



May 1, 2023

RE: Construction Management Services Request For Qualifications
Sanford Dam Restoration Project
Midland County, MI

Perspective Contractors:

Four Lakes Task Force (FLTF) is requesting qualifications for construction management services related to the Sanford Dam Restoration Project.

The documents enclosed outline the qualification requirements for the Sanford Restoration Project.

Should you have questions accessing or viewing the documents, please contact Spicer Group, Inc., John Bradley by phone (517) 719-5503, or in writing, via email johnbradley@spicergroup.com

Sincerely,

John W. Bradley
Project Manager

SPICER GROUP, INC
1595 W Lake Lansing Rd
Suite 200
East Lansing, MI 48823
Phone: (517) 325-9977
Cell: (517) 719-5503
E-mail: johnbradley@spicergroup.com

Copy: SGI File 126234SG22T6

**REQUEST FOR QUALIFICATIONS
CONSTRUCTION MANAGEMENT SERVICES**

**FOUR LAKES TASK FORCE
SECORD DAM RESTORATION PROJECT**

**FOUR LAKES TASK FORCE – GLADWIN AND MIDLAND COUNTIES DELEGATED AUTHORITY
OF THE FOUR LAKES SPECIAL ASSESSMENT DISTRICT
MICHIGAN**



Prepared By:



SAGINAW, MICHIGAN
MAY 2023

Project I.D. Number: 126234SG2018

SANFORD DAM RESTORATION PROJECT
CONSTRUCTION MANAGEMENT SERVICES
REQUEST FOR QUALIFICATION PACKET

<u>Sections</u>		Page Nos.
Section 1	Official Notice to Bidders	1
Section 2	Information and Instructions	1 – 3
Section 3	Application	1 – 10
Section 4	Health and Safety Questionnaire	1 – 2

OFFICIAL NOTICE TO BIDDERS
CONSTRUCTION MANAGEMENT SERVICES REQUEST FOR QUALIFICATIONS
FOUR LAKES SPECIAL ASSESSMENT DISTRICT - FOUR LAKES TASK FORCE
SANFORD DAM RESTORATION PROJECT

The Four Lakes Task Force (FLTF), hereby gives notice that qualification documents will be received from prospective Contractors for to perform construction management services related to the Sanford Dam Restoration Project, which is located in Midland County, Michigan.

Tasks include but not limited to reviewing engineering plans for the Sanford Dam and providing FLTF with:

- (1) Opinions of construction cost estimates based on mid-Michigan market.
- (2) Opinions of construction scheduling and sequencing approaches.
- (3) Construction coordination and scheduling of subcontractors.

The Engineer of Record is GEI Consultants of Michigan, P.C. (GEI). The issuing Office for Request for Qualifications Documents is Spicer Group, Inc.

Electronic copies of Sanford Dam plans, specifications, and other related contract documents can be provided upon request. Please contact Spicer Group, Inc, John Bradley at (517) 719 - 5503 or by email at johnbradley@spicergroup.com to request documents.

DEADLINE FOR SUBMISSION OF QUALIFICATIONS AND PROPOSAL: The qualification package will be received until 5:00 pm., Local Time on May 11, 2023. Please submit electronically via email to John Bradley at johnbradley@spicergroup.com.

Published by authority of

By: Four Lakes Task Force
Gladwin and Midland County Delegated Authority for
the Four lakes Special Assessment District

May 1, 2023

**SANDORD DAM RESTORATION PROJECT
CONSTRUCTION MANAGEMENT PREQUALIFICATIONS
INFORMATION AND INSTRUCTIONS**

A. Prelude

Notice is hereby given the by the Four Lakes Task Force, Gladwin and Midland County's Delegated Authority, has determined that all bidders for Construction Management undertaken on the Secord Dam Restoration Project must be pre-qualified prior to submitting a bid on these projects. It is mandatory that all Contractors who intend to submit a bid, fully complete the pre-qualification questionnaire, provide all materials requested, and be approved by the Four Task Force to be on the final qualified Bidders list. No bid will be accepted from a Contractor that has failed to comply with these requirements.

