

# Los Angeles Unified School District

## Facilities Services Division

### Facilities Construction Contracts

## PREQUALIFICATION QUESTIONNAIRE – A

IF YOU WOULD LIKE TO BID ON NEW CONSTRUCTION CONTRACTS FOR THE LOS ANGELES UNIFIED SCHOOL DISTRICT ESTIMATED AT \$5 MILLION AND ABOVE, THIS QUESTIONNAIRE IS PROVIDED FOR GENERAL/PRIME CONTRACTORS WITH BONDING FROM AN A-VII (OR HIGHER) RATED SURETY COMPANY AND HAVE SUCCESSFULLY COMPLETED WITHIN THE PREVIOUS 36 MONTHS AS THE PRIME CONTRACTOR EITHER: TWO (2) PUBLIC WORKS CONTRACTS, OR THREE (3) PRIVATE WORKS CONTRACTS, OR A COMBINATION OF THE TWO, ONE OF WHICH WAS NEW CONSTRUCTION AT \$7 MILLION OR LARGER. (If you have completed fewer contracts or completed contracts below the \$7 million level, please consider using Questionnaire “B” or “C.”)

### Information and Instructions for Prequalification of Prospective Bidders

#### **IMPORTANT: PLEASE READ AND FOLLOW ALL INSTRUCTIONS AND COMPLETE CAREFULLY**

The District’s prequalification programs are adopted pursuant to Public Contract Code Section 20111.5. By submitting this Prequalification Questionnaire to the Los Angeles Unified School District (the District), Contractor is requesting to be prequalified for a period of one (1) year to perform work on formal competitively-bid construction contracts for the District. Submittal of this questionnaire specifically authorizes the District to investigate or cause investigation of any and all statements made in this questionnaire and to use the information obtained in such investigation for reviewing and scoring the responses. **All prospective bidders must answer all questions, fill in all blanks and provide the required references.** If a particular question does not apply, the response must state “Not Applicable” (“NA”). The questionnaire and performance and safety evaluations are **not** public record and are **not** open to public inspection. **False statements and/or omissions will disqualify bidder from prequalifying, and other infractions as stated in this questionnaire may lead to suspension and subsequent termination of existing prequalification status and contracts with the District. The Contractor must verify accuracy of answers in this questionnaire by affixing on Page 19 the signature of a person authorized to sign on behalf of the company.**

The questionnaire will be thoroughly evaluated by the District, taking into consideration the following factors:

- Experience
- Quality and workmanship
- Timeliness of past performance
- Bonding/Insurance/Licensing
- Financial resources (when applicable)
- Trustworthiness, reliability and responsibility
- Compliance with all District requirements (including Job Order Contracting (JOC), Owner-Controlled Insurance Program [OCIP], Safety Standards, the District Contractor Code of Ethics Policy, Project Stabilization Agreement [PSA] and Prevailing Wage requirements of the Labor Compliance Program)

Questionnaires may be obtained from the District’s Facilities Construction Contracts (FCC) office via telephone/fax request, downloaded from the FCC website <http://laschools.org/contractor/cc/pg> or by obtaining a questionnaire at the address indicated below.

**Completed questionnaires must be returned to FCC at the address listed below**

**ONLY ORIGINALS WILL BE PROCESSED**

**PLEASE DO NOT BIND (SPIRAL OR OTHER) OR STAPLE (PAPER CLIPS ARE ACCEPTABLE)**

**DO NOT FAX COMPLETED PREQUALIFICATION QUESTIONNAIRES**

Facilities Construction Contracts  
1545 Wilshire Blvd., Suite 100  
Los Angeles, CA 90017  
Attn: Prequalification

Telephone: (213) 207-2300  
Fax: (213) 483-9643  
(213) 483-9644

Note: Please mark envelope “CONFIDENTIAL”

## A. ENROLLMENT

Prequalification enrollment is accepted on an ongoing basis. Approval will be valid for one (1) calendar year beginning on the day following FCC's written notice that the prospective bidder has received prequalification approval, provided that during such time the Contractor remains in good standing with all District requirements and/or has not been deemed a nonresponsible bidder. Revocation of prequalification status is addressed in Sections D and E on Page 3 of this Questionnaire. If a bidder fails to be approved for prequalification depending upon the reason for the disqualification, a waiting period will be imposed before the bidder may reapply. Penalties for Revocation of Prequalification are noted **in bold type** following the respective reason.

### However, the waiting period will not apply if:

1. Bidder has less than three (3) "Requests to be Released" from bids on District contracts during the 6-month waiting period. (Please refer to Page 6, General Qualifications, Question #4.)
2. The insufficient experience factor is cured during the 6-month waiting period because the adequate number of contracts is completed.
3. The Contractor voluntarily withdrew the prequalification questionnaire.

## B. PREQUALIFICATION REQUIREMENTS – QUESTIONNAIRE "A"

Prospective bidders who wish to bid on new construction contracts for the District that have **estimated construction cost of \$5 million and above** must provide and meet approval on the following items:

1. Complete and submit the most current version of the District prequalification questionnaire.
2. Have a current and active California State contractor's license.
3. Meet General Qualification requirements (Part II, Page 6 - answered "no" to Questions 1-12).
4. Meet and maintain Safety requirements: The Safety Questionnaire has been developed to evaluate each Contractor's overall safety performance. The District will apply a uniform system of rating bidders on the basis of the Safety Questionnaire (pages 14-18) and, at the completion of each public works project, the Safety Evaluation form (pages 10-11). The Safety Evaluation form must be included with all submittals to the District for review and determination. **It is the responsibility of the Contractor to ensure that they and their Subcontractors of every tier meet the Safety Prequalification requirements, including an Experience Modification Rate (EMR) of no higher than 1.50 (See pages 14, 17 & 19). As directed in CA State Assembly Bill 14, Chapter 899, Section 1, Article 60.3, Section 20919.4 (c) (1) (E) (i), Job Order Contracting requires an acceptable safety record. There is no difference in this requirement for JOC bidding. Therefore, when you receive prequalification approval, you are also approved to bid JOCs, within the approved limit.** The District reserves the right to request any and all documentation necessary to substantiate Safety Questionnaire submissions of the Contractor and **all tiers of Subcontractors**. Contractor records will be retained for a period of eighteen months after which time they may be destroyed.
5. Must have **completed three (3) private works construction contracts OR two (2) public works construction contracts OR a combination of two (2) private works and one (1) public works** as a general/prime Contractor within the 36-month period immediately preceding the time-stamped submission date of this questionnaire, **one of which must have been a new construction contract of \$7 million or larger** (See page 7, Part III: Contractor References). Submit **Contractor Performance Evaluation** forms (Pages 8-9) and Safety Evaluation forms (pages 10-11) for each public works project referenced, and receive an average total score of 140 points on completed **Contractor Performance Evaluation** forms, and no more than one (1) "NO" answer on any one **Safety Evaluation form**. If two (2) or more "NO" answers are received together with substantial back-up documentation for the negative responses, the Contractor will fail the Safety portion and a Prequalification Administrative Review may be held, which will include a review panel of appointed District staff. Following the Prequalification Administrative Review and upon a final decision of failure, the contractor will not be prequalified and/or will lose their prequalified status. All references supplied with this Prequalification request **MUST** be equal to the size and amount of the projects that the Contractor wishes to bid on for the District and must reflect the type and size project that has previously been bonded by the Contractor's surety company.  
**PLEASE BE ADVISED that in some instances where the District determines that there are substantial performance and/or safety issues with a project, a PRELIMINARY EVALUATION may be conducted during the course of that project PRIOR to its completion and from that evaluation appropriate action will be taken.**
6. Provide a **reviewed or audited financial statement** prepared by a licensed accountant, who is not a regular employee of the company. **(NOTE: A COMPILATION IS NOT ACCEPTABLE)** The financial statement will be evaluated according to the lesser of the two (2) formulas as follows:
  - a) Working capital (current assets less current liabilities, plus line of credit) x 10 **OR**
  - b) Net worth (owner equity) x 10.
7. Provide an **original Letter of Bondability** demonstrating a bonding relationship with a California-admitted surety company with **at least an A-VII Rating** according to the current report published by A.M. Best Company. The letter must be written by the surety company (**a letter from the insurance agent or broker without Power of Attorney documentation will not be accepted**) and addressed to the District whereby the information may be verified. The Letter of Bondability will be the deciding factor in determining maximum prequalification dollar limits for bidding public works contracts of the District. **Request to increase your firm's bid rating** must be submitted and approved by the District **at least one week** prior to a bid opening and **MUST NOT BE INCLUDED** in a sealed bid envelope.
8. Contractor must show **LIABILITY INSURANCE** coverage of at least \$1,000,000 per occurrence / \$2,000,000 aggregate with a California-admitted insurance company to cover all activities of the bidder's firm other than LAUSD projects.  
▶ **(An ORIGINAL certificate of Insurance [naming Los Angeles Unified School District as Additional Insured] is appropriate evidence.)** The District has arranged for all District construction contracts to be insured under an Owner Controlled Insurance

