VENDOR CLASSIFICATION AND QUALIFICATION AFFIDAVIT

A. AUTIELLO CONSTRUCTION
New York • Providence • Boston

Thank you for your interest in working with A. Autiello Construction Co. Inc., (AACC) where our partners are our most valuable resource. AACC required that all subcontractors and material suppliers complete the following vendor classification and qualification affidavit prior to entering into the first agreement, in order to develop a more complete knowledge of your company and better match future opportunities to your firm's capabilities.

In addition to completing the vendor classification and qualification affidavit, please attached copies of the following supplemental documentation:

- Completed W-9,
- Completed OSHA 300 logs for the last 3 years
- Copy of written safety program if available
- Copy of current insurance certificate indicating all policies and limits

Submissions may be made electronically via e-mail, or hard copies may be mailed to:

A. Autiello Construction Co., Inc.
125 Carlsbad St.
Cranston RI 02920
Attention: Cody LaBrie
c.labrie@autielloconstruction.com

In an effort to keep our files current on your firm, we ask that you notify AACC if there are any changes to your organization or insurance providers. We also may ask you to re-submit a new vendor classification and qualification affidavit with us in about two years, even if nothing has changed in your company. We advise that you keep a hard copy or electronic scan of this documentation for future references when re-submitting.

Should you have any questions related to the preparation of the requested documentation please contact Edward Davis in contract and insurance administration at 401-942-6822 x 209.

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Company Information			
FIRM NAME			TAX ID #
PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP

PHONE NUMBER	FAX NUMBER	WEBSITE

THE ADDRESS LISTED ABOVE IS THE (CHECK ONE):

☐ MAIN OFFICE ☐ REGIONAL OFFICE ☐ BRANCH OFFICE

PRIMARY CONTACT / TITLE	PHONE	CELL

EMAIL

ESTIMATING CONTACT / TITLE	PHONE	CELL

EMAIL

ACCOUNTING CONTACT / TITLE	PHONE	CELL

EMAIL

NAME OF PARENT COMPANY	YEARS IN BUSINESS

ADDRESS OF PARENT COMPANY	CITY	STATE	ZIP

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COMPANY TYPE:				
CHECK ONE:				
☐ CORP. ☐ LLC ☐ SOLE PROPRIETOR ☐ JOINT VENTURE ☐ OTHER				
STATE OF INCORPORATION		DATE INCORPORATED		
CONTRACTORS LICENSE NUMBER		STATE	EXPIRATION	
STATE SALES TAX REGISTRATION NUMBER		STATE UNEMPLOYMENT INSURANCE NUMBER		

DISADVANTAGE BUSINESS ENTERPRISE INFORMATION / STATUS / PARTICIPATION:			
IS YOUR COMPANY A RECOGNIZED MINORITY / DISADVANTAGED BUSINESS?			
☐ YES ☐ NO			
IF YES, WHAT TYPE OF CERTIFICATION / AGENCY:			
☐ MBE ☐ WBE ☐ DBE ☐ CSBE ☐ STATE / FEDERAL ☐ OTHER			
* PLEASE ATTACH COPIES OF ALL CURRENT CERTIFICATIONS WITH EACH AGENCY			
MBE / WBE / DBE INVOLVEMENT FOR WORK YOUR FIRM SUBCONTRACTED OUT TO DISADVANTAGED BUSINESS ENTERPRISES.			
MBE_____%	WBE_____%	DBE_____%	OTHER_____%

CORPORATE INFORMATION:				
LIST THE CORPORATE OFFICERS, PARTNERS, SHAREHOLDERS, AND OTHERS WITH MORE THAN 5% OF THE STOCK OF YOUR COMPANY:				
	NAME	YEAR OF BIRTH	POSITION	PERCENT OWNED
A.				
B.				
C.				
D.				