B. Construction Management Responsibilities

Tasks include but not limited to reviewing engineering plans for the Sanford Dam and providing FLTF with a report provided by June 23, 2023 that includes:

- (1) Opinions of construction cost estimates based on regional markets.
- (2) Opinions of construction scheduling and sequencing approaches.
- (3) Construction coordination and scheduling of subcontractors.

C. Description of Sanford Dam Construction Activities

In general, the following description of work can be expected:

- (1) Partial demolition and removal of existing facilities including concrete, power houses, radial gates, hydro-electric equipment, and other items associated with a 1920 era hydro dam,
- (2) Construction or improvement to existing primary and auxiliary spillways including cast in concrete, roller compacted concrete, earthwork, large rip rap and rock, steel sheet piling, dewatering, coffer dams and control of water, passive tie downs, micropiles, tremie placed underwater concrete, retrofitting powerhouse, crest gates installation (owner provided), coordination with utility companies, power distribution, controls, instrumentation and SCADA systems, start up and commissioning, and dam safety monitoring and associated mechanical and electrical components,
- (3) Construction or improvement to earthen embankment dams including steel sheet piling, earthwork, downstream aggregate filter, drainage, toe drains and rip rap armoring,
- (4) Site work includes site clearing, access roads, storm sewer installation, site grading and site restoration.
- (5) Additional information can be found on the Four Lakes Task Force website which can be found at <https://www.four-lakes-taskforce-mi.com/>.
- (6) Electronic copies of Sanford Dam plans, specifications, and other related contract documents can be provided upon request. Please contact Spicer Group, Inc, John Bradley at (517) 719 - 5503 or by email at johnbradley@spicergroup.com to request documents.

D. General

1. Construction schedule should be anticipated to begin in Summer of 2023 and be completed by Summer 2025.
2. Project will be subject to the conditions of EGLE permits and dam safety requirements.
3. The Owner has retained the professional services of GEI Consultants and Spicer Group, Inc to provide design and construction administration services on this project.
4. The pre-qualification evaluation is solely for the purpose of determining, in a timely manner, only those bidders who are deemed qualified to perform the type of work demanded and necessary to construct these projects and do so within the project schedules and budgets.

5. The pre-qualification process consists of instructions and information, written application, health and safety questionnaire and attachments that all **General Contractors** must complete in their entirety and submit for approval if interested in bidding for the construction management of the project.
6. All questions in the Pre-qualification Application and attachments must be completed in their entirety. Partially answered questions or those left blank may be considered cause to reject the application for approval.
7. Any clarifications of the Pre-qualification Application must be submitted in writing via email to: John Bradley, Spicer Group Inc, at: johnbradley@spicergroup.com by **May 5, 2023**.
8. One (1) set of the **Pre-qualification Application** documents and all required attachments shall be submitted electronically via email to John Bradley at johnbradley@spicergroup.com.
9. No **Pre-qualification** documents will be accepted after **5:00 PM local time on May 11, 2023**.
10. Applicants will be notified of any updates or changes via email from John Bradley, Spicer Group Inc.

