

## STATEMENT OF BIDDER'S QUALIFICATIONS

This Statement is to accompany bids submitted for the following project: **FC- 1190045, Lower Proctor Creek Trunk Sewer Rehabilitation**. Bidders must meet the minimum qualification criteria set forth under items 5, 7, 8, 9, 10 and 11 of this section, must provide the organization chart as set forth under item 6 of this section and must complete the project experience forms for qualifying projects to be deemed a "Responsible and Responsive Bidder".

1. NAME OF BIDDER: \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_

4. OFFICIAL REPRESENTATIVE AND TITLE: \_\_\_\_\_  
\_\_\_\_\_

5. Using the forms provided in this Section, list previously completed or current projects which are similar in scope and complexity to this project which were completed or assigned to your firm or joint venture, including: Name of project, location of project, owner's name, address and phone number, description of work performed, initial contract amount, final contract amount, start date, scheduled completion date and actual completion date. (If a joint venture, list separately for each joint venture partner.) Limit to 5.

a. Contractor must have successfully completed the following work within the last three years in the United States of America: Cleaning of not less than 20,000 linear feet of large diameter sewers (24 inches or larger in diameter), not less than 100,000 linear feet of Sewer Inspection using CCTV/Sonar Inspection methods that meet the requirement of section 02752 of these documents, and construction of not less than 50 external point repairs on sanitary sewers of at least 24-inches, and/or successful experience of at least 12 months on a Clean Water Atlanta Rehabilitation Program CIPP contract. The aggregate construction value of this work must not be less than \$3,500,000. These requirements may be satisfied by the prime contractor or by a combination of prime and subcontractor experience.

6. Provide the following information for the organization proposed for this project:

a. Organizational chart.

- b. Indicate the participation by the various members in the organization, as shown on the organizational chart; in the management; and in the division of work (If a joint venture, indicate percent of man hours and percent of project cost to be performed by each joint venture member).
7. Using the forms provided in this Section, provide information for key project personnel, Project Manager, Project Superintendent, Estimator, Project Engineer, Safety Engineer, and Project Scheduler.
  - a. Project Manager must have 15 years of project management experience and successfully managed the following work within the last three years in the United States of America: Cleaning of no less than 20,000 linear feet of large diameter (24-diameter or greater) sewer piping, CCTV Survey of no less than 50,000 lineal feet of sewer piping, Sonar survey of no less than 10,000 lineal feet of sewer piping, construction of not less than 50,000 linear feet of Cured-in-Place Pipe, and construction of not less than 20 external point repairs on large diameter sanitary sewers, or experience of at least 12 months on a Clean Water Atlanta Rehabilitation Program CIPP contract.
  - b. Project Superintendent must have successfully managed the following work within the last three years in the United States of America: Construction of not less than 50,000 linear feet of Cured-in-Place Pipe, construction of not less than 50 external point repairs on large diameter (24 inches or greater) sanitary sewers, cleaning of no less than 20,000 linear feet of large diameter sewer piping, and CCTV Survey of no less than 50,000 lineal feet of sewer piping, Sonar survey of no less than 10,000 lineal feet of sewer piping, or experience of at least 12 months on a Clean Water Atlanta Rehabilitation Program CIPP contract/Sewer Cleaning program. In addition, the Project Superintendent should be fully competent in sewer cleaning, sewer line foam treatment, and sewer inspection utilizing CCTV/Sonar inspection techniques.
  - c. Project Engineer must have five (5) years of construction engineering experience and must have worked on at least three (3) contracts involving large diameter (24-inches or greater) sewer system cleaning/survey with work performed of equivalent size and complexity as this scope.
  - d. Safety Engineer must have eight (8) years of construction engineering experience and must worked on at least five (5) contracts involving Cured-in-Place Pipe projects of similar size and complexity as this project, large diameter cleaning/survey with work performed of equivalent size and complexity as this project scope.

- e. Project Scheduler must possess a minimum of seven (7) years construction project scheduling experience and must have worked on at least five (5) contracts involving lark diameter (24-inches or greater) sewer system cleaning/survey with work performed of equivalent size and complexity as this project scope.
- 8. The Contractor must have an established Safety Program that as a minimum includes those items as listed on the attachment entitled "CONTRACTOR SAFETY RECORD FORM".
- 9. The Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) must not exceed an average of 1.0 over the last three (3) years.
  - a. Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) \_\_\_\_\_
- 10. The Contractor's OSHA Incidence Rates must not exceed the Industry Standard published by the U.S. Department of Labor(2002) (i.e.-Recordable Incidence Rates of 6.2 and Loss Time Incidence Rates of 2.4 per OSHA definition and calculation) for the last three (3) years.
  - a. Contractor's Recordable Incidence Rates \_\_\_\_\_
  - b. Contractor's Lost Time Incidence Rates \_\_\_\_\_
- 11. "If there have been any fatalities during the last five (5) years on any projects performed by the Contractor or on any work performed under the direct supervision of a proposed Project Manager and the Contractor or proposed Project Manager was cited by OSHA for "Willful", in performing the work in which the fatality occurred, the Contractor will be disqualified based on the City's review. The Contractor may also be disqualified in the event that a Recordable Incident occurred due to the same condition that existed when a previous fatality occurred and resulted in an OSHA citation or failure to implement a corrective action plan."
  - a. Fatalities during the last five years where Contractor was cited by OSHA for "Willful" Violation \_\_\_\_\_
  - b. Fatalities during the last five years where the proposed Project Manager was cited by OSHA for "Willful" Violation.  
\_\_\_\_\_

The previous statements and attachments are true, correct, and complete to the best of my knowledge.

