

**Standardized Pre-Qualification Form (PQF)
As of January 1, 2007**

GENERAL INFORMATION			
1. Company Name: Derk Harmsen Construction Co., Inc.		Telephone: 281-479-3400	Fax: 281-478-5115
Street Address: 2820 Center Street Deer Park, Texas 77536		Mailing Address: 2820 Center Street Deer Park, Texas 77536	
E-Mail Address: dhccoinc@dhconstruction.com		Website Address: WWW.DHCONSTRUCTION.COM	
2. Officers:		Years With Company:	
President: Derk E. Harmsen, Sr.		28	
Vice President: Steve G. Wiggington		24	
Treasurer: Sherry A. Harmsen		28	
3. How many years has your organization been in business under your present firm name? 28			
4. Parent Company Name: N/A			
City:	State:	Zip:	
Subsidiaries:			
5. Under Current Management Since (Date): 9/21/79			
6. Contact for Insurance Information: Guaranty Insurance Agency			
Title: Denise Condra-Franklin	Telephone: 281-421-7605	Fax: 866-652-9381	
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
ST. PAUL'S TRAVELERS	GENERAL LIABILITY	GUARANTY INS AGENCY	
ST. PAUL'S TRAVELERS	WORKERS COMPENSATION	GUARANTY INS AGENCY	
ST. PAUL'S TRAVELERS	UMBRELLA	GUARANTY INS AGENCY	
ST. PAUL'S TRAVELERS	AUTOMOBILE	GUARANTY INS AGENCY	
MERCHANTS BONDING CO.	BONDING	GUARANTY INS AGENCY	
8. Are you self-insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
9. Contact for Requesting Bids: Derk E. Harmsen, Sr. or Steve G. Wiggington			
Title: President/Vice-President	Telephone: 281-479-3400	Fax: 281-478-5115	
10. PQF Completed By: Darcy D. Housewright			
Title: Office Manager	Telephone: 281-479-3400	Fax: 281-478-5115	

ORGANIZATION

11. Form of Business: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>			
12. Percent Minority/Female Owned: 0		EEO Category:	
13. Describe Services Performed:		SIC Code: 1542	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Original Equipment Manufacturer and Maintenance		
<input type="checkbox"/> Construction Design	<input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.)		
<input type="checkbox"/> Original Equipment Manufacturer and Installer	<input type="checkbox"/> Manpower and Resource		
<input type="checkbox"/> Project Maintenance	<input type="checkbox"/> Other		
<input type="checkbox"/> Maintenance			
14. Describe Additional Services Performed: Site Preparation (Any Phase), Underground Utilities, Metal Buildings, Base Work, Asphalt Paving and Sealing, Interior Finishing/Remodeling, Stabilization, Site Installation, Concrete Paving, New Building Construction.			
15. List other types of work within the services you normally perform that you subcontract to others: All licensed professions, (i.e., electrical, plumbing, HVAC)			
16. Attach a list of major equipment (e.g., cranes, JLGs, forklifts) your company has available for work at this facility and the method of establishing competency to operate.			
17. Do you normally employ? <input type="checkbox"/> Union Personnel <input checked="" type="checkbox"/> Non-Union Personnel			
If union, list trades/locals:			
18. Company Paid Benefits - Do you have or provide:			
a. Health insurance	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Dental insurance	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Paid vacation	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Paid holidays	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Paid sick leave	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
f. Educational re-imbursement program	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
g. Employee profit sharing	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
19. Annual Dollar Volume for the Past Three Years:	05-2006 \$ 6,888,608	04-2005 \$ 6,699,762	03-2004 \$ 4,101,454
20. Largest Job During the Last 3 Years: \$ 6,586,289 CFF RECYCLING USA, INC.			
21. Your Firm's Desired Project Size: 100,000.00		Maximum: 10 Mil.	Minimum: 5,000.00
22. D&B Financial Rating: 3A1	Annual Sales: \$ 5.8 MILLION	Net Worth: \$ 4.4 MILLION	

COMPANY WORK HISTORY

23. Major jobs in progress:

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone
CFF RECYCLING USA, INC	METAL RECYCLING FACILITY	6,586,289	PHILLIPPE LEONARD	713-675-2281
BAKER PETROLITE	DOCK HIGH BUILDING	599,551	ROY YAPLE	281-291-3242
FMC	ASPHALT ROAD WORK	387,421	TIM MARKOVICH	281-474-8772