UNDER WHAT OTHER NAME(S) HAS YOUR COMPANY OPERATED?		
HOW MANY PEOPLE DOES YOUR COMPANY CURRENTLY EMPLOY?		
HOME OFFICE	FIELD SUPERVISORY	TRADES PEOPLE
ON AVERAGE, HOW MANY PEOPLE HAS YOUR COMPANY EMPLOYED FOR THE LAST 3 YEARS?		
HOME OFFICE	FIELD SUPERVISORY	TRADES PEOPLE

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COMPANY BUSINESS / LEGAL HISTORY
HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS, DEFAULTED OR BEEN TERMINATED ON A CONTRACT AWARDED TO YOU?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
HAVE ANY OF THE OWNERS, OFFICERS OR MAJOR STOCKHOLDERS OF YOUR COMPANY EVER BEEN INDICTED OR CONVICTED OF ANY FELONY OR OTHER CRIMINAL CONDUCT?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
HAS YOUR COMPANY EVER BEEN DISBARRED OR OTHERWISE PRECLUDED FROM PURSUING PUBLIC WORK OR EVER BEEN FOUND TO BE NON-RESPONSIVE BY A PUBLIC AGENCY?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
HAS YOU COMPANY EVER HAD A CLAIM MADE AGAINST IT FOR IMPROPER, DELAYED, DEFECTIVE OR NON-COMPLIANT WORK OR FAILURE TO MEET WARRANTY OBLIGATIONS?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
IS YOUR COMPANY OR ANY OF ITS OWNERS, OFFICERS OR MAJOR SHAREHOLDERS CURRENTLY INVOLVED IN ANY ARBITRATION OR LITIGATION?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
DOES YOUR COMPANY HAVE ANY OUTSTANDING JUDGEMENTS OR CLAIMS AGAINST IT?
☐ YES ☐ NO (IF YES, PLEASE ATTACH WRITTEN EXPLANATION)
*** PLEASE ATTACH A LIST OF ANY LITIGATION BROUGHT AGAINST YOUR COMPANY IN THE PAST (5) YEARS ASSERTING FAILURE TO MAKE PAYMENT(S) TO ANYONE.**

AFFILIATES:			
PLEASE LIST ANY SUBSIDIARIES AND AFFILIATES OF YOUR COMPANY:			
	COMPANY NAME	**OWNERSHIP**	**TYPE OF COMPANY**
A.			
B.			
C.			
DOES YOUR COMPANY HAVE ANY JOINT VENTURES WITH ANY OTHER FIRMS?			
☐ YES ☐ NO			

KEY PERSONNEL / STAFF:				
PLEASE LIST KEY OFFICE PERSONNEL, FIELD SUPERVISORS AND ATTACH RESUMES:				
	NAME / POSITION HELD	**YEAR OF BIRTH**	**YEARS OF EXPERIENCE**	**PREVIOUS EMPLOYER**
A.				
B.				
C.				
D.				

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LABOR AFFILIATIONS:			
☐ UNION	☐MERIT	☐ OTHER	
IF UNION, LIST UNION(S), WHICH YOU HAVE AGREEMENTS WITH:			
	LOCAL NUMBER	UNION NAME	AGREEMENT EXPIRATION PERCENT OWNED
A.			
B.			
C.			
D.			

TRADE ASSOCIATION MEMBERSHIPS
PLEASE LIST

TRAINING PROGRAM PARTICIPATION
PLEASE LIST ANY LOCAL OR NATIONAL ACCREDITED TRAINING PROGRAMS IN WHICH YOUR COMPANY PARTICIPATES (CRAFT OR MANAGEMENT TRAINING)

ENVIRONMENTAL AWARENESS			
IS YOUR FIRM A MEMBER OF THE UNITED STATES GREEN BUILDING COUNCIL (USGBC)?			
☐ YES ☐ NO			
NATIONAL CHAPTER #		LOCAL CHAPTER #	
LEED AP(S) ON STAFF		LEED GREEN ASSOCIATE	
LEED PROJECTS COMPLETED		LEED AP	
LIST OF LEED PROJECTS COMPLETED TO DATE:			

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WORK AREAS, VOLUME AND PROJECT TYPES

LIST THE GEOGRAPHICAL AREAS IN WHICH YOUR FIRM WORKS (STATES, CITIES, COUNTIES, ETC.)

PLEASE INDICATE THE SIZE OF PROJECT YOU ARE MOST COMPETITIVE IN PERFORMING (ENTER 1). SHOW IN ORDER OF PREFERENCE (2, 3, ETC.), FOR OTHER SIZE PROJECTS YOU ARE CAPABLE OF PERFORMING.

