

**South Dakota Science and Technology Authority  
Sanford Underground Research Facility  
Lead, South Dakota**

**CONTRACTOR'S PRE-QUALIFICATION and  
ENVIRONMENT, SAFETY & HEALTH QUESTIONNAIRE**

**Industrial and Potable Waterlines Yates Complex project  
SDSTA Contract #2021-04**

**COMPANY INFORMATION**

1) Company Name: \_\_\_\_\_

Name, Title, and contact information of company representative completing form:

|             |  |
|-------------|--|
| Name        |  |
| Title       |  |
| Phone/Email |  |

- 1a) How many years has your company been in business under the name listed above?
- 1b) Describe your company's business structure (Corporation, LLC, Partnership, Sole Proprietorship) and its principals.
- 1c) List the states and trades in which you may legally do business where applicable. Provide registration or license numbers.
- 1d) List the categories of work that your company normally performs with its own forces.
- 1e) Has your company ever failed to complete work it had contracted to perform? Provide details if the answer is yes.
- 1f) Disclose any and all judgments, claims, suits at law, administrative cases, or arbitration proceedings where you are or were a party during the past five years.
- 1g) Has your company been debarred or suspended from entering into contracts with any federal, state, or local governmental entity during the past five years?
- 1h) List the qualifications of team members that would be involved with this project.
- 1i) List experience and past record with similar projects in terms of team involvement, site usage, and infrastructure driven projects.

**ENVIRONMENT, HEALTH AND SAFETY INFORMATION**

2) OSHA Total Recordable Injury Rates (TRIR) and Days Away, Restricted, or Transferred

(DART) Rates for the current and past three years.

Please report the rate, not the number of cases.

| <i>Year</i> | <i>TRIR/TRC rate</i> | <i>DART rate</i> |
|-------------|----------------------|------------------|
|             |                      |                  |
|             |                      |                  |
|             |                      |                  |
|             |                      |                  |

3) OSHA Form 300A

Please attach your latest updated OSHA Form 300A and those for the past three years.

4) Experience Modification Rate (EMR/MOD)

List your current EMR and those for the last 3 years; attach documentation from your Insurance Carrier on its letterhead with their representative's signature and title.

| Year | EMR |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |

5) Citations

Has your company received any citations in the past three (3) years from any government agency? (This includes ANY citations related to Environment, Safety and Health).

☐ YES ☐ NO

*If yes, include a copy of citation(s) and abatement actions.*

6) ES&H Program

Does your company have a written "ESH Program," including a mission statement, policies and procedures? ☐ YES ☐ NO

*If available, please provide a copy of your ESH manual and policies.*

If yes, does the program address both Environmental and Safety/Health concerns?

☐ YES ☐ NO

If yes, which of the following elements does your program include?

- ☐ Accident Reduction Program or AWAIR
- ☐ Safety Committee
- ☐ Safety Inspection Program
- ☐ Environmental Requirements (SPCC, storm water control, waste management, etc)
- ☐ ESH manual
- ☐ Crisis Management Program
- ☐ Substance-free Policy

- ☐ Work Planning and Control
- ☐ Emergency Response
- ☐ Substance-free Policy
- ☐ Fall Protection Program
- ☐ Hot Work Program
- ☐ LOTO Program
- ☐ Electrical Safety Program
- ☐ Respiratory Protection Program
- ☐ Hearing Conservation Program
- ☐ Incident Investigation, Reporting, and Lessons Learned Program
- ☐ Fatigue Management Program
- ☐ Disablement and Impairment Program
- ☐ Trenching and Excavation Program
- ☐ Hazard Communication Program
- ☐ Quality Assurance Program
- ☐ Hoisting and Rigging Program
- ☐ OTHER: \_\_\_\_\_

Does your ESH program include a Training Program? ☐ YES ☐ NO

If yes, which of the following elements are addressed in the training program?