E. Procedures

1. After receipt of the pre-qualification packages per the submittal date, each will be reviewed for completeness. Applicants whose packets are incomplete may be notified accordingly as soon as possible. Applicants will have one week to resubmit the requested (lacking) information.
2. Pre-qualification of prospective bidders will be based on the following information to be submitted by prospective bidders: references; surety experience; bonding capacity; construction experience; financial data; arbitration and litigation claims history; health and safety experience and personnel experience. References may be contacted by telephone and asked a list of questions (attached herewith for information purposes).
3. The review team will review the applications. The team will include individuals from FLTF, engineers, legal counsel, and other professionals appointed by FLTF.
4. The Owner reserves the right to reject any or all responses to the Pre-qualification Application and to reject or waive any or all non-material irregularities in any response or proposal received. The Owner may refuse to grant pre-qualification where the requested information and materials are not provided. A contractor may be found not pre-qualified for either omission of or refusal to submit requested information or falsification of information.
5. The pre-qualification packages (questionnaire answers and financial statements) submitted by Contractors are not public records and are not open to public inspection. All information provided will be kept confidential to the extent permitted by law. However, the contents may be disclosed to third parties for purpose of verification, or investigation of substantial allegations, or in the appeal hearing. State law requires that the names of contractors applying for pre-qualification status shall be public records subject to disclosure, and the first page of the questionnaire will be used for that purpose.
6. Interviews may be conducted by the Owner to determine prequalification status.
7. It is anticipated that the FLTF will make a decision of selection by May 29, 2023

Four Lakes Task Force, in its capacity as the Gladwin and Midland Counties' Delegated Authority, on behalf of the Four lakes Special Assessment District ("Owner").

Four Lakes Task Force, means: the person appointed by the Board of Commissioners for the Counties of Midland and Gladwin, to carry out the functions and responsibilities as the Counties' Delegated Authority in accordance with Part 307 "Inland Lake Levels" of the Michigan Natural Resources and Environmental Protection Act, Michigan Public Act 451 of 1994, as amended, MCL 324.30701 et seq., the respective county resolutions, and agreements (as such agreements may be modified from time to time). In this Contract, all references to "Owner", "FLTF", "Delegated Authority" or the "Four Lakes Special Assessment District" shall mean the "Four Lakes Task Force" as herein defined herein.

**SANFORD DAM RESTORATION PROJECT
CONSTRUCTION MANAGENT
PREQUALIFICATION APPLICATION**
PLEASE PRINT OR TYPE ALL INFORMATION

1. NAME OF APPLICANT FIRM _____

Tax ID No. _____ or SS No. _____

DUNS No. _____

D/B/A Name (if any) _____

Applicant's Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City, State _____ Zip _____

Telephone No. () _____ FAX No. _____

Corporate E-mail Address _____

Contact Person (for Pre-qual application questions) _____ Title _____

Contact person's direct phone number _____

2. BUSINESS ORGANIZATION OF APPLICANT

Date the applicant firm was formed _____

Type of Organization

Corporation
State in which incorporated _____ Year _____

Partnership
 General Limited
State and County where partnership filed _____

Sole Proprietorship
Owner _____

Joint Venture

Identify any affiliated businesses or previous names of your current business _____

3. APPLICANTS INSURANCE INFORMATION — FLTF requires that evidence of insurance coverage be in effect during the term of any contract awarded by FLTF to the contractor. Please provide copy of your insurance Certificates and explanations if needed. **BINDERS ARE NOT ACCEPTABLE.** The minimum coverages that will be required for the project have not yet been determined. The minimum insurance coverages and bond requirements will be included in the bid

documents.

Name of Primary Insurance Agent or Broker _____

Address _____

Telephone No.() _____ FAX No.() _____

4. APPLICANT'S BONDING INFORMATION

Name of Bonding Agent _____

Address _____

Telephone No. () _____ Fax No. () _____

Name of Bonding Company	Bonding Capacity (Single)	Bonding Capacity (Aggregate)	AM Best Bond Rating	Total of Current Bonded Amount

Has any bonding company refused to issue bonds in the last 5 years Yes No

If yes, attach an explanation.

Provide a letter from your bonding company that identifies the company's bond rating and bonding capacity.

5. CURRENT NUMBER OF EMPLOYEES

- Office Full Time- _____
- Field Full Time- _____
- Office Part Time- _____
- Field Part Time- _____

6. PRINCIPALS AND KEY PERSONNEL IN FIRM - On the chart below, complete the required information. "Principals" and "Key Personnel" include any of the following:

- Proprietors, partners, directors, officers
- Any manager or individual who participates in overall policy-making or financial decisions for the firm
- Any person in a position to control and direct the firm's overall operations or any significant part of its operation

Applicant firms that are publicly held corporations should list the president, treasurer, AND only those officers and managers who will have direct responsibility for the proposed construction contract.