24. Major jobs completed in the past three years:

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone
CFF RECYCLING USA, INC	CONCRETE	1,031,436	PHILIPPE LEONARD	713-675-2281
SHAWCOR PIPE PROTECTION	METAL BUILDING	859,615	JIM CHILTON	403-236-6137
BAYER MATERIAL SCIENCE LLC	ASPHALT ROAD REPAIRS	691,950	DAVID STEPHENS	281-383-6532

25. Are there any judgments, claims or suits pending or outstanding against your company?

If yes, please attach details.

Yes No

26. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?

If yes, please attach details.

Yes No

SAFETY & HEALTH PERFORMANCE

27. Workers Compensation Experience Modification Rate (EMR) Data

a. EMR is: .69 – 06-2007 <input type="checkbox"/> Interstate rate <input checked="" type="checkbox"/> Intrastate rate <input type="checkbox"/> Monopolistic State rate <input type="checkbox"/> Dual rate	b. EMR for three last years: .68 - 05-2006 .67 - 04-2005 .79 - 03-2004
c. State of Origin: Texas	d. EMR Anniversary Date: 7/1

28. Injury and Illness Data:

a. Employee hours worked last three years (excluding Subcontractors)	Hours / Year	2006	2005	2004
	Field	51,151	45,187	42,859
	Total	77,712	74,669	67,948

b. Provide data (excluding subcontractor) using your OSHA 200 and 300 Forms from the past three (3) years:

Notes:

(1) Data should be total company data unless specifically requested by client.

(2) Combine injuries and illnesses from 200 Form as reported on 300 Form

(3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.

(4) If data is being provided after July 31st please include current YTD cumulative

	YR: 2006		YR: 2005		YR: 2004	
	No.	Rate	No.	Rate	No.	Rate
Fatalities Rate = Number of Fatalities x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both. Rate = Total LW and restricted cases x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Lost workday case injuries and illnesses involving days away from work. Rate = LW cases** x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Injuries and Illnesses involving medical treatment only. Rate = Total Injuries and Illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0
Total OSHA Recordable Injury and Illnesses Rate Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours	0	0	0	0	0	0

29. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?

If yes, please attach copies.

Yes No

SAFETY & HEALTH MANAGEMENT

30. Highest ranking safety/health professional in the company: Derk E. Harmsen, Sr.

Title: President

Telephone: 281-479-3400

Fax: 281-478-5115

31. Do you have or provide:

- | | | |
|--|------------------------------|--|
| a. Full time Safety/Health Director | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Full time Site Safety/Health Supervisor | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Full Time Job Safety/Health Coordinator | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

32. Do you have or provide:

- | | | |
|--|---|-----------------------------|
| a. Safety/Health incentive program | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Company paid safety/health training | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

SAFETY & HEALTH PROGRAMS & PROCEDURES

33. Do you have a written Safety and Health Program? Yes No

Does the program address the following key elements?

- | | | |
|--|---|-----------------------------|
| • Management commitment and expectations | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Employee participation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Accountabilities and responsibilities for managers, supervisors, and employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Resources for meeting safety & health requirements | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Periodic safety and health performance appraisals for all employees | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Hazard recognition and control | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

34. Does the program include work practices and procedures such as:

- | | | |
|--|---|-----------------------------|
| a. Equipment Lockout and Tagout (LOTO) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Confined Space Entry | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Injury & Illness Recording | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Fall Protection | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| e. Personal Protective Equipment | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| f. Portable Electrical/Power Tools | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| g. Vehicle Safety | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| h. Compressed Gas Cylinders | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| i. Electrical Equipment Grounding Assurance | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| k. Housekeeping | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| l. Accident/Incident Reporting | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| m. Unsafe Condition Reporting | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| n. Emergency Preparedness, including evacuation plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| o. Waste Disposal | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