UNDER $100,000		$100,000 - $500,000	
$500,000 - $1,000,000		$1,000,000 - $5,000,000	
$5,000,000 - $10,000,000		OVER $10,000,000	

CHECK ALL BUILDING TYPES ON WHICH YOUR COMPANY HAS WORKED

A. HIGH RISE OFFICE BUILDING	☐	G. INDUSTRIAL BLDG.	☐
B. MID RISE OFFICE BUILDING	☐	H. HIGH TECH / LABORATORIES	☐
C. HOTELS / MOTELS	☐	I. CORRECTIONAL FACILITIES	☐
D. HOSPITALS	☐	J. DESIGN BUILD / DESIGN ASSIST	☐
E. RESIDENTIAL	☐	K. SCHOOLS	☐
F. SPORTS / ENTERTAINMENT	☐	L. INTERIORS	☐

LIST THE TRADES NORMALLY PERFORMED WITH FIRM'S OWN FORCES

PERCENTAGE OF FIRM'S WORK THAT IS NORMALLY SUBCONTRACTED?	_____ %

WHAT TRADES ARE NORMALLY SUBCONTRACTED?

WHAT IS THE LARGEST CONTRACT THAT THE FIRM HAS COMPLETED?

AMOUNT$		YEAR		PROJECT / SCOPE	

WHAT IS THE LARGEST DOLLAR VOLUME PROJECT YOU EXPECT TO DO THIS YEAR?

AMOUNT$		PROJECT / SCOPE	

WHAT IS YOUR EXPECTED ANNUAL VOLUME THIS YEAR?	
WHAT IS YOUR EXPECTED NUMBER OF PROJECTS THIS YEAR?	

WHAT WAS THE AVERAGE ANNUAL VOLUME OFWORK PERFORMED OVER THE PAST 5 YEARS?