Resumes for Principals and Key Personnel and firm's current Organizational Chart must be provided with this application. Identify the roles and responsibilities and level of involvement that the Principals and Key Personnel will play in the project.

Please identify any administrative or licensing actions taken against your firm, Principals or Key Personnel. _____

List relevant industry association memberships by your company, Principals or Key Personnel including name, number of years and membership status.

a. Principals and Key Personnel (use additional paper if necessary)

	Person 1	Person 2	Person 3
Name			
Title			
% of Ownership			
No. of shares owned			
No. of years with Company			

b. List below, the leadership that will perform the pre-construction work _____

c. Include your rate-sheet for pre-construction work to be preformed..

7. APPLICANT FIRM’S FINANCIAL INFORMATION

a. Identify name of credit services (i.e. Dun & Bradstreet) and Account No.

Name of Credit Service	Account No.

b. Please provide a list of assets and owned equipment.

c. For each line of credit, unsecured loan or secured loan provided by a lending institution, list the following:

Amount of Credit	Outstanding Balance	Termination Date	Name/Address of Lending Institution	Contact Name	Phone Number

c. Are there any liens outstanding against the applicant firm?
 Yes No

If “Yes”, provide a detailed explanation with this application.

d. Has the applicant firm or any of its current Principals or Key Personnel been party to a bankruptcy or reorganization proceeding within the last five (5) years?
 Yes No

If “Yes”, provide a detailed explanation attachment with this application.

e. Annual sales dollar volume of firm _____

8. INTEGRITY OF APPLICANT FIRM — If applicant has answered “Yes” to any question below, a

separate attachment explanation must be supplied with this application.

8 i During the past five (5) years, has the applicant firm ever:

- a. Been the subject of a lien or claim of \$25,000 or more by a subcontractor or supplier?
 Yes No
- b. Failed to complete a contract?
 Yes No
- c. Been suspended, debarred, disqualified or otherwise been declared ineligible to bid?
 Yes No
- d. Been defaulted on any contract?
 Yes No
- e. Had a contract terminated?
 Yes No
- f. Had liquidated damages assessed against it upon completion of a contract?
 Yes No

8 ii - During the past five (5) years, has the applicant firm or any of its Principals or Key Personnel:

- a. Been a plaintiff or defendant in any lawsuits, arbitrations, administrative proceedings, licensing complaints or judgements arising out of public or private construction contracts?
 Yes No

Identify lawsuit/judgement information below:

Plaintiff	Defendant	Claim/Charges	Status/Resolution

- b. Been the subject of an investigation involving any alleged violation of criminal law, civil antitrust law or other federal, state or local civil law?
 Yes No
- c. Been convicted after trial or by plea of any felony under state or federal law?
 Yes No
- d. Entered a plea of nolo contendere to a charge of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or violation of an antitrust law?
 Yes No
- e. Been the subject of an investigation of any alleged violation of a federal, state, or local regulation by any public agency including, but not limited to, federal regulatory agencies such as EPA or SEC?
 Yes No

If yes please explain _____

- f. Been found to have committed a violation of any labor law or regulation including prevailing wage rates and fair labor practices?

Yes No

If yes please explain _____

g. Been found to have committed a construction-related violation of federal, state, or local environmental law or regulation?

Yes No

If yes please explain _____

9. BIDDING CAPABILITY AND PREVIOUS EXPERIENCE — Indicate below the categories in which the applicant firm has previous experience. The applicant must provide a separate narration for each category selected indicating the applicant firm’s experience and involvement with that work.