Program (OCIP), which will be administered by the District's OCIP Administrator, Aon Risk Services, Inc. of Southern California (Aon). The OCIP will provide to eligible and Enrolled Contractors (and eligible and Enrolled Subcontractors) workers' compensation and employer's liability insurance, commercial general liability insurance, excess liability insurance, and contractor's pollution liability insurance in connection with the performance of the District's construction work. Contractors and Subcontractors are required to cooperate with the District and Aon in all aspects of OCIP implementation and administration.

**C. REVIEW AND NOTIFICATION OF PREQUALIFICATION RESULTS**

1. The District will review all prequalification submittals and based upon the Contractor's **single bond limit** will determine the maximum prequalification dollar amount this Contractor may bid for a single contract.
2. A Contractor (or prospective bidder) prequalified by the District pursuant to this procedure may bid upon District contracts within the limits expressed.
3. **Request to increase your firm's bid rating** must be submitted with the proper documentation **and approved** by the District **at least one week prior** to a bid opening and **MUST NOT BE INCLUDED** in a sealed bid envelope. The District will notify Contractors of deficiencies in the submitted Prequalification Questionnaires, and/or any concerns which may lead to disqualification. It is the sole responsibility of the Contractor to alleviate all such deficiencies promptly in order for FCC to resume review of the Prequalification Questionnaire. **Approximately 20 business days** following the submission of a properly completed and supported prequalification questionnaire, contractors will receive written notice from FCC stating their prequalification approval and limits for bidding on District contracts.

**D. REVOCAION OF PREQUALIFICATION STATUS AND PRECLUDING AWARD OF CONTRACT**

A contractor's status as a "prequalified contractor":

- (1) May be automatically revoked;
- (2) The contractor will not be permitted to submit bids; and
- (3) If the contractor has otherwise been determined to be a low bidder for a contract but the contract has not yet been awarded, the contract will not be awarded to this contractor if any one of the following events has occurred (see **exception below\***):
  - (a) Omission or falsification of requested information (**One (1) year penalty before you may resubmit to pre-qualify**);
  - (b) Debarment from the Division of Labor Standards Enforcement (DLSE) or this District (**5-year penalty**);
  - (c) Previous default or nonresponsible status with the District or other governmental entities (**as determined**);
  - (d) Average score of below 140 points on the Contractor Performance Evaluation forms, or 2 or more "no" answers on any one Safety Evaluation form; or Failure to maintain Safety Prequalification approval with the District's Owner Controlled Insurance Program (OCIP), including failure to assure that subcontractors meet District Safety Prequalification requirements, or failure to provide the District with requested audit materials and/or information, at any time during the prequalification period (**The penalty period will be assigned at the time of determination.**);
  - (e) Non-compliance with any and all District requirements (including Owner Controlled Insurance Program [OCIP], Safety Standards, the District Contractor Code of Ethics Policy, Project Stabilization Agreement [PSA], and Prevailing Wage violations of the Labor Compliance Program, including failure to submit required agreement forms and/or provide certified payrolls. (**The penalty period will be assigned at the time of determination.**))

**\* EXCEPTION: If the current Prequalification expires after the bid has been submitted, and before the contract is awarded, the contract may be awarded providing the contractor has met all contract requirements.**

**E. MEETING AND APPEALS PROCESS FOR DISQUALIFICATION OF PREQUALIFIED STATUS**

Prior to disqualification from the prequalification program, FCC will issue a Letter of Concern stating the discovered issues, which may lead to disqualification. Contractors may request a Prequalification Administrative Review with authorized personnel from the District's Facilities Services Division. Prior to the meeting the Contractor will be given the method for scoring the questionnaire and the reasons for concern. **Requests for a Prequalification Administrative Review may be submitted in writing from the prospective bidder to the FCC office within five (5) working days from receipt of the Letter of Concern. Prequalification approval will not be restored without a favorable ruling following the Prequalification Administrative Review.**

Following a Prequalification Administrative Review, if the applicant is dissatisfied with the final decision, a written appeal may be submitted to the Director of Facilities Contracts. **This written appeal must be requested within ten (10) working days following the Prequalification Administrative Review referenced above.** The Director will appoint a senior Department officer to investigate the appeal. This officer will be independent of the prequalification decision process, will investigate the appeal, and make a recommendation to the Director, whose decision will be final.

**F. RENEWAL OF PREQUALIFICATION**

1. Prequalification renewal is done yearly.
2. It is the responsibility of each prequalified Contractor to submit a Prequalification Questionnaire at least forty-five (45) days prior to expiration of the one-year period so that prequalification status does not lapse.

► **NOTE: WHEN ARROW AT LEFT IS INSERTED, IT INDICATES ADDITIONAL INFORMATION MUST BE ATTACHED**

# Los Angeles Unified School District

## CONTRACTOR'S PREQUALIFICATION FORM

**PART I: GENERAL INFORMATION**

Name of Firm: \_\_\_\_\_  
*(Name must be registered with the Contractors State License Board)*

▶ Doing Business As (d.b.a.): \_\_\_\_\_  
*(Please attach copy of the Fictitious Name Statement filed when applying for Doing Business As (d.b.a.) status)*

▶ Has your firm changed its name or license number within the past five (5) years? No  Yes   
 If yes, please submit a separate sheet with information of former name and license number and the reason for the name and/or license change

Length of time in Business in California: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone No: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Contact Person: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

- ▶ Has your business license ever been revoked? No  Yes   
**If yes, please submit a separate sheet with information of the date and the reason for the revocation of the license.**
- ▶ Has your business ever filed for bankruptcy or is your firm currently the debtor in a bankruptcy case? No  Yes   
**If yes, please submit a copy of the bankruptcy petition showing the case number, date filed, and copy of Court's discharge order, or if no discharge issued, other document that ended the case.**
- ▶ Has your company ever paid liquidated damages at the completion of a construction contract? No  Yes   
**If yes, please submit a separate signed page, identifying all such projects by owner, owner's address, the date of completion of project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.**

Contractors State License Number	License Class	Expiration Date	Name of Responsible Managing Officer (RMO) Name of Responsible Managing Executive (RME)

