



**BERGLUND
CONSTRUCTION**

Subcontractor Pre-Qualification Questionnaire

Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City, State, Zip: _____
 Contact: _____ Email: _____
 Title: _____ Website: _____

EXPERIENCE

List three largest projects that you have completed in the last 3 years and value of the work performed.

Project Name	Description of Work	\$ Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PROJECT REFERENCES

1. _____
 2. _____
 3. _____

SAFETY PROGRAM

◆ Do you have a full-time Safety Director or Manager? Yes _____ No _____
 Primary Safety Contact: _____
 Title: _____
 Phone Number: _____

◆ Do you have a written Safety Program? Yes _____ No _____
 ◆ Do you have a written Haz-Com Program? Yes _____ No _____
 ◆ Do you have hold safety meetings for:

Field Supervisors	Yes _____	No _____	Frequency _____
Employees	Yes _____	No _____	Frequency _____
Sub-Contractors	Yes _____	No _____	Frequency _____

◆ Do you have a New Hire Orientation Program? Yes _____ No _____
 ◆ Do you currently have a Drug Policy? Yes _____ No _____
 If yes, does it include:

Pre-hire testing _____	Random testing _____	Post-accident _____
Probable cause _____	No testing _____	

INSURANCE / OSHA

✦ Who is your insurance company? _____

****ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE.****

****ATTACH A COPY OF YOUR CURRENT NCCI WORKERS COMP RATING SHEET.****

✦ List your Worker's Compensation Experience Modification Rate (EMR) for the past three (3) years.

EMR _____ 20__ EMR _____ 20__ EMR _____ 20__

✦ From last years OSHA 300 log or provide a copy of your OSHA log:

Number of fatalities: _____ (from column 1)

Number of lost work day cases: _____ (from column 3)

Number recordable cases: _____ (from columns 1, 2, 6)

Number of total recordable illnesses: _____ (from columns 8, 9, 13)

✦ Total hours worked for the past three years:

_____ hrs in 20__ _____ hrs in 20__ _____ hrs in 20__

FINANCIAL

****ATTACH A COPY OF MOST RECENT FINANCIAL STATEMENT.****

✦ Bonding Capacity: _____

✦ Bonding Company: _____

✦ Bank: _____ Bank Contact: _____

ORGANIZATION

✦ Officers: _____

President Yrs w/Co.

Vice President Yrs w/Co.

✦ Under Current Management Since (Date): _____

✦ Parent Company Name: _____

SERVICES

✦ List any parts of your work that you normally sub-contract out.

EMPLOYMENT APPLICATION

It is the policy of the BERGLUND CONSTRUCTION COMPANY to consider all applications without regard to race, religion, color, sex, age, marital status, national origin or disability.

Please complete all items and print in ink.

Position Applied For: _____ Date: _____

Union Affiliation: Local # _____ Years as a Member _____

PERSONAL DATA

Name: _____
(Last) (First) (MI) (Social Security Number)

Address: _____
(Street) (Apt #) (Home Telephone Number)

(City) (State) (Zip) (Business Telephone Number)

Are you over the age of 18? Yes No If no please state your date of birth: _____

NOTE: If hired, you are required by law to submit proof of identity and eligibility to work in the U.S.

Have you ever been employed by a BERGLUND COMPANY? Yes No

If yes, give date(s)/position(s): _____

Do you have any friends/relatives employed at a BERGLUND COMPANY? Yes No

If yes, give name(s)/relationship(s): _____

Do you speak English? Yes No

Are you capable of performing the essential functions of the job for which you are applying with reasonable accommodation? Yes No

If no, please describe: _____

Have you ever been convicted of a felony or DUI? Yes No

If yes, please explain in detail: _____

NOTE: Disclosure of a criminal record will not necessarily disqualify you from employment. The nature of the offense, date and the position for which you are applying will also be considered.

EDUCATION DATA

Name and Address of School Attended	Dates Attended From/To	Did You Graduate?	Type of Degree/Diploma Received Or Expected	Major/Minor Fields of Study
High School				
College/University				
Other				

EMPLOYMENT RECORD

Company Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Date of Employment _____ From _____ To _____

Supervisor _____

Job Title _____ Weekly Pay _____

Description of Work _____

Reason for Leaving _____

Company Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Date of Employment _____ From _____ To _____

Supervisor _____

Job Title _____ Weekly Pay _____

Description of Work _____

Reason for Leaving _____

PRE-EMPLOYMENT PHYSICAL/TESTING NOTICE

The BERGLUND COMPANIES are committed to maintaining a drug-free workplace. Therefore all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a medical examination, including testing for drug and alcohol use at a physician of BERGLUND'S choice. Employment is contingent upon a candidate's submission to, and successful completion of, the medical exam and test.

APPLICANT'S ACKNOWLEDGMENT

I agree to undergo the post offer fit for duty assessment and drug/alcohol test. I understand that the results of such test will be disclosed only to BERGLUND'S Human Resources personnel and others with a need to know, or as required by law. I understand that if I refuse to consent to testing, fail to provide a urine sample when requested, provide a false or tampered urine sample or fail to successfully complete the physical or drug/alcohol test, I will not be hired in accordance with BERGLUND'S policy.

I understand that this employment application and any other company documents are not a contract of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause.

We will do substance abuse testing within the guidelines allowed by union contracts.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate or omitted statements of material could, in fact, be a cause for rejection of my application or termination of my employment at any time.

I have read, understand and, by my signature, consent to these statements.

Signature of Applicant

Date



BERGLUND CONSTRUCTION

Established 1911

PRECONSTRUCTION SAFETY CHECKLIST

MEETING DATE: _____

INSTRUCTIONS:

The information in this document is to be filled out by the Project Manager at the Preconstruction Risk Management Meeting for all projects greater than \$50,000. This meeting is to be scheduled by the Project Manager and occur at one of Berglund's offices. The meeting is to be attended by the Project Manager, Job Site Superintendent, General Field Superintendent (or Division Manager), Jim Dyer (BC Projects), and the Safety Director (optional). All required parties are to be present, or the meeting is to be rescheduled. If the project is less than \$50,000, the meeting is not required, but may still occur if deemed necessary by the Project Manager or Safety Director. If there is no meeting, this document is still to be filled out by the Project Manager and copies given to the people listed above. Completed copies of this document are to be distributed to the people listed above, with additional copies being forwarded to Fred Berglund and/or Jack Tribbia.

COPY OF THE COMPLETED DOCUMENT IS TO BE KEPT ON SITE WITH THE SUPERINTENDENT'S DAILY PAPERWORK.

PROJECT SPECIFIC INFORMATION:

JOB NUMBER: _____ PROJECT NAME: _____

PROJECT ADDRESS: _____

OFFICE PHONE # _____ CELL PHONE # _____ HOME PHONE # _____

PROJECT MANAGER: _____

GENERAL SUPER: _____

SITE SUPER: _____

OWNER: _____ CONTACT NAME & PHONE: _____

ARCHITECT: _____ CONTACT NAME & PHONE: _____

MANAGER: _____ CONTACT NAME & PHONE: _____

EMERGENCY PHONE NUMBERS & HOSPITAL/CLINIC INFORMATION (to be filled out by Site Super after meeting):

Is the contract with the Owner executed?

Is a copy of Berglund's Certificate of Insurance on site?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<u>JOB SITE REQUIREMENTS</u>	Yes	No	N/A
1. OSHA Postings			
2. Emergency Phone Numbers Posted			
3. Hospital/Clinic Address Posted			
4. HAZCOM Written Program Available			
5. MSDS Sheets Available			
6. Written Safety Program Available			
7. Toolbox Safety Talks Conducted/Documented			
8. Sub List With Emergency Numbers			
9. OSHA 300 Log Current. (February 1 to April 30)			
10. Fire Extinguishers On Site			
11. First Aid Kit & Current Supplies On Site			
12. Emergency Procedures Established			

<u>EMPLOYEE REQUIREMENTS</u>	Yes	No	N/A
1. Employee Orientation			
2. 10-Hour OSHA			
3. First Aid/CPR			
4. Scaffolding			
5. Fall Protection			
6. Silicosis/Dust Protection			
7. Hazardous Waste			

<u>COMPETENT PEOPLE REQUIRED</u>	Yes	When	No	N/A
1. Excavation				
2. Fall Protection				
3. Confined Space				
4. Pipe Scaffold Erection				
5. Swing Stage Rigging/Operating				
6. Crane Hand Signals				
7. Bobcat/Manlift Operator				
8. Certified Welder				

<u>PERMITS REQUIRED</u>	Yes	No	N/A
1. Building			
2. Foundation			
3. Demolition			
4. Sidewalk or Street Openings			
5. Environmental/Dust			
6. Pipe Scaffolding/Swing Stage			
7. Sidewalk Canopy/Barricade			
8. Alley Permit			
9. Lane Closure			
10. Crane			
11. Dumpster			

<u>GENERAL CHECK LIST & REQUIREMENTS</u>	Yes	No	N/A
1. Proper Temp. Roads & Access			
2. Proper Access to Above/Below Grade Areas			
3. Clear Access For Fire Hydrants			
4. Storage For Flammable Liquids			
5. Proper Lock-Ups & Storage (Theft Protection)			
6. Clean Drinking Water Available			
7. Precaution For Owner Operations			
8. Is Air Sampling Required			
9. Is Asbestos Abatement Expected			
10. Will Dewatering Be required			
11. Underground Utility Company Contacted			

<u>TEMP. ELECTRICAL INSTALLATION</u>	Yes	No	N/A
1. Outlets GFCI Equipped			
2. Wiring Properly Supported			
3. Panels Marked Properly			
4. Energized Panelboards Covered			
5. Temp. Lighting Adequate			
6. Temp. Lamps Protected			
7. Restricted Access For Wiring Rated Over 600 Volts			

12. Job Site Dig Number			
13. Are All Underground Lines Marked			
14. Are Overhead Powerlines In The Way			
15. Working Over Vaulted Sidewalks/Steam Tunnels			
16. Is Public Protection Required			
17. Is a Demolition Plan Required			
18. Is a Shoring Plan Required			

If yes, who is responsible _____

If yes, who is responsible _____

If yes, who is responsible _____

If no, who is responsible _____

When does dig number expire _____

Do the utilities need to be moved _____

Do the power lines need to be moved _____

If yes, describe precautions in shoring plan area.

If yes, fill out required information in space provided.

If yes, fill out required information in space provided.

If yes, fill out required information in space provided.

REVIEW SCOPE OF WORK & PHASE SHEETS (Document Questions, Comments & Concerns):

Five horizontal lines for notes.

SPECIFIC QUALITY ISSUES:

Five horizontal lines for notes.

SPECIFIC SAFETY ISSUES:

Five horizontal lines for notes.

SPECIFIC PROJECT CHALLENGES:

Five horizontal lines for notes.

SCHEDULE & MANPOWER ISSUES:

What is the estimated duration of the project?

Working regular business hours?

Yes

No

What is the approximate Berglund Employee crew size required?

What types of tradesmen will be required for self-performed work? (carpenters, cement finishers, tuckpointers, etc.)

SPECIFIC EQUIPMENT REQUIREMENTS:

What types of Public Protection are to be used? (temporary partitions, barricades, canopies, etc.)

What types of Heavy Equipment are expected to be used? (crane, excavators, manlift, etc.)

DEMOLITION & SHORING PLANS (Attach additional sheets if required):

Does an Engineer need to be involved with the Demolition/Shoring Plan?

Yes No

What activities require Demolition/Shoring Plans? _____

When is the Demolition/Shoring Plan to be completed by? _____ By Whom? _____

Demolition/Shoring Plan Notes:

HAZARD ANALYSIS:

Has a Hazard Analysis Plan been generated?

Yes No

When is the Hazard Analysis Plan to be completed by? _____ By Whom? _____

POTENTIAL SUBCONTRACTORS (Attach additional sheets if required):

	<u>Subcontractor</u>	<u>Phone Number</u>	<u>Contact Name</u>	<u>Contract In Place</u>		<u>Certificate Expiration Date</u>
				yes	no	
1.	_____	_____	_____	yes	no	_____
2.	_____	_____	_____	yes	no	_____
3.	_____	_____	_____	yes	no	_____
4.	_____	_____	_____	yes	no	_____
5.	_____	_____	_____	yes	no	_____
6.	_____	_____	_____	yes	no	_____
7.	_____	_____	_____	yes	no	_____
8.	_____	_____	_____	yes	no	_____

If Subcontractors or any Non-Berglund Personnel use our equipment, a Hold Harmless Agreement will be required.

Will a Hold Harmless Agreement need to be executed?

Yes No

If Yes; who will be using our equipment? _____

ADDITIONAL COMMENTS OR CONCERNS:

RECONSTRUCTION RISK MANAGEMENT MEETING ATTENDEES:

NAME	TITLE	SIGNATURE	NAME	TITLE	SIGNATURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Subcontractor Project Safety Plan

- To Be Completed **Before** Work begins and Submitted to Berglund Project Manager.
- Keep a copy on site to be reviewed by all employees.
- Send a copy of this form to the Safety Manager.

General Information: STRUCTURAL STEEL

Project Name and Number: _____ Start Date: _____ End Date: _____

Primary Subcontractor: _____

Brief Job Description: _____

Subcontractor Superintendent: _____ Phone # _____

Subcontractor Project Manager: _____ Phone # _____

OSHA Competent Person(s): _____ First Aid/CPR Cardholders: _____

2nd Tier Subcontractor(s): _____ Crew Size: _____

Immediately report any accidents to Berglund Superintendent.

Specific Job Hazards: (All boxes checked require detailed explanation on JSA Form)

<input type="checkbox"/>	Falls (from above & same level)	<input type="checkbox"/>	Electrocution	<input type="checkbox"/>	Excavations / Trenches
<input type="checkbox"/>	Caught Between	<input type="checkbox"/>	Struck-By	<input type="checkbox"/>	Asbestos / Lead / CO / Silica
<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Confined Space
<input type="checkbox"/>	Mobile Equipment	<input type="checkbox"/>	Public Protection	<input type="checkbox"/>	Fire



JOB SAFETY ANALYSIS

Job Name and #:

Date:

Supt:

Proj. Mgr:

Proj. Exec:

Subcontractor:

SPECIAL SAFETY EQUIPMENT / PROTECTIONS REQUIRED: (Check all that apply)

<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Special Gloves
<input type="checkbox"/> Special Boots / Shoes	<input type="checkbox"/> Respirators / Air Monitoring
<input type="checkbox"/> Public Protection devices (Barriers, Flags, Signs)	<input type="checkbox"/> Fire Extinguishers and other equipment
<input type="checkbox"/> Full Body Harness & Lanyard, anchors	<input type="checkbox"/> Dust Containment, Ventilation
<input type="checkbox"/> Fall Protection Warning Lines	<input type="checkbox"/> Weekly and Special Safety Training
<input type="checkbox"/> Other:	

**EXISTING AND / OR
POTENTIAL HAZARDS**

**HAZARD PREVENTION
PROCEDURES**

STRUCTURAL STEEL

Site Specific Plan	
Crane Certs	
Fall Protection	
Lay-down Area	
2-Bolt Connections	
Proper Slings and Chokers	
Working Over Others Not Allowed	
Check Trucks Before Loosening the Binders	
Access to Trucks	
Install at Least (1) Perimeter Cable Prior to Decking	
Fires from Welding (Check below to ensure all combustibles removed.)	
Proper Storage of Compressed Gas Tanks	
All Material or Tools Left on Beams Must be Secured	
Ladders Used Properly	

CONCERNS:

SIGNATURES:





**BERGLUND
CONSTRUCTION**

Established 1911

*Building Division
Restoration Division*

HUDDLE CARD

1. JOB NAME _____

WORK ASSIGNMENT _____

SUPERVISOR - "LEADER" _____

DATE: _____ TIME _____ A.M./P.M.

2. SAFETY ITEMS REVIEWED

	TOOLS/EQUIPMENT REQUIRED	TRAINING CURRENT
	Respirators	
	Fall Protection	
	Powder Actuated Tools	
	Aerial Lifts	
	Ladders	
	Scaffold	

* ALL EMPLOYEES MUST BE TRAINED

3. IDENTIFIED HAZARDS

	Burns Chemical/Thermal	Sprains/Strains
	Eye	Falling Material
	Overexertion	Utilities (Overhead/Underground)
	Elevated Load	Trips/Slips/Falls
	Falls Greater Than 6'	Fire
	Overhead Work	Abrasions/Cuts
	Electrical Shock	Cave In
	Pinch Points	Weather Hot/Cold
	Lead/Asbestos/Silica	Moving Machinery

APPLICABLE HAZARDS IN EACH SECTION
(FORWARD COMPLETED CARD TO SAFETY DIRECTOR)

Front View

4. HAZARD ELIMINATION (EQUIPMENT NEEDED)

	Gloves/Apron/Leathers		Fall Protection
	Inspect Tools/Rigging		Tool Guards
	Ladders Tied Off		Hearing Protection
	Scaffold		Barricades
	Face Shield/Goggles		GFCI
	Respirators/Dust Masks		Proper Slope/Trench Shield
	Keep Picked Up		Toeboards/Netting
	Fire Watch/Extinguishers		Proper Lighting
	Guardrails		Swing Stage
	Mast Climbers		

5. OTHER GENERAL SITE SAFETY ISSUES REVIEWED/EQUIPMENT CHECKED _____

	Activities coordinated with other companies
	Proper safety equipment provided
	Proper signage placed

"HUDDLE" is to be conducted daily with our hourly personnel.



**BERGLUND
CONSTRUCTION**

Building Division

Restoration Division

MANAGEMENT HUDDLE CARD

Job: _____ **Date:** _____

Superintendent: _____

Berglund Employees: PPE, Proper work assignments:

Hard Hats **Safety Glasses** **Fall Protection**

OSHA Postings **Emergency Phone Numbers**

Documentation Huddle cards and other inspections completed: Yes No

Insurance Certificate / Signed Subcontracts: Yes No

Subcontractor Compliance: PPE, MSDS, Competent Person's documentation:

Owner Operations and Requirements:

Site Security _____

Logistics _____

Cleanliness _____

Public Protection _____

Other Issues _____

Recent Near Misses or Accidents: : (please explain, if any) Yes No

Job Activity Look Ahead: _____

(Forward completed card to Fred Berglund)

Front View