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, 2010

Notary Public

**STATEMENT OF BIDDER'S QUALIFICATIONS**  
**COMPANY PROJECT EXPERIENCE**

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Cured-In-Place Pipe, LF	
Open Cut Sewer Installation, LF	
Pipe-bursting Replacement, LF	
External Sewer Point Repairs, No.	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

**STATEMENT OF BIDDER'S QUALIFICATIONS**  
**PROJECT MANAGER EXPERIENCE**

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Cured-in-Place Pipe, LF	
Open Cut Sewer Installation, LF	
External Sewer Point Repairs, No.	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

**STATEMENT OF BIDDER'S QUALIFICATIONS**  
**PROJECT SUPERINTENDENT'S PROJECT EXPERIENCE**  
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Cured-In-Place Pipe, LF	
Open Cut Sewer Installation, LF	
External Sewer Point Repairs, No.	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

**STATEMENT OF BIDDER'S QUALIFICATIONS**  
**KEY STAFF PROJECT EXPERIENCE**

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Safety Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Cured-In-Place Pipe, LF	
Open Cut Sewer Installation, LF	
External Sewer Point Repairs, No.	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	



**STATEMENT OF BIDDER'S QUALIFICATIONS**  
**KEY STAFF PROJECT EXPERIENCE**

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Cured-In-Place Pipe, LF	
Open Cut Sewer Installation, LF	
External Sewer Point Repairs, No.	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

## I. General Information

Name of Firm:	
Business Address:	
Telephone:	Fax:
Prepared by/Title:	Date prepared:

## II. Experience Modification Rates

- A. List your firm's Workers Compensation Experience Modification Rates (EMR) for the last three years.

Year	Experience Modification Rate (EMR)

## III. OSHA Incidence Rates

- A. List your firm's Occupational Safety Health Administration (OSHA) incidence rates for the last three years.

Year	Total Recordable Incidents	Total Hours Worked	OSHA Incidence Rate*

\* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

### III. OSHA Incidence Rates (cont'd)

B. Provide your incidence rates over the last three years for the following categories:

Category	Incidence Rate by Year*		
	Year _____	Year _____	Year _____
Fatalities			
Injuries and Illnesses with Lost Work Days			
Injuries and Illnesses with Restricted Work Days			

\* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

C. Does your firm have any upheld OSHA citations in the past five years?

Yes  No  (If yes, attach explanation)

### IV. Safety Program Information

A. Do you have a written safety program?

Yes  No  (If yes, attach outline)

B. Which of the following does your safety program contain:

1. Does your company require health and safety training of its subcontractors?

Yes  No

2. Is documentation of health and safety training required?

Yes  No

3. Do you have a Hazard Communication Program (29 CFR 1910.1200, CCR Title 8 Section 5194)?

Yes  No

4. Do you have a Confined Space Entry and Rescue Program (29 CFR 1910.146, CCR Title 8 Section 5156-5159)?

Yes  No  (If yes, attach explanation)

5. Do you have a "Hot Work" permit program (29 CFR 1910.146, CCR Title 8 5156-5159)?

Yes  No  (If yes, attach explanation)

### IV. Safety Program Information (cont'd)

B. Which of the following does your safety program contain (cont'd):

6. Do you have a "Lock-Out/Tag-Out" program (29 CFR 1910.417)?

Yes  No  (If yes, attach explanation)

C. Do you have an Equipment Maintenance Program for the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Miscellaneous construction tools and equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Ladders?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Scaffolds?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Heavy Equipment?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Vehicles?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D. Do you have a new employee safety orientation program?

Yes  No

1. If yes, does it include instruction in the following:

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Company Safety Policy         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Company Safety Rules          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Safety Meeting Attendance     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Company Safety Record         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Hazard Recognition            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Hazard Reporting              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Injury Reporting              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) Non-Injury Accident Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (j) Respiratory Protection        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (k) Fire Protection               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (l) Housekeeping                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (m) Toxic Substance               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (n) Electrical Safety             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (o) Fall Protection               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (p) First-Aid/CPR                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (q) Driving Safety                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (r) Hearing Conservation          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (s) Lock-Out/Tag-Out              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (t) Bloodborne Pathogens          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (u) Asbestos                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Confined Spaces               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (w) Hazard Communication          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**IV. Safety Program Information (cont'd)**

E. Do you conduct safety meetings for your employees? Yes  No

1. If yes, how often:

Daily  Weekly  Bi-weekly  Monthly  As Needed

F. Do you conduct health and safety audits of work in progress?

Yes  No

1. If yes, who conducts the audits?

\_\_\_\_\_

2. How often are the audits conducted?

\_\_\_\_\_

G. Do you notify all employees of accidents and precautions related to accidents and near misses?

Yes  No

1. If yes, how is this notification accomplished?

- (a) Safety meetings Yes  No
- (b) Post notification in office Yes  No
- (c) Post notification at the site where the incident occurred Yes  No
- (d) Other \_\_\_\_\_

H. Is safety a criteria in evaluating the performance of:

- 1. Employees Yes  No
- 2. Supervisors Yes  No
- 3. Management Yes  No

I. Does your firm hold "tailgate" safety meetings? Yes  No

1. If yes, how often:

Daily  Weekly  Bi-weekly  Monthly  As Needed

J. Does your company have a drug and alcohol testing policy?

Yes  No

K. Does your company require that subcontractors participate in a drug surveillance/testing program?

Yes  No

L. Does your company have a method of disseminating safety information?

Yes  No