

Original Equipment Manufacturer and Installer
 Maintenance
 Specialty Maintenance
 Original Equipment Manufacturer and Maintenance
 Service Work (e.g. Janitorial, Clerical, etc.)
 Turnaround
 Engineering
 Manpower and Resource

B. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties.

(C) denotes work done by company employees

(S) Denotes work done by subcontractors

<p>Air Conditioning/Refrigeration</p>	<p>Comfort Cooling/HVAC Process Refrigeration</p>	<p>Health-Safety-Environmental Services</p>	<p>Drug & Alcohol Program Management Emergency Response Personnel Environment Services Safety Program Support & Management Security Services</p>
<p>Civil</p>	<p>Concrete Excavation / Grading Paving - Asphalt Excavation / Grading Paving - Concrete Excavation / Grading Paving</p>	<p>Field Maintenance</p>	<p>General Hot Tap / Line Stops Leak Sealing (online) Field Machining Tank / Vessel Code Boiler Code Exchanger Retubing Rotating Equipment Valve Cooling Tower High Alloy Welding (list type) Lead Lining Glass Lining Heat Treating Nonmetallic materials Pipe Fabrication Mobile Equipment Repair</p>
<p>Electrical</p>	<p>C General C High-Voltage / High-Line C Heat Tracing C Cathodic Protection C Grounding Systems</p>		
<p>Instrumentation</p>	<p>C General C DCS Control Systems</p>		
<p>Insulation</p>	<p>General Asbestos Abatement</p>		
<p>Inspection & Testing</p>	<p>General NDT Radiography Infrared Scanning Eddy Current Testing</p>	<p>Painting</p>	<p>Lead Abatement</p>

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Inspection & Testing	Acoustic Emission	Painting	Commercial
	Column Scanning		General Industrial
	Civil / Soils	Consulting	
	High Voltage Electrical		Mechanical
	Fiberglass Inspection		C Electrical
	Other		Chemical
	Electrical Ground Inspection		Metallurgical
Cleaning	Industrial		Controls
	Janitorial	New Construction	Other
Demolition/Dismantling	Lead Abatement	Other	New Construction
	Asbestos Abatement		Other
	Demolition (General)	Refractory / Acid Brick	Refractory / Acid Brick
Linings / Coatings For:	Metal	Rigging / Equipment Erection	Rigging / Equipment Erection
	Concrete	Scaffolding	
Buildings	Remodeling		Scaffolding
	New (Steel, Brick, Block, Other)	Scale Maintenance	Scale Maintenance
		Structural Steel Fab / Erection	Structural Steel Fab/Erection
		Tanks - Field Erection	Tanks - Field Erection

13. Describe Additional Services Performed

14. List Other types of work within the services you normally perform that you subcontract to others

Mechanical and civil

15. Average number of employees for the last 3 years

20

16. Annual Dollar Volume for the past 3 years	Year: 2010	Year: 2009	Year: 2008
	\$3,800,000.00	\$11,000,000.00	\$4,500,000.00

Largest Job during the last 3 years

\$6500000.00

18. Your Firms Desired Project Size	500000	Minimum	\$2500.00	Maximum	\$1000000.00
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19a. D&B Financial Rating

19b. Net Worth

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19c. Dun's #	Dun's Date	19d. Tax ID # 48-1262962
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20. Bank Line of Credit	Bonding Capacity	Bank References Jeff Davis Bank Lake Charles La.
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21. Major jobs in progress

Data retrieval failed for the subreport, 'MajorJobsInProgressSubReport', located at: C:\inetpub\PQF\Reports\PQFReport\MajorJobsInProgressSubReport.rdlc. Please check the log files for more information.

