Stoller

established 1959

MOAB UMTRA QUALIFICATION PACKAGE

TO PROSPECTIVE OFFERORS

Attached are copies of the Subcontractor's Qualification Statement and Health & Safety Work Sheet. If you are interested in projects that involve fieldwork on the Moab Project, fill out and return those documents, along with the other requested information, to the address on the Qualification Statement. Stoller will review your company information and if your health and safety record is acceptable, then you will be placed on the solicitation list for Moab projects.

If you are interested in projects with no fieldwork, you need only submit the Qualification Statement and you will be placed on the solicitation list for Moab projects.

These forms will be kept on file for one year and will need to be resubmitted annually. These forms will apply to each offer that you tender; however, solicitations may include additional qualification criteria.

Should you have any questions regarding the above forms, please contact the undersigned at (970) 248-6322.

Sincerely,

Fred Hudson

Fred Hudson
Lead, Contracts

/fah
Attachments (2)
qualtrutah:

The S.M. Stoller Corporation 2597 B 3/4 Road Grand Junction, Colorado 81503 (970) 248-6322 Fax:(970) 248-6320

SUBCONTRACTOR'S QUALIFICATION STATEMENT

SUBMITTED TO: Contracts Department
S. M. Stoller Corporation
2597 B 3/4 Road
Grand Junction, CO 81503

Organization Name: _____

SOLICITATION MAILING AND E-MAIL ADDRESS

StreetAddress_____

City/State/Zip_____

Phone #_____ Fax #_____

Contact _____ Email address _____

Type of Organization: ☐ Corporation ☐ Partnership ☐ LLC ☐ Individual

Socio-Economic Info./Business Type: ☐ Small Business ☐ Large Business ☐ Disadvantaged
☐ Woman Owned ☐ Other _____

1.0 How many years has your organization been in business:

1.1 as a general contractor?

1.2 under its present business name?

2.0 Names of Officers, Owners, or Partners:

2.1 President:

2.2 Vice President:

2.3 Secretary:

2.4 Treasurer:

2.5 Owners or Partners:

3.0 The percentage of work you do with your own forces is _____%. List the Trades involved below.

4.0 Have you ever failed to complete any work awarded to you? _____ If so, note where and why below.

5.0 List the projects your organization has under way on this date:

Project	Owner	Architect	Amount	Complete	Completion

5.1 Please list the type(s) of work you are interested in, i.e., construction, drilling, engineering, environmental assessments, etc.

5.2 How much manpower and equipment can you assign to projects?

6.0 List the projects over $25,000.00 in cost that your organization has completed in the last three years:

Project	Owner	Architect	Contract Amount	Date of Completion	Percent of Work Done with Own Forces

7.0 List the construction experience of the key individuals of your organization.

Individual's Name	Present Position	Construction Experience	Type of Work for which responsible	In What Capacity

8.0 It is the Subcontractor's responsibility to verify and obtain licenses that may be required by State of Utah Professional Licensing regulations. As a minimum, the Subcontractor shall have either an E100 - General Engineering license or an S310 - Excavating and Grading license to propose construction projects in the State of Utah.

(A copy of all applicable licenses for the work to be performed must be supplied with this qualification statement.)

(City, State or County) #_____

(City, State or County) #_____

9.0 The enclosed Health & Safety Worksheet must be completed and returned with this qualification statement.

Stoller will determine subcontractor responsibility to successfully and safely perform projects through various means. Factors to be considered include, but are not limited to safety, past performance, references, and qualifications. Solicitations that require special standards of responsibility will include qualification requirements in the statement of work.

Safety performance shall be evaluated based on information provided on the OSHA 300 and 300A forms, the Worker's Compensation Experience Modification Rate (EMR) and performance reviews for previous projects. The evaluation shall take into consideration the OSHA total recordable case rate, the number of cases, rate and number of lost workday cases, number of lost workdays, severity of injuries, repetitive nature of injuries, and workers compensation factor based on the EMR. As a standard, the subcontractor should have a recordable case rate not exceeding 2.0 and an EMR not exceeding 1.0 (averaged over the past three complete years). Companies with higher rates will require review and approval of Stoller Management.

Responsibility determinations shall be solely at the discretion of S. M. Stoller and shall not be subject to dispute. Stoller reserves the right to deny award to any company that is deemed non-responsible.

S.M. Stoller Corporation
2597 B ¾ Road, Grand Junction, CO 81503 • (970) 248–6000

Health and Safety Work Sheet

Failure to provide information, attachments, or explanations can delay or prevent contract award.

Subcontractor Company Name

Solicitation Number, if Applicable

Workers Compensation Experience Modification Rate (EMR)

Attach letter from insurance carrier denoting EMRs for last 3 complete years or stating reason why an EMR has not yet been established.

EMR _____	EMR _____	EMR _____	3-year average
_____	_____	_____	_____

Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses

Attach copies of OSHA Forms 300 and 300A for last 3 complete years. State reason if OSHA Forms 300 and 300A are not required. Calculate incidence rates as follow:
(Number of OSHA Recordable Cases or Day Away From Work Cases x 200,000)/Hours Worked.

Year	Total Hours Worked	Number of Recordable Cases (sum of OSHA Form 300)	Incidence Rate	Number of Day Away From Work Cases (sum of OSHA Form 300)	Incidence Rate
Total					

OSHA Citations

Has subcontractor received any citations from the Occupational Safety and Health Administration (OSHA) in the past 3 years?	☐ Yes If yes, attach a copy of each citation received and indicate the type of citation, fines levied, and negotiated settlements or fines paid.	☐ No

Written Safety and Health Program

Does your company have a comprehensive written safety and health program? Does it include specific programs for Respiratory Protection, Confined Space Entry, Medical Surveillance, etc.?	☐ Yes If yes, attach a copy of the program manual's table of contents.	☐ No

Certifications

I certify to the best of my knowledge that the above information is true and correct.

Printed name	Title
Signature	Date