YEAR		YEAR		YEAR	
VOLUME		VOLUME		VOLUME	
YEAR		YEAR			
VOLUME		VOLUME			

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TRADE CATEGORIES	
PLEASE PICK THREE TOP CATEGORIES IN ORDER OF PRIORITY, I.E., 1, 2, AND 3, OF THE CSI CODES THAT BEST FIT YOUR COMPANY'S LINE.	
( ) 01000 General Requirements	**( )** 07840 Firestopping
( ) 01720 Surveying – Field Engineering	**( )** 08100 Metal Doors & Frames
( ) 02240 Dewatering	**( )** 08200 Wood & Plastic Doors
( ) 02200 Site Improvements & Preparation	**( )** 08330 Coiling Doors & Grills
( ) 02220 Demolition	**( )** 08340 Special Function Doors
( ) 02300 Earthwork	**( )** 08400 Entrances/Storefronts
( ) 02360 Soil Treatment	**( )** 08500 Windows
( ) 02465 Auger Cast Piles	**( )** 08600 Skylights
( ) 02500 Utility Services	**( )** 08700 Hardware
( ) 02520 Wells	**( )** 08800 Glazing
( ) 02630 Storm Drainage	**( )** 08900 Glazed Curtain Walls
( ) 02700 Pavement Surfaces	**( )** 08950 Translucent Panels
( ) 02760 Pavement Markings & Specialties	**( )** 09220 Portland Cement Plaster
( ) 02770 Curbs, Gutters & Sidewalks	**( )** 09250 Gypsum Board Systems
( ) 02780 Unit Pavers	**( )** 09300 Tile & Natural Stone
( ) 02790 Athletic & Recreational Surfaces	**( )** 09302 Cultured Marble Vanities
( ) 02810 Irrigation System	**( )** 09320 Granite Counter Tops
( ) 02815 Fountains & Water Features	**( )** 09510 Suspended Acoustical Ceilings
( ) 02820 Fences & Gates	**( )** 09620 Specialty Flooring
( ) 02870 Site Furnishings	**( )** 09640 Wood Flooring
( ) 02880 Playfield Equipment & Site Structures	**( )** 09680 Carpeting
( ) 02890 Traffic Signalization & Signs	**( )** 09700 Wall Finishes & Treatments
( ) 02900 Landscaping	**( )** 09900 Painting
( ) 02999 Site Improvements MISC	**( )** 09960 Special Coatings
( ) 03055 Tower Crane	**( )** 10200 Louvers, Vents, Grilles & Screens
( ) 03100 Concrete Formwork	**( )** 10400 Identifying Devices
( ) 03200 Reinforcing (Rebar & PT Cable)	**( )** 10520 Fire Protection Specialties
( ) 03205 INSTALL Rebar & PT Cable	**( )** 10800 Toilet & Bath Accessories
( ) 03300 Cast-in Place Concrete	**( )** 10999 Specialties MISC
( ) 03310 Concrete Materials	**( )** 11010 Maintenance Equipment
( ) 03350 Place & Finish	**( )** 11050 Library Equipment
( ) 03370 Concrete Pumping	**( )** 11060 Theater Stage Equipment
( ) 03400 Precast Concrete	**( )** 11150 Parking Control Equipment
( ) 03520 LW Insulating Concrete	**( )** 11160 Loading Dock Equipment
( ) 03900 Concrete Restoration & Cleaning	**( )** 11170 Solid Waste Equipment
( ) 03999 Concrete MISC	**( )** 11400 Food Service Equipment
( ) 04200 Unit Masonry	**( )** 11450 Appliances
( ) 05100 Structural Steel / Metal Joist	**( )** 11600 Laboratory Equipment
( ) 05400 Cold Formed Metal Framing	**( )** 11999 Equipment MISC
( ) 05500 Metal Fabrication	**( )** 12300 Manufactured Casework (Cabinets)
( ) 05520 Handrails/Railings	**( )** 12490 Window Treatments
( ) 05700 Ornamental Metals	**( )** 12600 Multiple Seating
( ) 05720 Glass Railings	**( )** 12700 Systems Furniture
( ) 06100 Rough Carpentry	**( )** 12999 Furnishings MISC
( ) 06130 Heavy Timber Construction	**( )** 13150 Swimming Pools
( ) 06200 Finish Carpentry	**( )** 13999 Special Construction MISC
( ) 06400 Architectural Woodwork	**( )** 14200 Elevators / Escalators
( ) 06460 INSTALL Doors, Frames & Hardware	**( )** 14400 Lifts
( ) 07100 Waterproofing	**( )** 15300 Fire Protection
( ) 07200 Insulation	**( )** 15400 Plumbing
( ) 07240 Exterior Insulation Finish System	**( )** 15700 HVAC
( ) 07400 Manufactured Siding (Metal Roofing)	**( )** 16000 Electrical
( ) 07500 Membrane Roofing	**( )** 16400 Low-Voltage Distribution
( ) 07600 Flashing Sheet Metal	**( )** 16700 Communication Systems
( ) 07800 Applied Fireproofing	**( )** 16750 Security Systems

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FINANCIAL INFORMATION

WHAT IS THE DATE OF FIRM'S MOST CURRENT AUDITED OR REVIEWED FINANCIAL STATEMENT?	

*** ATTACH A COPY OF YOUR LATEST AUDITED FINANCIAL STATEMENT. (YOUR FINANCIAL STATEMENT IS STRICTLY FOR AACC USE AND WILL BE TREATED CONFIDENTIALLY. IF THE ATTACHED FINANCIAL STATEMENT IS NOT FOR THE IDENTICAL COMPANY NAMED ABOVE, PLEASE EXPLAIN THE RELATIONSHIP AND FINANCIAL RESPONSIBILITY OF THE COMPANY WHOSE FINANCIAL STATEMENT HAS BEEN PROVIDED.**

BANKING INFORMATION

NAME OF BANK	CONTACT PERSON	PHONE NUMBER

ADDRESS	CITY	STATE	ZIP CODE

LINE OF CREDIT AMOUNT $	AMOUNT AVAILABLE $	EXPIRATION DATE

UCC FILING?	HOW IS CREDIT SECURED?
☐ YES ☐ NO	

WHAT IS YOUR COMPANY'S DUNN AND BRADSTREET NUMBER?

D & B RATING	PAY RECORD	DATE OF RATHING

REMARKS

BONDING INFORMATION

NAME OF SURETY	CONTACT PERSON	PHONE NUMBER

BONDING CAPACITY PER PROJECT $	AGGREGATE $

DATE OF LAST BOND	AMOUNT $

PLEASE PROVIDE A LIST OF THE PERSONS / ENTITIES THAT PROVIDE IDEMNIFICATION TO YOUR SURETY

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INSURANCE INFORMATION			
*PLEASE ATTACH A CURRENT SAMPLE CERTIFICATE OF INSURANCE, OUTLINING COVERAGE AND LIMITS FOR THE FOLLOWING			
• COMMERCIAL GENERAL LIABILITY • EXCESS LIABILITY (UMBRELLA FORM) • AUTOMOBILE LIABILITY • WORKER'S COMPENSATION & EMPLOYER'S LIABILITY			
NAME OF AGENT / BROKER			
ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME	PHONE		

SUPPLIER INFORMATION			
PLEASE LIST THREE OF YOUR MAJOR SUPPLIERS			
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

REFERENCE INFORMATION			
PLEASE LIST THREE CONTRACTORS THAT YOU DO BUSINESS WITH:			
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
COMPANY NAME	CONTACT PERSON	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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OTHER INFORMATION

DOES YOUR COMPANY HAVE AN ESTABLISHED COMPLIANCE STANDARDS AND A WRITTEN CODE OF BUSINESS CONDUCT FOR ITS' EMPLOYEES?

☐ YES ☐ NO

DOES YOUR COMPANY EMPLOY OR HAVE A BUSINESS RELATIONSHIP WITH ANY PRINCIPAL, OFFICER, DIRECTOR, OR EMPLOYEE OF AACC?

☐ YES ☐ NO (IF YES, PLEASE ATTACH A NARRATIVE OF THE RELATIONSHIP)

DOES YOUR COMPANY SHARE OFFICE SPACE, STAFF OR EQUIPMENT WITH ANY OTHER BUSINESS OR ORGANIZATION?

☐ YES ☐ NO

DOES YOUR COMPANY PARTICIPATE IN ANY INDUSTRIAL AND/OR COMMERICAL INCENTIVE PROGRAMS?

☐ YES ☐ NO

SAFETY PROFILE STATEMENT

PLEASE LIST YOUR COMPANY'S WORKERS' COMPENSATION INTERSTATE / INTRASTATE EXPERIENCE MODIFICATION RATE FOR THE RECENT THREE YEARS. (ATTACH A COPY OF YOUR INSURANCE CARRIER OR STATE FUND (ON THEIR LETTERHEAD) VERIFYING THE EMR DATE.

INTERSTATE (YR./RATE) INTRASTATE (YR./RATE/NAME STATE(S) WITH ABBREVIATIONS NEXT TO MODIFICATION RATE)

(SAMPLE)	2008 / .92 / MA ____/____/____	2007/ .90 / MA ____/____/____	2006 / .91 / MA ____/____/____

***** SUBCONTRACTORS MUST HAVE A CURRENT EMR LESS THAN OR EQUAL TO 1.0 TO QUALIFY FOR AACC BID LIST. SHOULD YOUR EMR EXCEED 1.0, THE CONTRACTOR MUST DEMONSTRATE AND DOCUMENT THAT IT HAS OR WILL INITIATE PROGRAMS, POLICIES, AND ATTITUDES, WHICH WILL RESULT IN A SAFETY CONSCIOUS PERFORMANCE IN ORDER TO BE INCLUDED ON AACC'S APPROVED CONTRACTOR LIST. IN THS CASE IT IS THE SOLE DISCRETION OF AACC TO APPROVE OR DISAPPROVE A SUBCONTRACTOR. (SEE "SPECIAL REQUIREMENTS" BELOW).**

HOW MANY OSHA VIOLATION(S) HAS YOUR COMPANY RECEIVED IN THE LAST THREE YEARS? (YR = # VIOLATIONS)

_____=_____	_____=_____	_____=_____

***PLEASE ATTACH THE THREE MOST RECENT YEAR'S OSHA NO. 300/200 LOGS.**

ARE THERE ANY WILLFUL OSHA VIOLATIONS?

☐ YES ☐ NO (IF YES, PLEASE ATTACH A BRIEF DESCRIPTION OF THE VIOLATION(S).

