



Subcontractor Pre-Qualification

Thank you for your inquiry regarding subcontracting opportunities with Western Utility LLC. (WU).

Construction projects bring many exciting challenges and risks associated with the field and qualifications are a must. We are an OSHA compliant company and subcontractors are expected to fully support the WU commitment to workplace safety and health excellence on our projects. As part of our program, we pre-qualify all prospective subcontractors to ensure safe, compliant, quality and timely project execution. Areas such as loss history, health and safety programs and training, relevant past safety and health experience for required services, and regulatory compliance will be considered in the overall pre-qualification of each subcontractor. If you are in need of assistance with your company’s NAICS Code, please visit <http://www.osha.gov/oshstats/naics-manual.html> or <http://www.osha.gov/pls/imis/sicsearch.html>.

In addition to the safety prequalification information, you must submit the “Supplier Set-Up Or Change of Information Form” and the Form W-9, “Request for Taxpayer Identification Number and Certification” which are both included in this package. Incomplete packages will not be processed.

Submit your package to: Western Utility LLC
 2565 Palmer Avenue
 University Park, IL 60484
 Attn: Subcontracts and Procurement–

For technical questions on the safety information, call Jonathan Jones @ 708-235-1408 ext. 126.

COMPANY NAME								
CONTACT				ADDRESS				
FIRST NAME				ADDRESS				
LAST NAME								
TITLE				CITY				
PHONE				STATE				
FAX				ZIP CODE				
*REFERENCES				SOCIOECONOMIC CLASS:	SB	SDB	WOSB	8(A)
PLEASE ATTACH A LIST WITH THREE REFERENCES AND CONTACT PERSON				<i>(please circle one)</i>	LB	Other		
COMMODITIES								
<i>Please circle the work below which you would like to provide</i>								
Air Quality	Directional Drilling	Geosynthetic Testing	Health & Safety Monitoring	Open cut -trench Construction	Paving/concrete/asphalt Structure Demolition			
Asbestos Abatement	Electrical Installation	Geotechnical	Mass Excavation	Aerial cabling	Surveying			
Cabling splicing	Engineering Fencing	Groundwater Hazardous Material Handling	Materials Hauling Piping	Hydro excavation Road Construction	Concrete trucking			
Other:								



Environmental Health & Safety Questionnaire

Company Name	Primary NAICS Code(s):
Project Name/Location/Dates (if available):	

Loss History	Current Year	Previous Year	Previous Year	Previous Year
1. Experience Modification Rate <i>(Attach verification letter- see below)</i>				
2. Total Employee Hours Worked by Calendar Year <i>(both office and field labor)</i>				
3. Total Recordable Injuries and Illnesses <i>(OSHA 300 Form – Columns G+H+I+J)</i> <i>(Attach an OSHA 300 log for each year listed)</i>				
4. Total Recordable Incidence Rate <i>(See below)</i> <i>(Row 3 / Row 2) x 200,000 work hours</i>				
5. Number of Cases that Involved Days Away From Work, Days of Restricted Work Activity, or Job Transfer (DART) <i>(OSHA 300 Form – Columns H + I)</i>				
6. DART Incidence Rate <i>(Row 5 / Row 2) x 200,000</i>				
7. Number of Cases that Involved Days Away From Work (Lost Time Cases) <i>(OSHA 300 Form – Column H)</i>				
8. Lost Time Incidence Rate <i>(Row 7 / Row 2) x 200,000</i>				
Total Number of Fatalities				

Experience Modification Rates: Experience modification rates (EMR) are established by your insurance carrier based on past claims for losses including worker’s compensation. Please contact your insurance carrier to obtain verification of your EMR for each year requested. **If an EMR has not been established for your company for each year requested, please attach an explanation.**

If any EMR rate listed is greater than 1.0, you must attach a corrective action plan. The corrective action plan must explain why the EMR(s) are greater than 1.0, and descriptions of the corrective action(s) that have been implemented to reduce the EMR to 1.0 or less.

Incidence Rate Calculations: The Incidence Rates that you insert into the table (from your OSHA 300 Logs) will be compared to the U.S. Bureau of Labor Statistics tabulated Incidence Rates for the most recent year available. The Incidence Rates used will be that of the North American Industry Classification System (NAICS) code which most closely represents the nature of the work to be performed by your firm on the subject project.