22. Major jobs Completed in the past 3 years

Customer	Type Of Work	Job Size	Customer Contact	Customer Phone
Signal Inter./Orange,Tx	Electrical/Instrumentation	650000.0000	Terry Harrison	409-886-1754
Halliburton/Venice,La	Electrical/Instrumentation	1100000.0000	Greg Chitwood	337-288-7144
Halliburton/Morgan City,La	Electrical/Instrumentation	300000.0000	Greg Chitwood	337-288-7144
Halliburton/Venice,La	Electrical/Instrumentation	400000.0000	Lloyd Milliman	337-266-8301
Bo-Mac/Pt Arthur, Tx	Electrical/Instrumentation	800000.0000	John Fulton	409-842-2125

23. Are there any judgments, claims, or suits pending or outstanding against your company? If yes, please attach details. No

24. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? If yes, please attach details No

25. Workers Compensation Experience Modification Rate (EMR) Data.

a. EMR is:	Interstate Rate	b. EMR for the last three years			
	Intrastate Rate	Year	2010	EMR:	0.8300
	Monopolistic State Rate	Year	2009	EMR:	0.8400
	Dual Rate	Year	2008	EMR:	0.9400
c. State of Origin	19				
e. Standard Industrial Code (SIC)	1731	d. EMR Anniversary Date	9/25/2011		

26. Injury and Illness Data

a. Total Company employee hours worked in the last three years (excluding subcontractors)

Year	2010	2009	2008
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Field Hours	28,689.00	65,599.00	46,312.00
Total Hours	28,689.00	65,599.00	46,312.00

b. Provide Data (Excluding Subcontractors) 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 Injured and illness 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.

	Year 2010		Year 2009		Year 2008	
	No.	Rate	No.	Rate	No.	Rate
Fatalities rate = number of fatalities x 200,000 / Total Employee Hours	0	0.0000	0	0.0000	0	0.0000
Lost Workday Case injuries and illnesses involving days away from work, or days of restricted work. rate = Total LW and restricted cases x 200,000 / Total Employee Hours	0	0.0000	0	0.0000	0	0.0000
Lost Workday Case injuries and illnesses involving days away from work. rate = Total LW x 200,000 / Total Employee Hours	0	0.0000	0	0.0000	0	0.0000
Injuries and illnesses involving medical treatment only. rate = Total Injuries and Illness involving medical treatment only x 200,000 / Total Employee Hours	0	0.0000	0	0.0000	0	0.0000
Total OSHA Recordable Injury and Illness Rate rate = Total Injuries and Illnesses x 200,000 / Total Employee hours	0	0.0000	0	0.0000	0	0.0000
OSHA Severity Rate rate = Total lost workdays + total Restricted Work days X 200,000 / Total Employee hours	0	0.0000		0.0000	0	0.0000

27. Have you received any of the following citations in the last 3 years?

EPA No DOT No
 OSHA No Civil No Criminal No

Safety, Health & Environmental Management

28. Name of the Highest ranking safety/health professional in the company:

Name: **Wayne LaCombe** Title: **General Manager**
 Telephone: **409-363-3737** Fax: **409-883-7073**
 Certifications: This person reports to: **William Byrd** Title: **Assistant Manager**

First Aid/Cpr Basic
 Certified Firefigther
 First Re

29. Do you have or provide:

- a. Full Time Safety/Health Director: No
- b. Full Time Safety/Health Supervisor: No
- c. Full Time Safety/Health Coordinator: No

30. Do you have or provide:

- a. Safety/Health incentive Program: Yes
- b. Company Paid Safety/Health Training: Yes

Safety, Health & Environmental Programs / Procedures

31. a. Do you have a written S, H & E Program? Yes
- b. Does the program address the following key elements:
- 1. Managment commitment and expectations: Yes
 - 2. Employee participation: Yes
 - 3. Accountabilities and responsibilities for managers, supervisors, and employees: Yes
 - 4. Resources for metting safety, health, and environmental requirements: Yes
 - 5. Periodic safety and health performance appraisals for all employees: Yes
 - 6. Safety, Health & Environmental Recognition Program: Yes
 - 7. Hazard recognition and control: Yes
- c. Does the program satisfy your responsibility under the law for:
- 1. Ensuring your employees follow safety rules of the facility: Yes
 - 2. Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor: Yes