ANY EMPLOYEE DEATHS IN THE PAST 3 YEARS?

☐ YES ☐ NO (IF YES, PLEASE ATTACH A BRIEF DESCRIPTION OF THE CIRCUMSTANCES)

DO YOU HAVE A QUALIFIED PERSON RESPONSIBLE FOR SAFETY WITHIN YOUR COMPANY?

☐ YES ☐ NO (IF YES, PLEASE DESCRIBE HIS / HER QUALIFICATIONS)

DOES THIS PERSON HANDLE THE SAFETY INSPECTIONS ON ALL F YOUR PROJECTS?

☐ YES ☐ NO

HOW OFTEN ARE THE SAFETY INSPECTIONS PERFORMED?

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DO YOU HAVE A WRITTEN COMPANY SAFETY POLICY AND PROGRAM AND WILL YOU PROVIDE COPIES IF REQUESTED?
☐ YES ☐ NO
DOES YOUR COMPANY IMPLEMENT A SUBSTANCE ABUSE POLICY?
☐ YES ☐ NO (IF YES, PLEASE CHECK WHICH ARE INCLUDED IN THE COMPANY POLICY)
☐ PRE-HIRE / INITIAL EMPLOYMENT SCREENING
☐ CAUSE
☐ POST ACCIDENT / INCIDENT
☐ RANDOM / PERIODIC

DO YOU HAVE A RETURN TO WORK / LIGHT DUTY PROGRAM?
☐ YES ☐ NO
HAVE YOU EVER IMPLEMENTED 100% FALL PROTECTION?
☐ YES ☐ NO
DO YOU HAVE A WRITTEN COMPANY SAFETY POLICY AND PROGRAM AND WILL YOU PROVIDE COPIES IF REQUESTED?
☐ YES ☐ NO
IF REQUESTED, CAN YOU PROVIDE US WITH A SITE-SPECIFIC PROGRAM ADDRESSING THE FALL HAZARDS IN YOUR WORK?
☐ YES ☐ NO
DO YOU HAVE A WRITTEN COMPANY SAFETY POLICY AND PROGRAM AND WILL YOU PROVIDE COPIES IF REQUESTED?
☐ YES ☐ NO
DO YOU REQUIRE DOCUMENTED SAFETY MEETINGS FOR YOUR EMPLOYEES? INDICATE WHICH, AND HOW OFTEN.

FIELD SUPERVISORS	☐ YES	☐ NO	**FREQUENCY**_____
NEW HIRES	☐ YES	☐ NO	**FREQUENCY**_____
EMPLOYEES	☐ YES	☐ NO	**FREQUENCY**_____
SUBCONTRACTOR / VENDORS	☐ YES	☐ NO	**FREQUENCY**_____

DOES YOUR COMPANY PROVIDE SAFETY TRAINING FOR ALL EMPLOYEES?	☐ YES ☐ NO

IF YES, PLEASE LIST TRAINING PROVIDED. (AACC REQUIRES THAT AT LEAST ONE FULL TIME ON-SITE PERSON MUST HAVE COMPLETED THE 30-HOUR OSHA TRAINING).
DO YOU HAVE HOME OFFICE REPRESENTATIVES, NOT DIRECTLY INVOLVED IN THE PROJECT; WHO WILL VISIT AND AUDIT THE PROJECT FOR SAFETY?
☐ YES ☐ NO **FREQUENCY**_____

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DOES YOUR COMPANY SET ANNUAL SAFETY GOALS?	☐ YES ☐ NO
IF YES, PLEASE LIST TRAINING PROVIDED	
DOES YOUR COMPANY HAVE A PROGRAM RECOGNIZING YOUR EMPLOYEES FOR SAFETY PERFORMANCE EXCELLENCE?	
☐ YES ☐ NO	
DOES YOUR COMPANY HAVE A DISCIPLINARY PROGRAM IN PLACE FOR SAFETY VIOLATIONS?	
☐ YES ☐ NO	
DOES YOUR COMPANY REVIEW THE SAFETY MANAGEMENT SYSTEMS OF YOUR SUB-SUBCONTRACTORS?	
☐ YES ☐ NO	
DOES YOUR COMPANY CONDUCT ACCIDENTAL INCIDENT INVESTIGATIONS?	
☐ YES ☐ NO	

LIST ALL SUPERVISORY EMPLOYEES WHO HAVE COMPLETED AN OSHA 30 HOUR TRAINING PROGRAM?