35. Do you have written programs for the following:					
a. Hearing Conservation	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
b. Respiratory Protection	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Where applicable, have employees been:					
<input checked="" type="checkbox"/> Trained					
<input checked="" type="checkbox"/> Fit tested					
<input checked="" type="checkbox"/> Medically approved					
c. Hazard Communication	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
d. Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910).	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
36. Do you have a substance abuse program?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, does it include the following?					
• Pre-placement Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
• Random Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
• Testing for Cause	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
• DOT Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
37. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no, provide a description of your plan to assure that they can safely perform their jobs.					
38. Medical					
a. Do you conduct medical examinations for:					
• Pre-placement	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
• Preplacement Job Capability	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
• Hearing Function (Audiograms)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
• Pulmonary	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
• Respiratory	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
<u>Note: these tests are done when applicable.</u>					
b. Describe how you will provide first aid and other medical services for your employees while on-site.					
Specify who will provide this service: San Augustine Clinic					
c. Do you have personnel trained to perform first aid and CPR?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
39. Do you hold site safety and health meetings for:					
Field Supervisors	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency weekly
Employees	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency weekly
New Hires	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency weekly
Subcontractors	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency weekly
Are the safety and health meetings documented?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
40. Personal Protection Equipment (PPE)					
a. Is applicable PPE provided for employees?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b. Do you have a program to assure that PPE is inspected and maintained?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

41. Do you have a corrective action process for addressing individual safety and health performance deficiencies.		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
42. Equipment and Materials:					
a.	Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c.	Do you maintain operating equipment in compliance with regulatory requirements?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
d.	Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
43. Subcontractors					
a.	Do you use safety and health performance criteria in selection of subcontractors?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c.	Do your subcontractors have a written Safety & Health Program?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
d.	Do you include your subcontractors in:				
	• Safety & Health Orientation	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	• Safety & Health Meeting	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	• Inspections	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	• Audits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
44. Inspections and Audits					
a.	Do you conduct safety and health inspections?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you conduct safety and health program audits?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c.	Are corrections of deficiencies documented?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

SAFETY & HEALTH TRAINING

45. Craft Training

- a. Have employees been trained in appropriate job skills? Yes No
- b. Are employees job skills certified where required by regulatory or industry consensus standards? Yes No
- c. List crafts which have been certified:

46. Safety & Health Orientation

- | | New Hires | | Supervisors | |
|---|---|-----------------------------|---|-----------------------------|
| a. Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Does program provide instruction on the following: | | | | |
| • New Worker Orientation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Safe Work Practices | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Safety Supervision | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Toolbox Meetings | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Emergency Procedures | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • First Aid Procedures | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Incident Investigation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Fire Protection and Prevention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Safety Intervention | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Hazard Communication | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. How long is the orientation program? | 2 Hours | | | |

47. Safety & Health Training

- a. Do you know the regulatory safety and health training requirements for your employees? Yes No
- b. Have your employees received the required safety and health training and retraining? Yes No
- c. Do you have a specific safety and health training program for supervisors? Yes No

48. Training Records

- a. Do you have safety and health and crafts training records for your employees? Yes No
- b. Do the training records include the following:
- | | | |
|-------------------------------------|---|-----------------------------|
| Employee identification | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Date of training | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Name of trainer | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Method used to verify understanding | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
- c. How do you verify understanding of training? (Check all that apply.)
- | | |
|---|--|
| <input type="checkbox"/> Written test | <input checked="" type="checkbox"/> Job Monitoring |
| <input type="checkbox"/> Oral test | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Performance test | |

INFORMATION SUBMITTAL

Please provide copies of checked (4) item with the completed PQF:

- EMR documentation from your insurance carrier (Past 3 Years)
- Insurance Certificate(s)
- OSHA 200 Logs (Past 3 Years)
- Safety & Health Program
- Safety & Health Incentive Program
- Substance Abuse Program
- Hazard Communication Program
- Respiratory Protection Program
- Housekeeping Policy
- Accident/Incident Investigation Procedure
- Unsafe Condition Reporting Procedure
- Safety & Health Inspection Form
- Safety & Health Audit Procedure or Form
- Safety & Health Orientation (Outline)
- Safety & Health Training Program (Outline)
- Example of Employee Safety & Health Training Records
- Safety & Health Training Schedule (Sample)
- Safety & Health Training for Supervisors (Outline)

Note: Owner checks items to be provided with PQF.

PQF EVALUATION -- OWNER USE ONLY --

DO NOT FILL OUT – OWNER USE ONLY

Contractor is:

- Acceptable for Approved Contractor List
- Conditionally acceptable for Approved Contractor List

Conditions:

Reviewer:

Date: