FOSTER WHEELER ENVIRONMENTAL CORPORATION

Subcontractor Pre-Qualification

Thank you for your recent inquiry regarding subcontracting opportunities with Foster Wheeler Environmental Corporation (FWENC) at the Rocky Mountain Arsenal. We strictly enforce compliance with all applicable government rules and regulations.

The Rocky Mountain Arsenal project brings many exciting challenges and risks associated with remedial action requirements of thirty-one projects that have been identified in the Site Wide Implementation Plan. Consequently, Foster Wheeler Environmental Corporation will pre-qualify all future subcontractors to ensure safe, compliant, quality and timely project execution. Areas such as Health and Safety, relevant past experience for required services, fiscal responsibility, and regulatory compliance will be considered in the overall pre-qualification of each subcontractor. If you are in need of assistance with your companies SIC Code, please visit http://www.osha.gov/oshstats/sicser.html or http://www.osha.gov/cgi-bin/sic/sicser5.

Submit your package to:
Foster Wheeler Environmental Corporation
72nd Avenue & Quebec Street
Commerce City, CO 80022-1748
Attn: Amanda Oberg – Trailer Z-91
For any questions call Stephanie DeWitt @ (303) 289-0281

COMPANY NAME						
CONTACT		***ADDRESS***				
FIRST NAME		***ADDRESS***				
LAST NAME						
TITLE		***CITY***				
PHONE		***STATE***				
FAX		***ZIP CODE***				
****REFRENCES***		***SOCIOECONOMIC CLASS:***	***SB***	***SDB***	***WOSB***	***8(A)***
PLEASE ATTACH A LIST WITH THREE REFERENCES AND CONTACT PERSON		***(please circle one)***	***LB***	***Other***		

COMMODITIES ***Please circle the work below which you would like to provide***					
Air Quality	*Drilling*	*Geosynthetic Testing*	*Health & Safety Monitoring*	*RCRA Type Landfill Construction*	*Soil Remediation*
Asbestos Abatement	*Electrical Installation*	*Geotechnical*	*Laboratory*	*Remediation*	*Structure Demolition*
Cabling	*Engineering*	*Groundwater*	*Mass Excavation*	*Revegetation*	*Surveying*
Construction/Operation of Decontamination Pads	*Fencing*	*Hazardous Material Handling*	*Materials Hauling*	*Road Construction*	*UST*
			Piping		*UXO*
					Wells
Other:					

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Environmental Health & Safety Questionnaire

Company Name	***Primary SIC Code(s):***
Project Name/Location/Dates (if available):	***Purchase Order No. (if available):***

Loss History	Current Year _____	Previous Year ____	Previous Year ____	Previous Year ___
Experience Modification Rate ***(Attach verification letter from insurance carrier)***				
Total Recordable Injury/Illness Incidence Rate ***(Attach an OSHA 200 Form for each year listed)***				
Lost Workday Incidence Rate				
Lost Time Incidence Rate				
Total Number of Fatalities				
Total Employee Hours Worked by Year (both office and field labor)				

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 most recent EMR. If an EMR has not been established for your company for each year requested, please attach an explanation.

Incidence Rate Calculations:

Total Recordable Injury/Illness Incidence Rate = the total number of cases recorded on the OSHA 200 form divided by the number of workhours, times 200,000.

Lost Workday Incidence Rate = the number of cases which involve days away from work, days of restricted work activity, or both (total of OSHA 200 Form columns 2 and 9) divided by the number of workhours, times 200,000.

Lost Time Incidence Rate = the number of cases that involve days away from work (total of OSHA 200 Form columns 3 and 10) divided by the number of workhours, times 200,000.

Note: If any EMR rate listed is greater than 1.0, or if incidence rates are above the average rates for your industry classification (SIC Code), or if fatalities are listed, you must attach a corrective action plan. The corrective action plan must explain why these rates are high (or the circumstances of the fatality) , what corrective action(s) have been implemented to prevent recurrence at other locations, and demonstrate how these corrective actions have been effective.

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 (DFAR Clause 252.223-7004) for work subcontracted to your company? ☐Yes ☐ No

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Environmental Health and Safety Program Elements	**(check all that apply)**
Written Health and Safety Programs *(Attach a listing of the written programs, or a copy of the table of contents for the 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
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

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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 reoccurrence 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

Required Attachments:

Insurance carrier documentation of EMR rates for current and past three years
OSHA 200 Forms for current and past three years
Corrective action plan (only if EMR or incidence rates are above average, or a fatality is listed)
Listing or table of contents from health and safety and/or environmental compliance program manual(s)
OSHA citation information, if applicable
Environmental enforcement or violation information, if applicable

Five environmental health and safety (EHS) program areas are evaluated to prequalify a subcontractor to perform work for Foster Wheeler Environmental. EHS information provided on the Subcontractor Profile is used as the basis of the prequalification.

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 SIC code most appropriate to work the subcontractor is anticipated to perform. Incidence rates listed must be back-up with a copy of each year's OSHA 200 Form. Subcontractor provided numbers will be used if the subcontractor states that they are exempt from the requirement to maintain an OSHA 200 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
Foster Wheeler 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 or Environmental 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.