- ▶ **Organization Type (please check the appropriate box) (attach a NOTARIZED list of signatures for those AUTHORIZED to sign on behalf of the company):**
  - Sole Proprietorship / Sole Owner
  - Partnership
  - Corporation (attach a copy of the Articles of Incorporation or the Minutes of the Corporation to verify officers, AND a NOTARIZED list of officers with their signatures)
  - Joint Venture (contact **Facilities Construction Contracts** for special instructions)

▶ **Owners/Partners:** \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Name)  
 \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Name)

▶ **Officers of the Corporation (attach a copy of the Articles of Incorporation or the Minutes of the Corporation to verify officers, AND a NOTARIZED list of officers with their signatures):**  
 President: \_\_\_\_\_ Vice-President: \_\_\_\_\_  
 Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

- ▶ Is the company, the owner(s), officers, responsible managing officer (RMO) or responsible managing executive (RME) connected with other companies as a subsidiary, parent, holding or affiliate? No  Yes  **If yes, please explain on a separate signed sheet. Include information about other firms if one firm owns 50% or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.**

**Small Business Enterprise Information**

For statistical information and to comply with the Board of Education of the City of Los Angeles' adopted (25%) participation goal for Small Business Enterprise (SBE), per contract, of the overall dollar amount of funds allocated to the school construction and modernization program, please provide the following information: Is your firm certified by a public works agency as (Please check the appropriate box/es:) **Small Business Enterprise** , or **Disabled Veterans Business Enterprise** ?

▶ (Certifying Agency) \_\_\_\_\_

What was the total amount of construction work your firm has completed within the past two (2) calendar years?

Year \_\_\_\_\_ number of contracts \_\_\_\_\_ for a total value of \$ \_\_\_\_\_

Year \_\_\_\_\_ number of contracts \_\_\_\_\_ for a total value of \$ \_\_\_\_\_

What was the largest single construction contract your firm has completed for each of the past two (2) calendar years?

Year \_\_\_\_\_ for a total value of \$ \_\_\_\_\_ Profit Margin \$ \_\_\_\_\_

Year \_\_\_\_\_ for a total value of \$ \_\_\_\_\_ Profit Margin \$ \_\_\_\_\_

**BUSINESS RELATIONSHIPS**

**Bonding:**

Present Surety Company's Name: \_\_\_\_\_ A.M. Best Rating \_\_\_\_\_

Agent's Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

► ***(Please attach an ORIGINAL, SIGNED letter of bondability from your current surety company indicating limits for a single contract and aggregate. A letter from your insurance agent or broker, without Power of Attorney documentation IS NOT ACCEPTABLE.)***

If applicable, indicate the information of your prior surety company:

Prior Surety Company's Name: \_\_\_\_\_ A.M. Best Rating \_\_\_\_\_

Agent's Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

What was the largest single bond issued for a public works contract performed by your firm in the past two (2) calendar years?

Year \_\_\_\_\_ Bonding Company \_\_\_\_\_ for the amount of \$ \_\_\_\_\_

Year \_\_\_\_\_ Bonding Company \_\_\_\_\_ for the amount of \$ \_\_\_\_\_

What was the largest aggregate amount of bonds issued on construction contracts performed by your firm in the past two (2) calendar years?

Year \_\_\_\_\_ for the aggregate amount of \$ \_\_\_\_\_

Year \_\_\_\_\_ for the aggregate amount of \$ \_\_\_\_\_

**Insurance Coverage:**

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Broker/Agency: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

► ***Please attach an ORIGINAL certificate of Insurance as evidence of LIABILITY INSURANCE coverage of at least \$1,000,000 per occurrence / \$2,000,000 aggregate with a California-admitted insurance company (naming Los Angeles Unified School District as Additionally Insured) to cover all activities of the bidder's firm other than LAUSD projects.***

**Financial:**

Name of Bank/Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Manager's Name: \_\_\_\_\_

Account Manager's Phone Number: \_\_\_\_\_

► ***(Please attach an ORIGINAL, SIGNED letter from your bank on the bank's letterhead stationery confirming your relationship, credit and banking history. See sample of requested format on Page 13 of this questionnaire. )***

## **PART II: GENERAL QUALIFICATIONS**

Prospective bidders must check the appropriate responses to the following Questions # 1-12. False statements or omissions may lead to debarment proceedings, will disqualify bidder from pre-qualifying, and may lead to termination of existing contracts with the District. A “Yes” response to any question may result in disqualification and a Prequalification Administrative Review may be held to determine if further action is to be taken. Further action may result in a six (6) month or one (1) year moratorium being imposed before the bidder may reapply, or if serious enough, may lead to debarment proceedings and/or result in your firm’s failure to prequalify to bid on any District public works contract. Prequalification approval will not be restored without a favorable ruling following the Prequalification Administrative Review.

- |   | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|---|--------------------------|--------------------------|
| 1. Has the company, owner(s), officers, responsible managing officer (RMO) or responsible managing executive (RME) <b>ever</b> been convicted of a felony offense?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your firm or any firm with which any of your company’s owner(s), officers, RMO or RME was associated, been disqualified, removed, or otherwise declared in material breach or default of any public works contract by a public agency or debarred from participating in bidding for any public works contracts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have there been <b>any</b> criminal proceedings filed in which the company, owner(s), officers, RMO or RME was and/or is named as a defendant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your company filed three (3) or more “Requests to be Released” from bid on District public works contracts within the 36-month period immediately preceding the time-stamped submission date of this questionnaire, or during the prequalification review?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your company received three (3) or more “Non-responsive Notices” on District public works contracts within the 36-month period immediately preceding the time-stamped submission date of this questionnaire, or during the prequalification review?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your company <b>ever</b> been awarded a public works contract in which you “failed to execute” a contract? <b>Note:</b> “Failure to Execute” would apply if the prospective bidder has committed any one of the following: (1) Refusal to pick up, sign, and/or return contract documents; (2) Inability to obtain insurance and/or bond requirements; or (3) Failure to submit required agreement forms (e.g., Project Stabilization Agreement, Prevailing Wages) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the past 36-month period immediately preceding the time-stamped submission date of this questionnaire, has your company been involved in 5 or more of any combination of the following: lawsuits; penalty hearings; arbitrations; writ proceedings; and/or or claims determined to be unfounded or without merit?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the past 36-month period immediately preceding the time-stamped submission date of this questionnaire, has your company received 5 or more citations for non-compliance with the Prevailing Wage requirements or a project labor agreement?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has your company ever received any citations from the California State Contractors Board (CSLB) for violation of California State License Law dealing with unlicensed contractors, beginning with Section 7000, Division 3?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Within the past 36-month period immediately preceding the time-stamped submission date of this questionnaire, has your company filed five (5) or more Requests for Substitution of Listed Subcontractors that were denied?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any performance bond surety <u>ever</u> had to complete or arrange for completion (take-over) of any contract originally awarded to your company?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Within the past 36-month period immediately preceding the time-stamped submission date of this questionnaire, has your company ever had a contract terminated for cause and/or ever have had your rights to proceed under a contract terminated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>► <b>Please list and explain any “Yes” responses with a written evaluation of the details, including names of owners (firms and individuals) of the projects involved, dates of filings, project and contract numbers, court dates and identifying file numbers, and any other information necessary.</b></p>  |                          |                          |

# Los Angeles Unified School District

## Part III: CONTRACTOR REFERENCES

Please provide current information on this form for **private sector** experience, and for each public works project referenced submit the completed CONTRACTOR PERFORMANCE EVALUATION FORMS (see Pages 8-9), as well as the SAFETY EVALUATION FORMS (see Pages 10-11). **One (1) of the contracts MUST be a new construction contract of \$7 million or larger**, as the general/prime Contractor within the last 36-month period immediately preceding the time-stamped submission date of this questionnaire:

Name of Construction Firm: \_\_\_\_\_

Name the three (3) largest single construction contracts your firm has completed as a general/prime contractor within the 36-month period immediately preceding the time stamped submission date of this questionnaire:

Contract # 1 \_\_\_\_\_ Completed: Mo/Yr \_\_\_\_\_ for a total value of \$ \_\_\_\_\_

Owner's Agent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subcontractor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Material/Supplier's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Was this project New Construction? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of project \_\_\_\_\_

Contract # 2 \_\_\_\_\_ Completed: Mo/Yr \_\_\_\_\_ for a total value of \$ \_\_\_\_\_

Owner's Agent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subcontractor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Material/Supplier's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Was this project New Construction? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of project \_\_\_\_\_

Contract # 3 \_\_\_\_\_ Completed: Mo/Yr \_\_\_\_\_ for a total value of \$ \_\_\_\_\_

Owner's Agent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subcontractor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Material/Supplier's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Was this project New Construction? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of project \_\_\_\_\_

### *This Section For District Use Only:*

Contract # 1: Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Contract # 2: Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Contract # 3: Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

# Los Angeles Unified School District

## CONTRACTOR PERFORMANCE EVALUATION FORM

<i>Contractor Information</i>	
Name of Construction Firm: _____	<b>CONTRACTORS: Complete the Contractor Information section and have the non-LAUSD owners complete the other sections. LAUSD staff is responsible for completing evaluations for District projects.</b>
Name of Contact Person: _____	
Project Name (School Site): _____	
Check the box next to the description that best describes your project:	
<input type="checkbox"/> new construction	<input type="checkbox"/> a renovation of an existing facility
<input type="checkbox"/> structural rehabilitation of a structure	<input type="checkbox"/> an addition to an existing facility
<input type="checkbox"/> specialty (specify) _____	<input type="checkbox"/> a remodel of an existing facility
Contract Number _____	Project Number _____
Amount of Contract \$ _____	Date Completed _____

**INSTRUCTIONS**

*For each of the following questions the designated rater shall score the contractor on a scale of "0" to "10" with a score of "10" being the highest score or shall represent no compliance deficiencies. A score of "0" shall be the lowest score or shall represent complete non-compliance on matters of which you are aware. To pre-qualify, a contractor must have a total prequalification contractor evaluation score of 140 or greater. For LAUSD evaluated contracts, if the score on this evaluation equals less than 140 points, each question scored "7" or less shall be documented by written justification for the low mark and the documentation shall be attached to the evaluation.*

**PLEASE BE AWARE - LACK OF DOCUMENTATION WILL RESTORE FULL POINT SCORES.**

**QUESTIONS 1 THROUGH 9 ARE TO BE COMPLETED BY THE OWNER'S AUTHORIZED REPRESENTATIVE**

- |   |              |
|---|--------------|
| 1. For this contract, did this contractor file claims or request change orders that were unfounded, or without merit?   | (0-10) _____ |
| 2. For this contract, was this contractor assessed penalties for prevailing wage violations or did the contractor have the processing of invoices delayed for failure to submit certified payrolls? | (0-10) _____ |
| 3. For this contract, was this contractor assessed liquidated damages?  | (0-10) _____ |
| 4. For this contract, did this contractor produce a quality of work, which met the requirements in the Contract Documents?  | (0-10) _____ |
| 5. For this contract, was this contractor reasonable with dealings concerning change orders to include timely submissions of proposals and substantiated costs?                                     | (0-10) _____ |
| 6. For this contract, did this contractor do everything reasonably possible to expedite the submission and processing of change orders?   | (0-10) _____ |
| 7. For this contract, was this contractor reasonable in his dealings with the end user, therefore minimizing the impacts on day-to-day operations during construction?                              | (0-10) _____ |
| 8. For this contract, did this contractor maintain an adequate staff, equipment, and proper supervision?  | (0-10) _____ |
| 9. For this contract, did this contractor attempt to substitute a LISTED Subcontractor to perform work without owner's authorization?   | (0-10) _____ |

**OWNER'S AUTHORIZED REPRESENTATIVE CERTIFICATION**

I understand that the LAUSD has a legitimate interest in the contractor's ability to perform work on public works projects. This reference is to be used solely for the LAUSD prequalification process for public works projects pursuant to California Public Contract Code 20111.5 and as such shall be considered confidential information. I certify that the following evaluation is truthful, made without malice and based on evaluations of the contractor pursuant to California Civil Code 47, subd. (c).

Print Name	Title/Position	
Company/Section/Division		
Signature	Date	Phone Number

**CONTRACTOR EVALUATION FORM**  
(Page 1 of 2)

Name of Construction Firm:

Project Name (School Site)/Contract or Project #:

**QUESTIONS 10 THROUGH 14 ARE TO BE COMPLETED BY THE INSPECTOR OF RECORD**

- 10. For this contract, did this contractor produce a quality of work, which met the requirements in the Contract Documents? (0-10) \_\_\_\_\_
- 11. For this contract, did this contractor do everything reasonably possible to expedite the submission and processing of change orders? (0-10) \_\_\_\_\_
- 12. For this contract, were all punch list items minor, corrective in nature, and able to be completed within the Administrative Close-out period? (0-10) \_\_\_\_\_
- 13. For this contract, did this contractor and its subcontractors demonstrate that they understood their obligations under Title 24 of the California Code of Regulations? (0-10) \_\_\_\_\_
- 14. For this contract, did this contractor do everything reasonable to complete the project on time? (0-10) \_\_\_\_\_

**INSPECTOR OF RECORD CERTIFICATION**

I understand that the LAUSD has a legitimate interest in the contractor's ability to perform work on public works projects. This reference is to be used solely for the LAUSD prequalification process for public works projects pursuant to California Public Contract Code 20111.5 and as such shall be considered confidential information. I certify that the following evaluation is truthful, made without malice and based on evaluations of the contractor pursuant to California Civil Code 47, subd. (c).

\_\_\_\_\_  
 Print Name Title/Position

\_\_\_\_\_  
 Company/Section/Division

\_\_\_\_\_  
 Signature Date Phone Number

**QUESTIONS 15 THROUGH 18 ARE TO BE COMPLETED BY THE END USER**

- 15. For this contract, did the contractor maintain an adequate staff, equipment, and project supervision? (0-10) \_\_\_\_\_
- 16. For this contract, did this contractor produce a high quality of work? (0-10) \_\_\_\_\_
- 17. For this contract, was this contractor reasonable in his dealings with the end user? (0-10) \_\_\_\_\_
- 18. For this contract, was this contractor reasonable in minimizing the impacts on day-to-day operations? (0-10) \_\_\_\_\_

**END USER CERTIFICATION**

I understand that the LAUSD has a legitimate interest in the contractor's ability to perform work on public works projects. This reference is to be used solely for the LAUSD prequalification process for public works projects pursuant to California Public Contract Code 20111.5 and as such shall be considered confidential information. I certify that the following evaluation is truthful, made without malice and based on evaluations of the contractor pursuant to California Civil Code 47, subd. (c).