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

- a. Equipment Lockout and Tagout (LOTO): Yes
- b. Confined Space Entry: Yes
- c. Injury & Illness Recording: Yes
- d. Fall Protection: Yes
- e. Personal Protective Equipment: Yes
- f. Portable Electrical/Power Tools: Yes
- g. Vehicle Safety: Yes
- h. Compressed Gas Cylinders: Yes
- i. Electrical Equipment Grounding Assurance: Yes
- j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs): Yes
- k. Housekeeping: Yes
- l. Accident/Incident Reporting: Yes
- m. Unsafe Condition Reporting: Yes
- n. Emergency Preparedness, including evacuation plan: Yes
- o. Waste Disposal./aste Minimization/Spill Prevention: Yes
- p. Back Injury Prevention: Yes

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q. Hazwoper Training:	Yes
r. Heat Stress Prevention:	Yes
s. Scaffold Building/Scaffold Use:	Yes
t. General NDT & Radiography	N/A
u. Fire Watch:	N/A
v. Hole Watch:	Yes
33. Do you have written programs for the following:	
a. Hearing Conservation:	Yes
b. Respiratory Protection:	Yes
Where applicable, have employees been:	
Trained:	Yes
Fit Tested:	Yes
Medically Approved:	
c. Hazard Communication:	Yes
Have employees been trained:	Yes
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
e. Spill Prevention and Waste Minimization:	Yes
34. Do you have a substance abuse program?	Yes
If yes, does it include the following:	
Pre-placement Testing:	Yes
Random Testing:	Yes
Testing for Cause:	Yes
DOT Testing:	Yes
Past Incident Testing:	Yes
35. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?	Yes
If no, provide a description of you plan to assure that they can safely perform their jobs:	
36. Medical	
a. Do you conduct medical examinations for:	
Pre-placement:	Yes
Pre-placement Job Capability:	Yes
Hearing Function (audiograms):	Yes

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Pulmonary: **Yes**

Respiratory: **Yes**

b. Describe how you will provide first aid and other medical services for your employees while on-site. Specify who will provide this service.

All of our superintendents and most all of our employees are put through CPR and first aid training. Then they are instructed to the on-site specifications for medical treatment for each facility where we perform work. Only the employees who are certified will provide medical attention.

c. Do you have personnel trained to perform first aid and CPR?

37. Do you hold site safety, health, and environmental meetings for:

Field Supervisors:	Yes	Freq:	wk/mo/qtr
Employees:	Yes	Freq:	dly/wk/mo
New Hires:	Yes	Freq:	pre/mo/qtr
Subcontractors:	Yes	Freq:	as req
Are the safety, health and environmental meetings documented?		Yes	

38. Personal Protection Equipment (PPE)

a. Is applicable PPE Provided for employees? **Yes**

b. Do you have a program to assure that the PPE is inspected and maintained? **Yes**

39. Do you have a corrective action process for addressign individual safety and health performance deficiencies? **Yes**

40. Equipment and Materials

a. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of material and equipment? **Yes**

b. Do you conduct inspections on operating equipment (e.g., cranes, forklifgs, LJJLGs) in compliance with regulatory requirements? **Yes**

c. Do you maintian operating equipment in compliance with regulatory requirements? **Yes**

d. Do you maintain the applicable inspection and maintenance certification records for operating equipment? **Yes**

41. Subcontractors

Do you use subcontractors? (If no skip to question 43) **Yes**

a. Do you use safety, health and environmental performance criteria in selection of subcontractors? **Yes**

b. Do you evaluate the ability of subcontractors to comply with the applicable safety, health, and environmental requirements as part of you your selection process? **Yes**

c. Do your subcontractors have a written sategy, health and environmental program? **Yes**

d. Do you include your subcontractors in:

Safety, Health & Environmental Orientation:	Yes
Safety, Health & Environmental Meeting:	Yes
Safety, Health & Environmental Inspection:	Yes

Safety, Health & Environmental Audits: **Yes**

42. Inspections and Audits

- a. Do you conduct Safety, Health & Environmental Inspections? **Yes**
- b. Do you conduct Safety, Health & Environmental Program Audits? **Yes**
- c. Are Correction of deficiencies documented? **Yes**

Safety, Health & Environmental Training

43. Safety, Health & Environmental Training:

- a. Do you know the regulatory safety, health and environmental training requirements for you employees? **Yes**
- b. Have your employees recieved the safety, health and environmental training and retraining and is it documented? **Yes**
- c. Do you have a specific safety, health and environmental training program for supervisors? **Yes**
- d: Are all employees trained in teh work practices needed to safety perform his/her job? **Yes**
- e. Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan? **Yes**