A. Specialty (check all appropriate)

- | | |
|---|--|
| <input type="checkbox"/> 1. Dam/Drain/Waterways | <input type="checkbox"/> 8. Paving |
| <input type="checkbox"/> 2. Commercial, Retail, office | <input type="checkbox"/> 9. Construction Management |
| <input type="checkbox"/> 3. Earthen Embankments/Restoration | <input type="checkbox"/> 10. Utilities |
| <input type="checkbox"/> 4. Structural/Foundation | <input type="checkbox"/> 11. Exterior Restoration (non-historic) |
| <input type="checkbox"/> 5. Highway | <input type="checkbox"/> 12. Demolition |
| <input type="checkbox"/> 6. Historic Preservation | <input type="checkbox"/> 13. Environmental Remediation |
| <input type="checkbox"/> 7. Landscape | <input type="checkbox"/> 14. Materials Testing |
| | <input type="checkbox"/> 15. Other _____ |

B. For this project, what self-performing capabilities do you have or intend to do.

- | | |
|---|--|
| <input type="checkbox"/> 1. Site work | <input type="checkbox"/> 10. Equipment |
| <input type="checkbox"/> 2. Concrete | <input type="checkbox"/> 11. Furnishings |
| <input type="checkbox"/> 3. Masonry | <input type="checkbox"/> 12. Special Construction |
| <input type="checkbox"/> 4. Metals | <input type="checkbox"/> 13. Conveying Systems |
| <input type="checkbox"/> 5. Carpentry | <input type="checkbox"/> 14. Tanks and Storage |
| <input type="checkbox"/> 6. Thermal and Moisture Protection | <input type="checkbox"/> 15. Mechanical, including Plumbing |
| <input type="checkbox"/> 7. Doors and Windows | <input type="checkbox"/> 16. Electrical, including Instrumentation |
| <input type="checkbox"/> 8. Finishes | |
| <input type="checkbox"/> 9. Specialties | |

By volume, please identify your top 5 subcontractors used in the last five years.

Contractor Name	Address	Project Name	Scope of Work	Sub's % of Total Contract	Phone Number	Contact Person

NOTE: For Item # 10, a reproducible of the project experience form (pages 11&12) is included for your use. Please make as many copies as needed.

10. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS — In completing this section, please list all projects (minimum 3) of similar size and scope to the Smallwood Dam Restoration Project as described that your applicant firm has been involved over the last ten (10) years including dam construction or restoration projects, complex industrial and other similar process-type projects. A separate sheet must be completed for each project. Use additional paper if necessary. In choosing projects, for evaluation purposes, select projects that have or had the involvement of a knowledgeable owner, contractor/ sub contractor and engineer/ architect/ inspector.

PROJECT No. _____ (1, 2, 3, etc, etc.)

Project Completed

Work in Progress

Prime Contractor

Subcontractor

Joint Venture Partner

Facility/Project Name _____

Address of Project _____

Owner _____

Was Owner a Public Agency? ___ or Private Agency ? ___

Contract Amount (Applicant's share) _____

Was this project bonded?

Yes

No

Were you required to possess a Performance and/or Payment Bond? Yes No

Start Date _____

Scheduled Completion Date _____ Actual Completion Date _____

Total Number of Approved Change Orders _____

Construction Manager _____

Architect/Engineer _____

Project No. _____

Provide three reference contacts for this project that are familiar with your performance. Provide a reference contact representing the Owner's perspective; the Engineer's/Architect's/Inspector's perspective and the General Contractor's (if you were a Sub Contractor) or Sub Contractor's (if you were the General Contractor) perspective.

1. Owner Contact

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

2. Engineer/Architect/Inspector (Circle One)

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

3. General/Sub Contractor (Circle One)

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

% of work performed by applicant firm with applicant's own forces _____

Description of work performed by applicant firm _____

**PRE-QUALIFICATION APPLICATION
CERTIFICATION AND AUTHORIZATION**

I _____, being duly sworn, state that I am
(print full name)
_____ Of _____
(print title) (print firm name)

and that I have personally read and understand the questions and responses contained in the attached application and its appendices.