\_\_\_\_\_  
 Print Name Title/Position

\_\_\_\_\_  
 Company/Section/Division

\_\_\_\_\_  
 Signature Date Phone Number

**TOTAL PRE-QUALIFICATION CONTRACTOR EVALUATION SCORE. \_\_\_\_\_**

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
PUBLIC WORKS SAFETY REFERENCE FORM**

**THIS SECTION IS TO BE COMPLETED BY THE CONTRACTOR:**

Name of Construction Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Project Name (School Site): \_\_\_\_\_

Check the box next to the description that best describes your project:

- |   |   |
|---|---|
| <input type="checkbox"/> New construction                                   | <input type="checkbox"/> A renovation of an existing facility |
| <input type="checkbox"/> Structural rehabilitation of an existing structure | <input type="checkbox"/> An addition to an existing facility  |
| <input type="checkbox"/> Specialty (specify): _____                         | <input type="checkbox"/> A remodel of an existing facility    |

Contract Number \_\_\_\_\_ Project Number \_\_\_\_\_

Amount of Contract \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

***INTENT AND PURPOSE:***

*The intent and purpose of this form is to provide LAUSD Facilities Construction Contracts Unit with information necessary to adequately consider a Contractor's historical safety and loss prevention efforts on public works projects and make an informed determination of the Contractor's eligibility to bid future LAUSD projects. While there is a Safety Prequalification performed on contractors, it does not (and cannot) fully encompass the actual experiences of public works projects with school staff, employees, and agents in their dealings with the Contractor nor does it reflect each occurrence on a given project. Your input is a vital and necessary component of the Prequalification process and your prompt cooperation with this request is appreciated.*

The following section is to be completed by the Inspector, Project Manager, Owner's Authorized Representative, Site Administrator, OEH&S, ATU, and/or Public Agency Representative associated with the project.

**The Contractor must not complete this section.**

**INSTRUCTIONS:**

Please consider the following statements and phrases, taking into account your experience with this Contractor on this project, and answer each question with a "Y" (yes), "N" (no) or "NA" (not applicable). If you deem yourself unqualified to answer or do not have sufficient information to answer a particular question or if the question does not apply, please enter "NA."

For the purpose of this evaluation, the term "Contractor" shall include the employees and actions of the Contractor itself, as well as the employees and actions of all Subcontractors, vendors, suppliers, delivery service personnel, and service providers operating for the benefit of the Contractor on this project.

*Please substantiate any "NO" answers with documentation such as meeting minutes, conversation records, photographs, e-mails, telephone records, written notices, incident reports, letters, etc. and submit documentation with this form to Facilities Construction Contracts.*

*Please be aware - lack of documentation will nullify negative responses.*

**DURING THE COURSE OF THIS PROJECT:**

Answer

- |  |  |
|--|--|
| 1. Was this Contractor able to avoid any unexpected disruption or halting of normal school activities due to a safety hazard or unsafe conditions encountered on the site?   |  |
| 2. Did this Contractor take all adequate precautions with any hazardous materials and clean up all hazardous materials and debris to alleviate any exposure to students, staff, faculty or the general public?   |  |
| 3. Did this Contractor properly report all injuries or damage occurring on this project?   |  |
| 4. Did this Contractor provide adequate supervision including an on-site individual responsible for safety, take adequate safety precautions, and respond quickly when public safety issues were identified to guarantee safe conditions for students, staff, faculty, and the general public? |  |

5. Did this Contractor set up and maintain effective barriers and barricades to separate students, staff, faculty, and the general public from the construction activity including adequate, safe access and exit routes?	
6. Was the Contractor's overall performance on this project regarding the safety of students, staff, faculty, the general public, and the owner's property acceptable?	

**SCORING INSTRUCTIONS:**

The evaluator must answer each question with "yes" or "no" in the appropriate box. **Please substantiate your "NO" answers with documentation such as meeting minutes, conversation records, photographs, emails, telephone records, written notices, incident reports, letters, etc. and submit the documentation with this form to Facilities Construction Contracts. Lack of documentation will nullify any negative response.** If two (2) or more documented "no" answers are received, the Contractor will fail the Safety portion and will be subject to a review from a panel of appointed District staff. Upon the final decision of failure, the Contractor will not be prequalified and/or will lose their prequalified status.

I certify under penalty of perjury that this evaluation is truthful, and made without malice.

Print Name: \_\_\_\_\_ Title / Position: \_\_\_\_\_

Company/Section/Division: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**LAUSD** Inspectors,  
Project Managers,  
Construction Managers,  
Owner's Authorized  
Representatives,  
Site Administrators,  
OEH&S,  
ATU

**COMPLETE ONLY THE FORMS SUBMITTED TO YOU BY THE FCC OFFICE.**

Please complete all necessary information on appropriate Public Works Safety Reference Form(s) and submit to the FCC Office no later than the deadline indicated on the FCC transmittal form (e.g., seven (7) days from receipt).

**Public Agencies (other than LAUSD)** Inspectors, Project Managers, Construction Managers and/or other Public Agency Representatives

Please complete all necessary information on the Public Works Safety Reference Form(s). Where appropriate, substitute "Owner and its employees/agents" for "students, staff and faculty" and "Owner" for "LAUSD" and "school". Please return to the Contractor associated with the project. Please expedite these forms, as the COMPLETED forms must be included in the Prequalification package when submitted to the Facilities Construction Contracts (FCC) office.

## CERTIFICATE OF ACCOUNTANT

---

### For an Audit of a Financial Statement Complete this Certificate

State of \_\_\_\_\_

We have examined the Financial Statement of \_\_\_\_\_ as of \_\_\_\_\_.

Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and other such auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statement included on pages \_\_\_\_\_ to \_\_\_\_\_ inclusive, sets forth fairly the financial condition of \_\_\_\_\_ as of \_\_\_\_\_, in conformity with general accepted accounting principles.

\_\_\_\_\_  
(Print Name of Firm)

\_\_\_\_\_  
(Accountant must sign here)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(License No.)

---

### For a Review Only of a Financial Statement Complete this Certificate

(I, we) have reviewed the accompanying financial statement of \_\_\_\_\_

as of \_\_\_\_\_. The information included in the financial statement is the representation of the management of the above firm.

Based on (our/my) review, with the exception of the matter(s) described in the following paragraph(s), (I/we) (am/are) not aware of any material modifications that should be made to the accompanying financial statement in order for them to be in conformity with generally accepted accounting principles.

**NOTE: THIS REVIEW CONSISTS PRIMARILY OF INQUIRIES OF MANAGEMENT AND APPROPRIATE ANALYTICAL PROCEDURES APPLIED TO THIS FINANCIAL DATA. IT IS SUBSTANTIALLY LESS IN SCOPE THAN AN EXAMINATION IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS, THE OBJECTIVE OF WHICH IS THE EXPRESSION OF AN OPINION REGARDING THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, WE HAVE NOT EXPRESSED SUCH AN OPINION.**

\_\_\_\_\_  
(Print Name of Firm)

\_\_\_\_\_  
(Accountant must sign here)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(License No.)

#### **SPECIAL NOTE TO ACCOUNTANT:**

The above Certificate of Accountant shall not be made by any individual who is in the regular employ of the sole owner, partnership, or corporation submitting the statement nor by any individual who is a member of the firm submitting these documents with more than a 10 per cent financial interest.

**SAMPLE BANK LETTER**  
**NOTE: THIS IS NOT A FORM**  
 Shown only for reference purposes

TO: Los Angeles Unified School District  
 Facilities Construction Contracts  
 1545 Wilshire Blvd., Suite 100  
 Los Angeles, CA 90017  
 Attn: Prequalification

DATE: \_\_\_\_\_

SUBJECT: ACCOUNT VERIFICATION

RE:

SAMPLE

TO WHOM IT MAY CONCERN:

The above named customer's records indicate the following:

**Account Name:** \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance as of \_\_\_\_\_ \$ \_\_\_\_\_

Three Month average Balance: \_\_\_\_\_ \$ \_\_\_\_\_

Under Board Rules of the Board of Education pertaining to the construction, alteration and maintenance of School District Facilities, we certify that the above Contractor has been extended an unqualified line of credit not to exceed \$ \_\_\_\_\_, and that such credit will not be withdrawn or reduced without 30 days written notice to the District.

**It is understood that this General Statement of Bank Credit is to be used by the District solely for determining the financial resources of the sole Contractor during the term of his prequalification with the District.**

Amount Currently Available On line of Credit: \$ \_\_\_\_\_

NAME OF BANK	BANK NO. CODE	TELEPHONE
ADDRESS	CITY	STATE
VERIFIED BY	TYPE/PRINT NAME AND TITLE	

# Los Angeles Unified School District

## Contractor Safety Prequalification Requirements

The **Contractor Safety Prequalification Questionnaire** has been developed to evaluate each Contractor's overall safety performance.

### Safety Prequalification Requirements

- A. By submitting this Prequalification Questionnaire to the Los Angeles Unified School District (LAUSD), Contractor requests that it be prequalified to perform work for the District for a period of **one (1) year**.
- B. Submittal of this questionnaire specifically authorizes the District to investigate, or cause investigation of, any and all statements made in this questionnaire and to use the information obtained in such investigation in reviewing and scoring the responses in this questionnaire.
- C. **Prior to** entering into a contract with that Subcontractor **PrimeContractors must safety prequalify all tiers of subcontractors**, using the LAUSD Contractor's Safety Prequalification Questionnaire.
- D. LAUSD OCIP provides Workers Compensation coverage **only** for work on the particular LAUSD project, therefore, Workers Compensation insurance coverage covering all employees and operations of your firm is required. Contractors and all tiers of subcontractors must maintain an Experience Modification Rate (EMR) of no higher than 1.50 (For clarification, please see chart on page 20). **It is the responsibility of the Contractor to ensure that they and their Subcontractors of every tier meet the Safety Prequalification requirements, including an Experience Modification Rate (EMR) of no higher than 1.50. As directed in CA State Assembly Bill 14, Chapter 899, Section 1, Article 60.3, Section 20919.4 (c) (1) (E) (i), Job Order Contracting requires an acceptable safety record. There is no difference in the requirement for JOC bidding. Therefore, if you receive prequalification approval, you are also approved to bid JOCs, within the approved limit.**
- E. An EMR of over 1.50 is an automatic Safety Disqualification. However, prior to a disqualification the District will issue a Letter of Concern indicating the reasons, and may require a Prequalification Administrative Review to discuss the details of why the contractor failed to meet the requirements of the Safety Prequalification. The contractor may be disqualified from bidding on all District contracts, and that prime contractor and all tiers of his subcontractors may be removed from work currently being performed for the District.
- F. If a Contractor fails to meet the District's Safety Prequalification requirement, then they will not be allowed to bid on or be awarded District public works construction projects.

### Ongoing Enrollment

- A. Prequalification enrollment is ongoing.
- B. If for any reason a Contractor fails to meet the safety requirements, a waiting period will be imposed before the Contractor can reapply.

### Prequalification of Bidders

- A. Contractors are required to answer all questions contained in the Contractor Prequalification questionnaires.
- B. Questions regarding the Contractor Safety Prequalification Questionnaire may be directed to the **LAUSD Facilities Construction Contracts (FCC) office @ 213-207-2300 and then press 4 for the Prequalification Unit. You may submit the Safety Questionnaire to the FCC office via FAX (213) 483-9643 or 483-9644 or you may mail it to: Facilities Construction Contracts, 1545 Wilshire Blvd., Suite 100, Los Angeles, CA 90017.**
- C. Contractors shall certify by their signature that the information contained within these pages is true and correct to the best of their knowledge and that no attempt has been made to purposely give any false, omissive, or misleading information.
- D. The District reserves the right to request any and all documentation necessary to substantiate the Safety Prequalification Questionnaire submissions of the Contractor and of all tiers of Subcontractors used by this Contractor.
- E. The District will apply a uniform system to determine eligibility for bidding based on the Contractor Safety Prequalification Questionnaire.
- F. The questionnaire is not public record and will not be open to public inspection.

### Life of Safety Prequalification

- A. Safety Prequalification approval is valid for one (1) year beginning on the first day as indicated on the **NOTICE OF PREQUALIFICATION APPROVAL**.
- B. Contractor records will be retained for a period of eighteen months after which time they may be destroyed.

### Removal From Safety Prequalification List

- A. Contractors may be removed from the District's List of Safety Prequalified Contractors for any of the following:
  1. Failure to comply with the LAUSD Safety Standards, California Code of Regulations Title 8, and other referenced regulations.
  2. Submission of an inaccurate, false, or misleading Contractor Safety Prequalification Questionnaire.
  3. Failure to have an effective, written Injury and Illness Prevention Program (IIPP) and effective, written safety policies and procedures in place.
  4. Failure to respond to safety noncompliance items noted on LAUSD Loss Control Surveys.
  5. Contractor's failure to Safety Prequalify all tiers of Subcontractors.
  6. Adverse claims and/or insurance history of the Contractor or Subcontractors used by this Contractor.
  7. Failure to provide any documentation as requested.
- B. A waiting period will be imposed by LAUSD before a Contractor can reapply for prequalification.

# Los Angeles Unified School District

## SAFETY QUESTIONNAIRE

**CONTRACTORS:** Submit the completed Questionnaire to LAUSD's Facilities Construction Contracts (FCC) office.

**SUBCONTRACTORS:** Submit the completed Questionnaire to your Contractor for evaluation.

Date \_\_\_\_\_

Contractor's State License \_\_\_\_\_ Federal EIN / ID # \_\_\_\_\_

Company Name: \_\_\_\_\_ LAUSD FCC Vendor Code # \_\_\_\_\_  
**(Must be the same as shown on the CSLB License)**

Street Address: \_\_\_\_\_  
**(PHYSICAL STREET ADDRESS ONLY – P.O. BOX IS NOT ACCEPTABLE)**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Tele: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For statistical information and to comply with **the Board of Education of the City of Los Angeles' adopted (25%) participation goal for Small Business Enterprise (SBE)**, per contract, of the overall dollar amount of funds allocated to the school construction and modernization program, please provide the following information:

Is your firm certified by a public works agency as **(Please check the appropriate box/es):**  
Small Business Enterprise , or Disabled Veterans Business Enterprise ?

► (Certifying Agency) \_\_\_\_\_  
**(PLEASE Attach a copy of your Certification from the certifying agency)**

Indicate the percentage of Contract Work your company will self-perform. \_\_\_\_\_%

**A. Workers Compensation Insurance - Experience Modification Rate (EMR)**

- Please obtain from your insurance agent/broker/carrier your intrastate EMRs for the last three rating periods. If you do not have an intrastate rating, obtain your interstate EMRs. Then, complete the following data and check the appropriate box for interstate or intrastate EMR.