If any Incidence Rate listed is greater than the appropriate National Average, you must attach a Corrective Action Plan. The Corrective Action Plan must explain in detail why the Incidence Rates are above the National Averages, as well as descriptions of the corrective action(s) that have been implemented to reduce the Incidence Rates, and a demonstration of the effectiveness of the corrective actions to date.

Fatalities: If any fatalities are indicated, a detailed explanation of the fatality must be provided. In addition, you must attach a Corrective Action Plan. The Corrective Action Plan must contain detailed descriptions of the corrective action(s) that have been implemented to prevent recurrence of similar incidents in the future, and a demonstration of the effectiveness of the corrective actions to date.



Substance Abuse Programs

- Does your company have a substance abuse program which includes pre-work (or pre-employment), "for cause", and post accident employee drug and alcohol testing? Yes No
- If not, will you implement substance abuse testing for work subcontracted to your company? Yes No
- Does your company have a program in place that complies with the Federal Drug-Free Workplace Act? Yes No
- If not, will you implement a Drug-Free Workplace Program that complies with federal requirements (FAR Clause 52.223-6) for work subcontracted to your company? Yes No

Environmental Health and Safety Program Elements (check all that apply)

- Written Health and Safety Programs Management Commitment and Policy regarding health and safety
 Company Health and Safety Program Manual
 Safe Operating Procedures for high hazard operations
 Written Respiratory Protection Program
 Written Hearing Conservation Program
 Written Hazard Communication Program
 Written Bloodborne Pathogen Program
 Written Medical Surveillance Program
 Written Lockout/Tagout procedures
 Written Confined Space Entry procedures
- (Attach a listing of the written programs, or a copy of the table of contents for the programs)*
- Worksite Evaluation and Analysis Formalized methods to identify and control high hazard operations
 Job or Task Hazard Analysis developed for hazardous operations
 Formalized accident/incident reporting and investigation process
 Documented "lessons learned" program
- Safety Committees and Meetings Active company or organization health and safety committee
 Active site health and safety committee
 Employee and labor inclusion in site committee
 Daily "toolbox" site safety meeting requirement
 Weekly site safety meeting requirement
 Monthly site safety meeting requirement
 All employees required to attend site safety meetings
 Subcontractors required to attend safety meetings
- Environmental Health and Safety Inspections/Audits Line management participation in site EHS inspections/audits
 Frequency _____
 EHS specialist participation in site EHS inspections
 Frequency _____
 Requirement for independent audits of site EHS program
 By whom? _____
 Written documentation of EHS inspection/audit findings
 Written documentation of EHS inspection/audit corrective actions
- Environmental Health and Safety Training and Awareness Programs Safety training and orientation for new hires
 Safety training and orientation for line management
 Safety training and orientation for site supervisors/foremen
 Safety training and orientation for subcontractors
 Periodic employee/supervisor safety training
 DOT Hazardous Materials (49 CFR 772, Subpart G) trained workers
 Hazardous Waste (29 CFR 1910.120) trained workers
 RCRA facility (40 CFR 264.16 or 265.16) trained workers
- Environmental Programs Policy statement for environmental compliance or management
 Written program for environmental compliance or management
 Procedures for prevention and reporting of spills or releases
 Procedures for reporting permit exceedences
 Procedures for review/approval of waste management transporters, vendors, and/ subcontractors



Environmental Health and Safety Compliance History

The following compliance questions relate to your company and operations over the past 5-year period. The term company is inclusive of all operations nationwide, all companies and operating divisions, and all company names currently and previously used.

Has OSHA (federal or state) issued any citation(s) to your company? Yes No

Has OSHA (federal or state) issued any citation(s) to subcontractors working on projects or sites managed by your company? Yes No

Are there any past or pending environmental enforcement actions or environmental compliance violations for your company? Yes No

For projects, subcontractors, or sites managed or operated by your company, are there any past or pending environmental enforcement actions or environmental compliance violations for any other related organization? *(Note: Related organizations would include subcontractors, site owners, other companies or government organizations. This question is limited to the time period when your company was in management or operational control of the project or site.)* Yes No

If yes to any question above, attach a copy of the violation, citation, or enforcement action description, including an explanation of the circumstances and resolution(s) with the agency. Please provide a discussion of what corrective action(s) have been implemented to prevent recurrence at other locations, and demonstrate how these actions have been effective.