I certify that to the best of my knowledge and belief, the information given in response to each question on this application and the attachments (the questionnaires and the statements) is full, complete and accurate.

I acknowledge that the Four Lakes Task Force (FLTF) may, by means it deems appropriate, determine the accuracy and truth of all the statements made in this application.

I recognize that all the information submitted is for the express purpose of allowing the Owner and their agents to determine responsibility. The information to be provided and the requirements necessary to meet the standards for pre-qualification are for pre-qualification purposes only. Additional or different standards are required for construction Secord and Smallwood projects. Those standards and requirements are set forth in the construction contract documents. Pre-qualification in no way insures the award of any contracts.

I authorize the Four Lakes Task Force, or their agents to contact any entity named in the application and the attachments for purposes of verifying the information supplied by the applicant. A copy of this authorization shall have the same force and effect as the original.

READ AND UNDERSTAND: A MATERIAL FALSE STATEMENT OR INTENTIONAL OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR DENIAL OF THE APPLICATION OR REVOCATION OF PRIOR APPROVAL. THIS WILL PRECLUDE THE APPLICANT FROM PERFORMING THE CONTRACT WORK FOR THE FOUR LAKES TASK FORCE. IN ADDITION, IF FRAUDULENT INFORMATION CONTAINED IN THE APPLICATION IS USED BY THE OWNER, OR THEIR DELEGATED AUTHORITY TO MAKE A DETERMINATION OF THE APPLICANT'S "RESPONSIBILITY", THE APPLICANT SHALL BE HELD LEGALLY LIABLE AND RESPONSIBLE FOR THE COSTS RESULTING FROM THE TERMINATION OF THE CONTRACT AWARDED TO THE APPLICANT AND THE NEGOTIATION OF THE REPLACEMENT CONTRACTOR.

Print name

Date

Print Title

Signature

Attach proof of authorization to sign this document and to bind the applicant to its requirements.

Additional Project Reference Sheets.

10. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS — In completing this section, please list all projects (minimum 3) of similar size and scope to the Sanford Dam Restoration Project as described that your applicant firm has been involved over the last ten (10) years including dam construction or restoration projects, complex industrial and other similar process-type projects. A separate sheet must be completed for each project. Use additional paper if necessary. In choosing projects, select projects that have or had the involvement of a knowledgeable owner, contractor/ sub contractor and engineer/ architect/ inspector. In addition to the project information, you must provide three (3) reference contacts.

PROJECT No. _____ (1, 2, 3, etc, etc.)

- Project Completed Work in Progress
 Prime Contractor Subcontractor Joint Venture Partner

Facility/Project Name _____

Address of Project _____

Owner _____

Was Owner a Public Agency? ___ or Private Agency? ___

Contract Amount (Applicant's share) _____

Was this project bonded? Yes No

Were you required to possess a Performance and/or Payment Bond? Yes No

Start Date _____

Scheduled Completion Date _____ Actual Completion Date _____

Total Number of Approved Change Orders _____

Construction Manager _____

Architect/Engineer _____

Project No. _____

Provide three reference contacts for this project that are familiar with your performance. Provide a reference contact representing the Owner's perspective; the Engineer's/Architect's/Inspector's perspective and the General Contractor's (if you were a Sub Contractor) or Sub Contractor's (if you were the General Contractor) perspective.