	<u>Policy Year</u>	<u>Modification Rate</u>	<u>Rating Type</u>
Current EMR	_____	_____	[ ] Intrastate
1 year ago	_____	_____	[ ] Interstate
2 years ago	_____	_____	

By initialing here, I certify that this firm does not have an EMR\*. \_\_\_\_\_

\* *You must submit a copy of your firm's Loss Runs for the last three years if your firm does not have an EMR.*

Is your firm self-insured for Workers Compensation Claims? [ ] Yes\* [ ] No

\* *If yes, please attach a copy of the latest Annual Report to the State of California Dept. of Industrial Relations and/or State of California Certificate of Self-Insurance.*

2. Anniversary Rating Date: \_\_\_\_\_ Rating Bureau File # \_\_\_\_\_

3. Name of your firm's Workers' Compensation carrier \_\_\_\_\_

**B. OSHA/Lost Workday Incidence Rates**

To answer the following questions, utilize data obtained from your firm’s OSHA 300 “Log and Summary of Occupational Injuries and Illnesses”, or Workers’ Compensation Loss Run (if your company has 10 or fewer employees).

**ALL FIRMS HAVE DATA TO REPORT, AND MUST COMPLETE THIS SECTION!**

1. Industry Comparison Information. Enter either your SIC or NAICS Code below:

Standard Industry Classification (SIC) Code \_\_\_\_\_

North American Industry Classification System (NAICS) Code \_\_\_\_\_

2. What is your company-wide OSHA Total Case Incidence Rate\* (recordable cases) for the last three years?

	# of Cases	Co. Hours****	Rate
<b>2005</b>			
<b>2004</b>			
<b>2003</b>			

3. What is your company-wide Lost Workday Case Incidence Rate\*\* (recordable cases with lost workdays or restricted duty) for the last three years?

	# of Cases	Co. Hours****	Rate
<b>2005</b>			
<b>2004</b>			
<b>2003</b>			

4. What is your company-wide number of No Lost Workday Case Incidence Rate\*\*\* (recordable cases without lost workdays) for the last three years?

	# of Cases	Co. Hours****	Rate
<b>2005</b>			
<b>2004</b>			
<b>2003</b>			

Information to aid in completing Section B, #2, 3 and 4:

\* OSHA Total Case Incidence Rate =  $\frac{\text{Total \# of Recordable Cases} \times 200,000}{\text{Company Man-hours}}$

\*\* Lost Workday Case Incidence Rate =  $\frac{\# \text{ of Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

\*\*\* No Lost Workday Case Incidence Rate =  $\frac{\# \text{ of No Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

\*\*\*\* Co. Hours = Hours worked by all employees on the Company payroll in the applicable calendar year.

- Additional information regarding this section can be found in the LAUSD Safety Resource Guide
- Do not use the number of lost workdays in these three calculations.
- Rates are not a “%”, nor should the number be similar to “0.00024”.
- To verify your calculations for a given year; check you math as follows:  
Lost Workday Case Rate + No Lost Workday Case Rate = Total Case Incidence Rate

### C. OSHA Citation (Violation) History

Has your company received any “serious”, “willful”, “repeat”, or “failure to abate” OSHA violations (citations) within the past sixty (60) months, beginning immediately prior to submittal of this Questionnaire? This question includes such citations if they have been appealed or contested, but have not yet been resolved. If yes, check “yes” below and submit copies of all citations and descriptions of abatement actions, your company Injury and Illness Prevention Program and Code of Safe Practices, **and** your OSHA 300 Log and Summaries for each of the last three years.

- [ ] Yes      *If yes, list total number of citations (violations) by type per year in the table below.*  
 [ ] No

Year	Serious	Willful	Repeat	Failure to Abate	Total
2005					
2004					
2003					
2002					
2001					
2000					

### D. Safety Policies and Procedures (18 Questions)

#	Question	YES	NO	Points
1.	<u>Injury and Illness Prevention Program.</u> Does your company have an effective, written Injury and Illness Prevention Program (IIPP) in accordance with 8CCR §1509 & §3203? [LC §6401.7]	<input type="checkbox"/>	<input type="checkbox"/>	20
2.	Does your company have a safety policy statement endorsed by top management? [LC §6401]	<input type="checkbox"/>	<input type="checkbox"/>	2
3.	Does your on-site safety representative have sufficient authority to implement changes and implement corrective action? [LC §6401.7(a)(7)]	<input type="checkbox"/>	<input type="checkbox"/>	2
4.	Does your company have a disciplinary action program that includes provisions for acting on safety and health issues of your employees (and subcontractors, if applicable), and is the program enforced? [LC §6401.7(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	2
5.	Does your company have a safety incentive program effective in reducing occupational injuries and illnesses? [8 CCR §3203(a)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	2
6.	Do your company safety and health policies, procedures, and subcontract agreements address minimum safety requirements in accordance with OSHA and Owner requirements for suppliers, and vendors and subcontractors? [LC §6401.7(h)]	<input type="checkbox"/>	<input type="checkbox"/>	4
7.	Does your company have a comprehensive Hazard Communication Program that (a) details locations for Material Safety Data Sheets (MSDS) and (b) contains provisions for multi-employer job sites? [8 CCR §5194]	<input type="checkbox"/>	<input type="checkbox"/>	10
8.	Do you conduct ongoing job site safety and health inspections, and are the inspection records kept on file and available for review? [LC §6401.7(A)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	12
9.	Are the inspection records and written evidence that safety and health concerns have been reviewed and corrective action taken maintained and available for review? [LC§6401.7(b) and (D)]	<input type="checkbox"/>	<input type="checkbox"/>	4
10.	<u>Safety Reviews/Hazard Analysis.</u> Are all critical (hazardous) job activities identified and Job Safety Analysis’ (JSA, a.k.a. Job Hazard Analysis, or JHA) conducted by your firm (and subcontractors, if applicable)? [LC§6401.7(A)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
11.	Are the procedures for critical (hazardous) job activities written and reviewed with all employees (including subcontractor employees)? [LC 6401.7(a)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
12.	<u>Accident/Incident Investigation and Analysis.</u> Does your company have a written accident/incident investigation procedure in which: (a) all accidents/incidents (including those of subcontractors, if applicable) are investigated to determine their root cause, and (b) corrective action is taken by site supervision and management, and (c) written investigation and corrective action records are available for review? [8CCR §3203(a)(5) and (b)]	<input type="checkbox"/>	<input type="checkbox"/>	6

#	Question	YES	NO	Points
13.	Are reports completed for “near miss” incidents that might have caused serious injury, property or equipment damage? [LC §6403(b)]	<input type="checkbox"/>	<input type="checkbox"/>	2
14.	<u>Emergency Response.</u> Does your company have a comprehensive written emergency response plan (i.e., fire, toxic spills, bomb threats, natural disasters, crowd and traffic control, and media relations) for job sites; and do all employees (including Subcontractor employees, if applicable) receive project-specific emergency response training? [8 CCR §3220(a) and (e)]	<input type="checkbox"/>	<input type="checkbox"/>	4
15.	<u>Substance Abuse Control Program.</u> Does your company have a written Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
16.	Do you require your subcontractors of all tiers to have a Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
17.	<u>Employee Training.</u> Does your company ensure that all employees (including subcontractor employees) are trained in accordance with your firm’s written training plan, and (a) are competent to perform the work required, and (b) that job tasks requiring specific training and/or certification are performed by employees having the appropriate training documentation and certificates, and the documentation is maintained and available for review? [LC §6401.7(c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	12
18.	Is documentation on file and available for review to verify that training and safety meetings for your firm (and Subcontractors, if applicable) have been completed? [LC §6401.7(c) and 8CCR §1509(e)]	<input type="checkbox"/>	<input type="checkbox"/>	10

**Contractor Certification Statement**

(Note: The District reserves the right to request any and all documentation necessary to verify responses submitted in Sections A, B, C, and D of this Safety Prequalification Questionnaire.)

