

		<b>UNION TANK CAR COMPANY</b>		
		<b>CONTRACTOR SAFETY &amp; HEALTH</b>		
Date		<b>Contractor Pre-Qualification Form (PQF)</b>		
Submitted:				

<b>GENERAL INFORMATION</b>
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1. Company Name: Eagle Industrial Instrumentation, LLC		Telephone: 225-363-5707	
Street Address: 41073 Lee Dr		Mailing Address: 41073 Lee Dr	
Gonzales, LA 70737		Gonzales, LA 70737	
Email Address: <a href="mailto:john@eagleinstrumentation.com">john@eagleinstrumentation.com</a>			
2. Officers:		Years With Company	
President: John Russell			
Vice President: N/A			
Treasurer: N/A			
3. How many years has your organization been in business under your present firm name? 8 Years			
4. Contact for Insurance Information: John Russell			
Title: Owner	Telephone: 225-363-5707	Fax:	
5. Insurance Carrier(s):			
<b>Name</b>	<b>Type of Coverage</b>	<b>Telephone</b>	
	Auto		
	General Liability		
	Workers' Compensation		
	Environmental Liability		
6. PQF Completed By: John Russell			
Title: Owner	Telephone: 225-363-5707	Fax:	

<b>ORGANIZATION</b>
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7. Describe Services Performed:		NAICS Code:	
<input type="checkbox"/>	Construction	<input checked="" type="checkbox"/>	Maintenance
<input type="checkbox"/>	Construction Design	<input type="checkbox"/>	Other - list
<input type="checkbox"/>	Original Equipment Manufacturer and Installer		
8. List major equipment (e.g. cranes, JLGs, forklifts) to be used.			
	2018	2017	2016
9. Annual Dollar Volume for the Past Three Years:	\$145,000.00	\$120,000.00	\$110,000.00
10. Largest Job During the Last Three Years: \$28,000			
11. Your Firm's Desired Project Size:		Maximum:	100,000
		Minimum:	\$1000.00
12. Financial Rating:		D&B:	Net Worth: \$
13. Major jobs completed in the past three years:			
Customer/Location	Type of Work	Size \$M	Customer Contact
Chevron Refinery, Pascagoula, MS	Preventative Maint	10,000	Larry Johnson
Westrock Paper, Cottonton, AL	Retrofit/Replacement	28,000	Michael Wood
			Telephone
			228-938-4484
			334-855-5603

Citgo Refinery		Validation		9900	Kurt Kenned	337-708-8005	
14. Are there any judgments, claims or suits pending or outstanding against your company?							
If yes, please attach details.				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
15. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?							
If yes, please attach details.				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>SAFETY &amp; HEALTH</b>							
16. Workers Compensation Experience Modification Rate (EMR) Data				Corporate Insured States			
a. EMR anniversary date:	5/31	c. State of Origin:	LA				
b. EMR for last three years:		2018	1	2017	1	2016	1
17. Injury and Illness Data:							
		Hours/Years	2018	2017	2016		
a. Employee hours worked last three years		Field	2000	2000	980		
		Total	2250	2250	1250		
b. Provide the following data (excluding subcontractor) using your OSHA 200 Forms from the past three (3) years:							
		2018		2017		2016	
		No.	Rate	No.	Rate	No.	Rate
Injury/Illness related fatality.							
Rate= $\frac{\text{Number of fatalities} \times 200,000}{\text{Total Employee Hrs}}$		0	0.0	0	0.0	0	0.0
Lost workday case injuries/illnesses involving days away from work, days of restricted work activity, or both.							
Rate= $\frac{\text{Number of cases} \times 200,000}{\text{Total Employee Hrs}}$		0	0.0	1	0.0	0	0.0
Lost workday case injuries/illnesses involving days away from work.							
Rate= $\frac{\text{Number of cases} \times 200,000}{\text{Total Employee Hrs}}$		0	0.0	0	0.0	0	0.0
Injuries/illnesses involving medical treatment only.							
Rate= $\frac{\text{Number of cases} \times 200,000}{\text{Total Employee Hrs}}$		0	0.0	0	0.0	0	0.0
Total OSHA Recordable Injury/Illness Rate							
Rate= $\frac{\text{Number of recordables} \times 200,000}{\text{Total Employee Hrs}}$		0	0.0	0	0.0	0	0.0
Notes: (1) Data should be best available data applicable to the work in this region or area.							
(2) If your company is not required to maintain OSHA 300 forms, please provide a copy of your OSHA 300As for the past three years.							
18. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?							
If yes, please attach copies of citations and correctives actions..				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
19. Highest ranking safety/health professional in the company: John Russell							
Title:	Owner	Telephone:	225-363-5707	Fax:			
20. Do you have or provide:							
a. Full time Site Safety/Health Supervisor				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