- |                                                         |                                                        |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Company Safety Policy          | <input type="checkbox"/> Company Safety Rules          |
| <input type="checkbox"/> Fall Protection                | <input type="checkbox"/> Emergency Action Plan         |
| <input type="checkbox"/> Fire Prevention                | <input type="checkbox"/> PPE                           |
| <input type="checkbox"/> Respiratory Protection         | <input type="checkbox"/> New Hire Orientation Program  |
| <input type="checkbox"/> Asbestos Training              | <input type="checkbox"/> Confined Space                |
| <input type="checkbox"/> LOTO                           | <input type="checkbox"/> Hot Work                      |
| <input type="checkbox"/> Electrical Safety              | <input type="checkbox"/> Blood borne Pathogens         |
| <input type="checkbox"/> Hazard Communications          | <input type="checkbox"/> Injury/Illness Record keeping |
| <input type="checkbox"/> Hearing Conservation           | <input type="checkbox"/> CPR/First Aid Training        |
| <input type="checkbox"/> Lead Abatement                 | <input type="checkbox"/> OSHA 10 Hour certification    |
| <input type="checkbox"/> OSHA 30 Hour certification     | <input type="checkbox"/> Fire extinguisher             |
| <input type="checkbox"/> Defensive Driving Course       | <input type="checkbox"/> Scaffold Training             |
| <input type="checkbox"/> Powered Industrial Truck cert. | <input type="checkbox"/> Pre job safety inspection     |
| <input type="checkbox"/> Asbestos Awareness             | <input type="checkbox"/> Asbestos Abatement            |
| <input type="checkbox"/> Fire Detection/Impairment      | <input type="checkbox"/> Environmental                 |
| <input type="checkbox"/> Industrial Hygiene             | <input type="checkbox"/> Crane Inspection              |
| <input type="checkbox"/> Crane Operator                 | <input type="checkbox"/> Trenching/Excavation          |
| <input type="checkbox"/> Hoisting and Rigging           | <input type="checkbox"/> OTHER: _____                  |

7) ESH Professionals

Does your firm employ a Corporate ESH Director/Manager? ☐ YES ☐ NO

*If yes, provide the name, phone number and qualifications.*

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Is there one person responsible for managing the ESH aspects on a daily basis on your job sites? ☐ YES ☐ NO

*If yes, provide the name, phone number and qualifications.*

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If yes, what are your company's requirements with respect to this person's qualifications?

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8) Does your company proactively screen subcontractors' safety performance?

☐ YES ☐ NO

If yes, what are the indicators used to evaluate ESH performance?

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**PROJECT QUALIFICATIONS**

9) Briefly address each of the following requirements:

- 10) Qualifications of the firm and the specific individuals who will be assigned to the work.
- 11) Specialized Experience and technical competence of the firm and individuals in the type of work described in the solicitation.
- 12) Demonstrated success on similar projects.

Specific Information:

- 13) Provide the contractual relationship, name, and a brief description of the named subcontractors that would be used. Any future change must be approved by the SDSTA.
- 14) Provide an organizational chart of proposed team.
- 15) Provide resumes of key personnel proposed for this contract: project manager, project superintendent, safety officer.
- 16) Provide examples of three projects completed by this team that illustrate its qualifications for this contract. This should include:
  - Title and location
  - Period of performance
  - Project owner and a project point of contact.
  - Discuss the relevance of the example project to this contract.

**Pre-Qualification will be based upon:**

- a. Specialized experience and technical competence in: (1) Heavy construction. (2) Excavation and installation of waterlines, with all required potable water licenses/certificates with the state of South Dakota and electrical/communication conduits. (4) Excavation safety procedures and all required safety devices, i.e. trench boxes, knowledge of OSHA trenching codes.
- b. Qualified professional personnel in the following key disciplines: project management, project supervision, heavy construction of underground utilities, heavy equipment operation.
- c. Past performance on similar contracts with US Dept of Energy, State of South Dakota, SDSTA or others with respect to cost control, quality of work, safety record and compliance with performance schedules.