1. Owner Contact

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

2. Engineer/Architect/Inspector (Circle One)

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

3. General/Sub Contractor (Circle One)

Name _____ Title _____

Phone _____ Fax _____

Work Location _____

Other Information that will help to contact this person _____

% of work performed by applicant firm with applicant's own forces _____

Description of work performed by applicant firm _____

Health & Safety Questionnaire

COMPLETION INSTRUCTIONS	
Complete the Health and Safety Questionnaire including attachments.	
1. - Provide supporting documentation from your insurance carrier for your Workman's Compensation Experience Modification Rate for the past three years.	
2. - Provide a summary of your OSHA 200/300 logs for the last three years, specifically your Lost Work Day Case (Incident) Rate (LWCR) and Total Recordable Case (Incident) Rate (TRCR).	
3. - Provide a copy of your firm's Safety Program Manual.	
Provide a narrative summarizing any trends indicated by the Safety Statistics and efforts in place to improve Safety.	
The completed questionnaire shall be submitted with the pre-qualification application packet.	
CERTIFICATION	
The information provided in this questionnaire is an accurate summary of the Company's Health and Safety Management System:	
Company Name: _____	
Signed: _____	(print name)
Position: _____	Date: _____
1. SAFE WORK PERFORMANCE	
IA. Injury Experience/Historical Performance	
Use the previous three years injury and illness records to complete the following:	
	Year
Number of Fatalities	
Number of Medical Treatment cases	
Number of Restricted Work Day cases	
Number of Lost Time Injury cases	
Total Work Injuries	
Total Work Injury Frequency	
Lost Time Injury Frequency	
Total Recordable Frequency	
Number of Man-hours	
1. - Lost time cases (LTI)	Any occupational injury illness that prevents the worker from performing any work for at least one day not counting the day of the injury/illness
2 - Restricted Work Day case	Any occupational injury or illness that prevents a worker from performing any of his/her duties
3 - Medical Treatment case	Any occupational injury or illness requiring treatment beyond first aid
4 - Total Work Injuries (TWI)	Total number of LTI's, MTI's and FAI's
5 - Total Work Injury Frequency	Number of TWI's multiplied by 200,000 and divided by hours worked.
6 - Lost Time Injury Frequency	Total number of Lost Time Injury cases multiplied by 200.000 then divide by total man-hours
7 - Total Recordable Frequency	Total number of 1, 2 and 3 cases multiplied by 200,000 divided by total man-hours
IB. Workers' Compensation Experience	
Industry Code: _____	Industry Classification: _____
	Year
Experience Modification Rating _____	
2. Citations	
2A.	Has your company been cited, charged or prosecuted under Health, Safety and/or Environmental Legislation in the last 5 years? <i>If yes. provide details</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

2B.	Has your company been cited, charged or prosecuted under the above Legislation in another Country, Region or State? <i>If yes, provide details.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Safety Program

3A	Do you have a written safety program manual? <i>If yes, provide a copy for Review</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Do you have a pocket safety booklet for field distribution? <i>If yes, provide a copy</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Training Program

4A	Is health and safety training conducted in your company? <input type="checkbox"/> Yes <input type="checkbox"/> No
4B	Do you have an orientation program for new hire employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
4C	Do you have a program for training newly hired or promoted supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. SAFETY ACTIVITIES

5A	Do you conduct safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
-----------	--

Who follows up on inspection action items?

5B	Do you hold site safety meetings for field employees? <i>If Yes, how often?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly
-----------	--

5C	Do you hold site meetings where safety is addressed with management and field supervisors? <i>If Yes, how often?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
-----------	---

5D	Do you have a hazard assessment process? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---

5E	Are hazard assessments documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---

5F	Does your company have policies and procedures for environmental protection, spill clean-up, reporting, waste disposal, and recycling as part of the H&S Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--

5G	Does your company set safety targets and objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---

5H	Does your company prepare and implement site-specific safety plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--

6. Safety Reporting

6A	Are incident reports and report summaries sent to the following and how often?	Yes	No	Monthly	Quarterly	Annually
	Project/Site Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vice President/Managing Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Director/Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	President/Chief Executive Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6B	How are incident records and summaries kept? How often are they reported internally?	Yes	No	Monthly	Quarterly	Annually
	Incidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6C	Do you name the person(s) responsible for Safety on your projects? Who has overall responsibility and accountability for safety on your projects? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--

7. Personnel

List key health and safety professionals in the organization		
Name	Position/Title	Designation