position</i>	<i>Years of Construction Experience</i>	<i>Type of Work Experience</i>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

4. List all owners of 10% or more of your firm and the percent of ownership of each. List all individual owners by name of successive parent entities who own 10% or more of the applicant firm. If there are more than three (3), attach a list.

	<i>Name of Individual</i>	<i>Percent of Ownership</i>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

Check if publicly owned business with no individual owning more than 10%

5. Identify each of those listed under Question Numbers 3 and 4 who own 10% or more financial interest in any other firm that is prequalified to do highway work in this or another state. Name the other company and list the percentage of ownership and position held in the other firm. If there are more than three (3), attach a list.

	<i>Name of Individual or Firm</i>	<i>Name of Other Firm</i>	<i>Percent of Ownership</i>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

6. List all affiliates of the applicants including but not limited to (1) joint ventures, (2) subsidiaries, (3) parent company, (4) companies owned or controlled by the parent company, (5) any company or firm having the same mutual owners as the applicant which does business with the applicant. If there are more than three (3), attach a list.

	<i>Name of Firm</i>	<i>Address</i>	<i>Relationship</i>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

7. Attach a notarized Non-collusion Affidavit and Debarment Certification. The original copy must be returned with the application. The Department cannot accept a copy. These documents can be found at the following website:

<http://www.ncdot.org/doh/preconstruct/ps/contracts/letting/debar/debar1.html>

For corporations, please make sure that only the officers listed below the signature line sign the Non-collusion document. The Attestor should not be the same person as the notary public. No others are allowed to sign for the Corporation aside from those stated unless they have been previously approved by the Board of Directors. If authorization is required and was granted by the Board of Directors, a certified copy of the minutes must be submitted. Both notary and corporate seals are required.

8. Is anyone working for your company who is listed in Question 3 or 4 above, or who is in a position to make decisions for your company, related by blood or marriage to any person now working for 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 names and the Units or Divisions 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, they will be required to show cause in writing as to why their 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 of 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 philosophy profile. Please provide the answer that best describes your company's present business approach and attitude 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 in force a written safety program? 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 Post Accident
- CDL Complaint Other _____

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

- Laborers Operators
- Field Supervisors 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 Operators
- Field Supervisors 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 Safety Vests Eye Protection*
- Steel Toed Shoes Fall 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 _____ Flagmen Training _____
- Equipment Operation _____ Fall Protection _____
- Work Zone Safety _____ Personal Safety Equipment _____

Is this training by Internal Trainer Outside Provider

Is documentation available? Yes No

8. Does your company perform scheduled inspections and maintenance on equipment 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 companies 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.

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

Average three year rate: _____

Score: _____

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:

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)

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

Score: _____

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 OSHA cited your company for a repeat violation for any OSHA defined serious injury in any state where your company operates? Yes No
If so, please attach a detailed list of the violations.

(Score = 10, minus 5 for each repeated citation)

Score: _____

4. Within the last two years, has your company received any citations classified by OSHA as being willful in any state where your company operates? Yes No
If so, attach a copy of citation.

(Score = 30, minus 30 for each citation listed)

Score: _____

5. For any state where your company operates:
Has your company experienced any work-related fatalities within the last five years? Yes No
Were any citations issued by OSHA as a result of the work-related fatalities? Yes No
If so, please provide a copy of the citation and list here the number of cited fatalities. _____

(Score = 25, minus 25 for each fatality resulting in a safety citation)

Score: _____

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

6. Has your company within the last three years received any formal written suspensions by the Department of Transportation for violation 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:

(Score = 20, minus 10 for each formal written suspensions)

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 23730.

- 23610: General Building Contractors – residential
- 23620: General Builders – nonresidential
- 23730: Highway and Street Construction (Airports, highways, Streets & Sidewalks)
- 23790: Heavy Construction, Except Highway and Street (Bridges, Tunnels, Water & Sewer)
- 23822: Plumbing, Heating & Air Conditioning
- 23832: Painting (includes bridge painting and pavement marking)
- 23821: Electrical

If your company performs multiple classifications listed above along with Highway and Street construction, use NAICS Code 23730.

For additional NAICS codes, contact OSHA of the U. S. Department of Labor or visit their website.
(Revised 9/5/2002)

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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

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.

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: _____
Signature
Title: _____

STATE OF _____
County of _____

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

(Official of Firm) _____ (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 5-15-08)

(Stamp/Seal)