Safety, Health & Environmental Documentation

44. Safety, Health & Environmental Documentation:

- a. Are records on file for the current employees, specific to the scope of work performed? **Yes**
- b. Do the records include the name, date of training, adn method of verification? **Yes**
- c. Are failed questions remediated? **Yes**
- d. What is your Pass/Fail criteria? **9300.00%**

Skill Training, Assessment, and Certification

45. Workforce craft/skill certification process

- a. Do you comply with the SLCUC Participation Policy for contractor worker certification? **Yes**
- b. Do you comply wiht the Golden Triangle Business Roundtable Craft Certification and Assessment Policy? **Yes**
- c. Do you have training /certification programs for certifying "A" Craftsmen? **Yes**

1. Written Testing:

Craft	NCCER	NCCCO	NICET	App Code	DOLBAT	Other
Boilermaker						
Pipefitter						
Crane Operator						
Heavy Equipment Operator						
Ironworker						
Insulator						
Instrument Fitter				Yes		

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Instrument Technician				Yes		
Scaffold Carpenter						
Civil Carpenter						
Industrial Carpenter						
Electrician				Yes		
Millwright						
Painter						
Welder				Yes		
Specialty						

2. For Every Selection in the "Other" column, provide details:

3. Do you have practical (hands-on) testing programs for certifying "A" Craftsmen? **Yes**

Craft	NCCER	NCCCO	NICET	App Code	DOLBAT	Other
Boilermaker						
Pipefitter						
Crane Operator						
Heavy Equipment Operator						
Ironworker						
Insulator						
Instrument Fitter				Yes		
Instrument Technician				Yes		
Scaffold Carpenter						
Civil Carpenter						
Industrial Carpenter						
Electrician				Yes		
Millwright						
Painter						
Welder				Yes		
Specialty						

4. For Every Selection in the "Other" column, provide details:

46. Workforce Development

- a. Do you Have written Workforce Development Policies and Procedures? **Yes**
- b. Do you assess sub-journeymen craftsmen/trainees/helpers for upgrading training recommendations? **Yes**
- c. Enter the number of sub-journeymen trainees presently enrolled in NCCER or DOL BAT programs: **N/A**

Addendums

47. Addendums This report shows the completion of status of addendums. To see the exact answers, check the addendum name below.

Facility	Addendum	Updated Date
BP- Texas City	BP Texas	N/A
ISP Technologies Inc	ISP Technologies Addendum	N/A

Supporting Documents

Available On Request

- File Type**
- Accident / Incident Investigation Procedure
 - Audited financial statements, past 2 fiscal years
 - Back Injury Prevention
 - Compressed Gas Cylinders
 - Confined Space Entry
 - Copy of your state Contractor's license
 - Electrical Equipment Grounding Assurance
 - Emergency Preparedness, including evacuation plan
 - EMR Documentation from your insurance carrier
 - Equipment Lockout and Tagout (LOTO)
 - Equipment Operator Training Records
 - Example of Employee Safety, Health & Environmental Training Records
 - Fall Protection, Scaffold use, Scaffold building
 - Hazard Communication Program
 - Heat Stress Prevention
 - Housekeeping Policy
 - Insurance certificate(s)
 - List of major equipment your company has available for work at this facility
 - Organization Chart
 - OSHA 200 and 300 Logs (past 3 years)
 - Personal Protective Equipment
 - Portable Electric / Power Equipment
 - Respiratory Protection Program
 - Safety, Health & Environmental Audit Procedure or Form
 - Safety, Health & Environmental Incentive Program
 - Safety, Health & Environmental Inspection Form
 - Safety, Health & Environmental Orientation (Outline)
 - Safety, Health & Environmental Program
 - Safety, Health & Environmental Training Program (Outline)
 - Substance Abuse Program (Include Substances Tested & Levels)
 - Summary of Benefits paid to workers (long term contractors)

Unsafe Condition Reporting Procedure

Vehicle Safety

Waste Disposal

Workforce Development Policies

Explain an Answer on PQF

Other