b. Full time Safety/Health Director / Manager		Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
21. Does the written Safety & Health program include work practices and procedures such as:					
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
a. Equipment Lockout and Tagout (LOTO)		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b. Confined Space Entry		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c. Injury & Illness Recording		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
d. Fall Protection		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
e. Personal Protective Equipment		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
f. Portable Electrical/Power Tools		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
g. Vehicle Safety		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
h. Compressed Gas Cylinders		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
i. Electrical Equipment Grounding Assurance		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.)		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
k. Housekeeping		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
l. Accident/Incident Reporting		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
m. Unsafe Condition Reporting		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
n. Emergency Preparedness, including evacuation plan		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
o. Waste Disposal		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
22. Do you have a substance abuse program?					
		Yes		No	
If yes, does it include: Pre-employment, Random,					
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
For Cause, Post Accident, and DOT testing?					
		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
23. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?					
		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no, attach a description of your plan to assure that they can safely perform their jobs.					
24. Medical					
a. Do you conduct medical examinations for:					
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
	* Hearing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Pre-placement Job Capability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Respiratory	Yes		No	
b. Describe how you will provide first aid and other medical services for your employees while on-site:					
Specify who will provide this service: Location Supervisor, Local Hospital					
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
c. Do you have personnel trained to perform first aid and CPR?					
		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
25. Equipment and Materials - you are to provide all required equipment and operators unless use of UTC equipment is expressed in writing in the P.O. contract. HAND TOOLS / TEST EQUIPMENT					
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?					
		Yes		No	
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
b. Do you conduct inspections on operating equipment (cranes, forklifts, JLGs etc.) in compliance with regulatory requirements?					
		Yes		No	
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
c. Do you maintain operating equipment in compliance with regulatory requirements?					
		Yes		No	
			<input checked="" type="checkbox"/>		<input type="checkbox"/>
d. Do you maintain the applicable inspection and maintenance certification records for operating equipment?					
		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
26. Subcontractors <b>NOT APPLICABLE</b>					
a. Will you use subcontractors on our site?					
		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
b. Do you use safety and health performance criteria in selection of subcontractors?					
		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c. Do you include your subcontractors on all your insurance policies?					
		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
27. Inspections and Audits					
a. Do you conduct and document safety and health inspections and audits?					
	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency? At Least Once a Month AT THE START OF EACH JOB AND UPON CHANGES
					<input type="checkbox"/>
b. Do you have safety and health training records for your employees?					
	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	

QUALITY MANAGEMENT SYSTEM												
28. Craft Training												
a. Have employees been trained in appropriate job skills?					Yes	<input type="checkbox"/>	No		<input checked="" type="checkbox"/>			
b. Are employees job skills certified where required by regulatory or industry consensus standards?					Yes		No					
c. List crafts which have been certified:												
29. Training Records												
Do the training records include the following:						<input checked="" type="checkbox"/>			<input type="checkbox"/>			
Employee Identification, Date of Training, Name of Trainer					Yes		No					
<input type="checkbox"/>	Method used to verify understanding, how do you verify understanding of training. Check all that apply.					<input type="checkbox"/>			<input type="checkbox"/>			
<input checked="" type="checkbox"/>	Written Test						Job Monitoring					
<input checked="" type="checkbox"/>	Oral Test						Other (List)					
	Performance test					<input checked="" type="checkbox"/>			<input type="checkbox"/>			
30. Does your company have a Quality Program?					Yes	<input type="checkbox"/>	No		<input checked="" type="checkbox"/>			
If yes, is your Quality Program registered?					Yes		No					
Type and Name of Registering Organization												
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
a. Does your company have records on:												
	* Employee Craft Certifications				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Tracking Systems for Critical Work				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Corrective Action System				Yes		No		Yes		No	
b. Does your company have written procedures for:												
	* Welding				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	* Purchasing of Critical Materials				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	* Auditing of Critical Procedures				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* System to Track Findings				Yes		No		Yes		No	
	* Recordkeeping System for Critical Tests.				Yes		No		Yes		No	
Please include a copy of your quality system including the system used to maintain craft training and certification records.												
ENVIRONMENTAL CONTROL												
32. Has your company received a Notice of Violation (NOV) for any waste, water or air emission issues within the past three years?												
					Yes		No		<input checked="" type="checkbox"/>			
If yes, explain:												
33. Has your company received a fine for violation of any waste, water or air emission regulations?												
					Yes		No		<input checked="" type="checkbox"/>			
If yes, explain:												
34. Is your company a Member or Partner in Responsible Care?					Yes	<input type="checkbox"/>	No		<input checked="" type="checkbox"/>			
35. Does your company utilize an Environmental Management System?					Yes		No					
If yes, explain:												
INFORMATION SUBMITTAL												
Please provide copies of checked item(s) with the completed PQF												
	X	EMR Documentation from your insurance carrier (Last Three Years)										
	X	Insurance Certificate(s)										
	X	List of equipment/chemical brought on site										

	XX	Copy of OSHA 300As for the past three years				
	X	Electronic Copy of Safety & Health Program				
	XX	Environmental Management System (Outline)				
	XX	Electronic Copy of Quality Program				
—	N/A	If applicable, copy of OSHA and/or Environmental citations with corrective actions				
Note: Owner checks items to be provided with PQF.						2/27/19

***XX Safety and Health Program as well as EMS is within the Safety Manual***