EMPLOYEE NAME	OSHA 30 HOUR/DATE OF CERTIFICATION

SPECIAL REQUIREMENTS FOR CONTRACTORS AND/OR SUBCONTRACTORS ON OUR PROJECTS WITH AN EXPERIENCE MODIFICATION RATE (EMR) AT OR ABOVE 1.0 EXPERIENCE.

THE FOLLOWING ITEMS LISTED BELOW ARE INCLUDED IN CONTACTS TO CONTRACTORS / SUBCONTRACTORS HAVING AN EMR OF 1.0 OR ABOVE.

THE CONTRACTOR/SUBCONTRACTOR SHALL DEVELOP A COMPREHENSIVE SITE-SPECIFIC SAFETY AND HEALTH PROGRAM FOR THEIR SCOPE OF WORK ON THE PROJECT.

THE CONTRACTOR/SUBCONTRACTOR SHALL DESIGNATE A TRAINED OSHA 30-HR ON-SITE FULL-TIME SAFETY PERSON TO REPRESENT THEIR COMPANY RELATING TO SAFETY ISSUES.

THE CONTRACTOR/SUBCONTRACTOR SHALL DESIGNATE A TRAINED OSHA 30-HOUR ON-SITE FULL-TIME SAFETY PERSON TO REPRESENT THEIR COMPANY RELATING TO SAFETY ISSUES.

THE CONTRACTOR/SUBCONTRACTOR SHALL CONDUCT AND DOCUMENT FORMAL WEEKLY PROJECT SAFETY INSPECTIONS OF THEIR WORK AREAS AND SUBMIT THESE REPORTS TO AACC.

A CONTRACTOR/SUBCONTRACTOR SAFETY DIRECTOR SHALL VISIT AND DOCUMENT SAFETY INSPECTIONS OF THE PROJECTS, AT A MINIMUM, ON A SEMI-MONTHLY BASIS TO REVIEW SAFETY PERFORMANCE OF THEIR EMPLOYEES.

A CONTRACTOR/SUBCONTRACTOR REPRESENTATIVE SHALL ATTEND ALL PROJECT PRE-PLANNING SAFETY MEETINGS RELATED TO THEIR SCOPE OF WORK.

THESE ABOVE ITEMS ARE TO ENSURE THAT THE CONTRACTOR/SUBCONTRACTOR ARE DEVELOPING SAFETY AND HEALTH PROGRAMS TO PROTECT THEIR WORKERS AND THAT THEY ARE REVIEWING THEIR WORK AREAS TO PREVENT INJURIES TO ALL WORKERS ON OUR PROJECTS.

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SWORN STATEMENT

I _____ ON BEHALF OF _____ HAVE ATTEMPTED TO ANSWER ALL
(COMPANY OFFICER) (COMPANY NAME)
QUESTIONS IN A FULL AND COMPLETE MANNER TO ASSURE THAT THE ANSWERS IN THIS QUESTIONNAIRE ARE NOT IN ANY RESPECT MISLEADING, EITHER BY EXPRESSING OURSELVES IN A MISLEADING OR AMBIGUOUS MANNER OR OMITTING INFORMATION. WE RECOGNIZE THAT A. AUTIELLO CONSTRUCTION CO. INC., WILL BE RELYING ON THE ACCURACY OF INFORMATION PROVIDED AND OUR RESPONSES IN THIS QUESTIONNAIRE, IN DECIDING WHETHER TO PERMIT US TO BID AND, IN THE AWARD OF ANY WORK TO OUR COMPANY.

DATED THIS _____ DAY OF _____ 20_____.

NAME OF COMPANY: _____

COMPLETED BY: _____
(COMPANY OFFICER PRINT NAME/TITLE)

_____
(SIGNATURE)

_____ BEING DULY SWORN, DEPOSES AND

STATES THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND

SUFFICIENTLY COMPLETE SO AS TO NOT BE MISLEADING.

SUBSCRIBED AND SWORN BEFOR ME

THIS _____ DAY OF, 20_____.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

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