I certify and declare under penalty of law that the foregoing environmental health and safety compliance history is true and correct, and that I am a duly authorized representative of the company.

Printed Name

Title

Signature

Date

Company contact for additional health, safety and environmental program information:

Printed Name

Title

Phone Number

Fax Number

e-mail address

Summary of Required Documentation and Submittals:

- Insurance provider documentation of EMR for current and past three years.
- OSHA 300 Logs for current and past three years.
- Description/Explanation and Corrective Action Plan(s). If any of the following are true; EMR(s) greater than 1.0, Incidence Rate(s) above National Average, previous fatality.
- Table of Contents from Health and Safety and/or Environmental Compliance Program Manual(s). (WUC reserves the right to request a copy of the entire document).
- In the event of a previous OSHA citation or Environmental Enforcement Action, a copy of each citation/violation, description of the circumstances of the violation, and a Corrective Action Plan which describes measures taken to prevent recurrence of the condition/action which resulted in the citation/enforcement action.



1. Loss History

Experience Modification Rates (EMR) must be substantiated with a letter from the subcontractor's insurance carrier or a letter from the subcontractor stating why an EMR is not established. Both the average of the EMR listed **and** the most recent EMR should be less than or equal to 1.0. For years where an EMR is not established, the EMR is assumed to be 1.0.

Three injury/illness incidence rates (total recordable, lost workday, and lost time) will be compared to the Bureau of Labor Statistics national averages for the NAICS code most appropriate to work the subcontractor is anticipated to perform. Incidence rates listed must be backed-up with a copy of each year's OSHA 300 Log. Subcontractor provided numbers will be used if the subcontractor states that they are exempt from the requirement to maintain an OSHA 300 Form.

2. Substance Abuse Programs

The subcontractor must have a substance abuse program in place which meets the requirements of the federal Drug Free Workplace Act which includes pre-work, "for cause", and post incident employee drug and alcohol testing. Subcontractors who do not have a program in-place, but are willing to implement the required substance abuse program and testing, may be given conditional prequalification. Subcontractors with conditional approval will be required to have an employee drug and alcohol testing program, and may be required by Subcontract to have a substance abuse program in-place prior to the start of work.

3. Environmental Health and Safety Program Elements

WU staff will make a qualitative assessment of the subcontractor environmental safety and health program. The assessment will be made on the basis of the information provided on the Subcontractor Profile form, and compared to the type of work the company is reasonably anticipated to perform. A program that contains basic elements such as company EHS policy, written procedures, worksite inspections, employee training and awareness, and similar items is considered acceptable. A program that does not contain the basic elements necessary for completing work in a safe and compliant manner is considered unacceptable.

4. OSHA Compliance History

The subcontractor should have zero OSHA citations in the past 5 years.

5. Environmental Compliance History

The subcontractor should not have any past or pending environmental enforcement actions or violations in the past five years. This includes the subcontractor, lower-tier subcontractors, and sites or projects that are or have been managed by the subcontractor.

Exceptions to Standard Prequalification Criteria

Subcontractors who do not meet the standard prequalification criteria must submit a corrective action plan in each deficient area listed above to be considered further in the prequalification process. The corrective action plan(s) must provide appropriate background information, discuss the corrective actions that have been implemented to prevent recurrence at other locations, and demonstrate how these actions have been effective. **Corrective action plans must demonstrate the effectiveness of the corrective actions implemented to be considered or qualify for an exception to the standard prequalification criteria.**

Exceptions **may** be made to the standard prequalification criteria listed above by the Program Manager and the Health and Safety Compliance Manager. Exceptions will be approved on a case-by-case basis considering information provided on the Subcontractor Profile and the content of corrective action plan(s) submitted by the subcontractor.



SUPPLIER SET UP OR/CHANGE OF INFORMATION FORM

New Supplier Name Change or Change to Existing Information Site Addition or Contact Only

Date: _____ Submitted By: _____ Submitter's E-Mail: _____
Phone No: _____

Supplier's Full Legal Name (No Acronyms): _____

Supplier's Trade Name (or DBA): _____

Supplier Parent Name (If applicable): _____

FEIN No: _____ If No FEIN Select: Government Foreign Utility Will Obtain from Vendor

W-9 Form Attached Pending W-9 Form (**NOTE: If no W-9 is attached, the supplier will be placed on payment hold until the form is received.**)

1. Supplier Address: _____

County/Province: _____ **Phone:** _____ **Fax:** _____

Check all that apply: Payment Site Purchasing Site

Contact - Name: _____ **Phone:** _____ **Fax:** _____

E-Mail Address: _____ **Website:** _____ **Other:** _____

2. Supplier Address: _____

County/Province: _____ **Phone:** _____ **Fax:** _____

Check all that apply: Payment Site Purchasing Site

Contact - Name: _____ **Phone:** _____ **Fax:** _____

E-Mail Address: _____ **Website:** _____ **Other:** _____

- Socioeconomic Class: 1. **Minority Owned** Asian Pacific Individual
 (Check all that apply) Black American Native American
(This should be verified by Procurement) Hispanic American Subcontinent Asian
2. **Small Business** Historically Black Colleges & University/Minority Institutions
 National Institute for the Blind
 National Institute for the Severely Disabled
 Small Business
 Small Disadvantaged Business Concern
 Service-Disabled Veteran Owned Small Business Concern
 Service-Disabled Veteran Owned Small Disadvantaged Business Concern
 Veteran-Owned Small Business Concern
 Veteran-Owned Small Disadvantaged Business Concern
3. **SBA Certification** 8(a) Program Not Certified
 Expiration date for SDB: _____ Certified Pending
4. **Other Programs** HUB Zone-Historically Underutilized Business
 Expiration Date: _____ HUB Zone/Mentor-Protégé Program
 _____ Mentor Protégé Program



5. **Woman Owned**

6. **Non-Profit Organization**

7. **Foreign/Other**

DUNS Number: _____

Primary NAICS: _____

Other Info: _____



Project 1

Please fill out the following form to provide information on a construction project of similar size, complexity, and scope as the _____ Project. Must have occurred within the last five years.

Client Company:	
Client Address:	Client Website:
Client Phone:	Client Email:
Project Description:	
Project Location:	Dollar Value (US\$):
Did the project include earthwork and excavation? (e.g., Sawcutting, Asphalt, Jacking and Boring) <i>Please describe.</i>	
Did the project include electrical work? (e.g., Grounding, Cable Pulling, Laying, Testing) <i>Please describe.</i>	
Did the project include concrete work? (e.g., Forming, Precasting, Pouring, Slump Testing) <i>Please describe.</i>	
How many days were worked without an accident?	
Did you receive any awards or incentives for this completed project? <i>Please describe.</i>	
Were there any quality or safety requirements for the project? (e.g., ISO9000)	
Name of Client contact:	Address:
Phone:	Email:



Project 2 _____

Please fill out the following form to provide information on a construction project of similar size, complexity, and scope as the _____ Project. Must have occurred within the last five years.

Client Company:	
Client Address:	Client Website:
Client Phone:	Client Email:
Project Description:	
Project Location:	Dollar Value (US\$):
Did the project include earthwork and excavation? (e.g., Sawcutting, Asphalt, Jacking and Boring) <i>Please describe.</i>	
Did the project include electrical work? (e.g., Grounding, Cable Pulling, Laying, Testing) <i>Please describe.</i>	
Did the project include concrete work? (e.g., Forming, Precasting, Pouring, Slump Testing) <i>Please describe.</i>	
How many days were worked without an accident?	
Did you receive any awards or incentives for this completed project? <i>Please describe.</i>	
Were there any quality or safety requirements for the project? (e.g., ISO9000)	
Name of Client contact:	Address:
Phone:	Email:



Project 3

Please fill out the following form to provide information on a construction project of similar size, complexity, and scope as the _____ Project. Must have occurred within the last five years.

Client Company:	
Client Address:	Client Website:
Client Phone:	Client Email:
Project Description:	
Project Location:	Dollar Value (US\$):
Did the project include earthwork and excavation? (e.g., Sawcutting, Asphalt, Jacking and Boring) <i>Please describe.</i>	
Did the project include electrical work? (e.g., Grounding, Cable Pulling, Laying, Testing) <i>Please describe.</i>	
Did the project include concrete work? (e.g., Forming, Precasting, Pouring, Slump Testing) <i>Please describe.</i>	
How many days were worked without an accident?	
Did you receive any awards or incentives for this completed project? <i>Please describe.</i>	
Were there any quality or safety requirements for the project? (e.g., ISO9000)	
Name of Client contact:	Address:
Phone:	Email:

Project Description Form



Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,