I certify that the information contained herein is true and correct to the best of my knowledge and that no attempt has been made to give any false, omissive, or misleading information. I further certify that I shall comply with the safety prequalification for any and all Subcontractors my firm shall employ for any District project and I certify under penalty of perjury under the laws of the State of California that these Subcontractors meet the Safety standards and all other Los Angeles Unified School District requirements prior to contracting with them for use on any District project.

By:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Date Signed

# CONTRACTOR'S QUESTIONNAIRE

*(Contractor is required to complete this form)*

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_

I have read the Los Angeles Unified School District's (LAUSD) Contractor's Prequalification Questionnaire and know its contents.

## CHECK APPLICABLE INFORMATION:

I am  an Officer,  a partner,  a \_\_\_\_\_ of  
(State position or office held with your firm)

Firm's Name \_\_\_\_\_

and I certify under penalty of perjury under the laws of the State of California: (1) that I am authorized to make this verification for and on its behalf and I make this verification as one who is authorized to do so; (2) that the "prequalified" determination means only that I should be competent to bid on and perform a public works contract for LAUSD and that it does not mean anything else; and (3) matters stated in the foregoing document are true as a matter of my own knowledge except as to those matters which are based on information and/or belief, and as to those matters I believe them to be true.

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

**I declare under penalty of perjury of the laws of the State of California that all statements contained herein are true and accurate.**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

**PLEASE NOTE: The person affixing his/her signature herein MUST be among those submitted on a list, together with their NOTARIZED signatures, of all persons authorized to sign for the company.**

## Safety Prequalification Procedures and Scoring Instructions

**Background.** *The Safety Prequalification Questionnaire has been developed to evaluate each Contractor's overall safety performance. The Contractor must qualify in all four sections (Sections A, B, C, and D), as well as Sections E and F if they apply to the Contractor, to receive a Safety Prequalification. **Only Contractors that have a current Safety Prequalification can bid on or receive an award of a District project.***

**Contractors are required to safety pre-qualify all tiers of subcontractors using the Safety Prequalification Questionnaire and Scoring Instructions contained in these Safety Standards. Subcontractors must submit all required information to their Contractor for review. Contractors must maintain all related documentation for review upon request by LAUSD or OCIP Safety.**

**Section A.** Request the Contractor's Experience Modification Rate (EMR) for the last three rating periods. Ideally the EMR will show a downward trend. The 1993 reforms of the California workers' compensation insurance system require Cal/OSHA to identify California employers in high hazard industries with the highest incidence of preventable occupational injuries and illnesses in accordance with the California Labor Code §6314.1. Cal/OSHA utilizes experience modification data from the WCIRB to identify employers with EMRs at and above **1.25**, and targets these employers for inspections. Based on and in accordance with the California Labor Code, Cal/OSHA regulations, and mandated provisions of Government Code Section 4420.5, the following procedures shall apply:

<b>Current EMR</b>	<b>Action</b>
<b>Below 1.25</b>	<b><u>Qualified under Section A</u></b>
<b>1.25-1.50</b>	<p style="text-align: center;"><b><u>Qualification Pending</u></b></p> <p>Contractor must submit the following items to FCC Prequalification Safety for review:</p> <ol style="list-style-type: none"> <li>1. Contractor's written analysis of why the experience modification rate is high.</li> <li>2. Copy of Contractor's complete OSHA 300 Log and/or Workers Compensation Loss Runs for each of the past three years.</li> <li>3. A copy of Contractor's Illness and Injury Prevention Program and Code of Safe Practices.</li> <li>4. A description of any actions contractor is currently taking to reduce employee workplace injuries, illnesses and workers' compensation losses.</li> </ol> <p>Evaluate above information and answers to other sections of the Questionnaire.</p>
<b>Above 1.50</b>	<b>Subject to Disqualification Under Section A.</b> A waiting period will be imposed by LAUSD before the Contractor can reapply.
<b>No EMR</b>	Contractor must submit Loss Runs. Any one claim in excess of \$25,000 will result in the Contractor being Subject to Review Under Section A.

		<b>YES</b>	<b>NO</b>
1.	DOES CONTRACTOR'S WRITTEN ANALYSIS OF WHY THE EXPERIENCE MODIFICATION RATE IS HIGH CORRELATE TO THEIR LOSSES AS FOUND ON THE CONTRACTOR'S OSHA 300 LOGS AND/OR WORKERS' COMPENSATION LOSS RUNS?	[ ]	[ ]
2.	HAS THE CONTRACTOR SUBMITTED THEIR OSHA 300 LOGS AND/OR WORKERS' COMPENSATION LOSS RUNS FOR THE PAST THREE YEARS?	[ ]	[ ]
3.	HAS THE CONTRACTOR SUBMITTED AN INJURY AND ILLNESS PREVENTION PROGRAM ("IIPP") WHICH MEETS THE MINIMUM REQUIREMENTS OF 8CCR3203, AND A COPY OF THEIR CODE OF SAFE PRACTICES?	[ ]	[ ]
4.	DOES THE CONTRACTOR'S DESCRIPTION OF ACTIONS CURRENTLY BEING TAKEN TO REDUCE EMPLOYEE INJURIES, ILLNESSES, AND WORKERS' COMPENSATION LOSSES REFLECT CORRECTIVE ACTION FOCUSED ON THE TYPES AND CAUSES OF LOSSES FOUND ON THE CONTRACTOR'S OSHA 300 LOGS AND/OR WORKERS' COMPENSATION LOSS RUNS?	[ ]	[ ]

**If the Contractor has been requested to provide information as described above, the information will be evaluated as follows:**

- ❖ All items must receive a "yes" upon review of the submittal to fulfill the requirements of Section A.
- ❖ Contractors with 10 or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log but must provide copies of their workers' compensation insurance loss runs.

**Section B.** Contractors shall also be evaluated on OSHA incident rates compared to the most current data provided by the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor ("BLS"). Obtain the contractor's NAICS Code in Section B, #1 to compare the Contractor to the BLS incidence rates for that particular NAICS. Compare the Contractor's "Total Case" rate entered in Section B, #2 with the BLS rate shown in column (#2) **Total Cases**. Compare the contractor's "Lost Work Day Case" rate entered in Section B, question # 3 with the BLS rate shown in column (#3) **Lost Work Day Cases**. Contractor rates should not exceed 150% of the given BLS rate. Contractors with rates exceeding 150% of the BLS rates will be subject to review.

**Excerpt from the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor ("BLS")**

<b>Construction</b>	<b>#1 - NAICS code</b>	<b>#2 - Total Cases</b>	<b>#3 - Lost Workday Cases</b>	<b>#4 - No Lost Workday Cases</b>
All Construction		6.8	3.6	3.2
General Construction	23	6.8	3.6	3.2
Construction of buildings	236	5.7	3	2.7
Residential building construction	2361	5.3	3	2.3
Nonresidential building construction	2362	6.1	3.1	3
Heavy and civil engineering construction	237	6.5	3.5	3
Utility system construction	2371	6.9	3.8	3.1
Land subdivision	2372	3.1	0.8	2.3
Highway, street, and bridge construction	2373	7.6	4.5	3.1
Other heavy and civil engineering construction	2379	4.3	1.9	2.4
Specialty trade contractors	238	7.3	3.9	3.4
Foundation, structure, and building exterior contractors	2381	8.8	5.1	3.7
Poured concrete foundation and structure contractors	23811	9.6	5.4	4.1
Structural steel and pre-cast concrete contractors	23812	9.6	5.3	-
Framing contractors	23813	12	6.4	5.6
Masonry contractors	23814	7.5	4.4	3.1
Glass and glazing contractors	23815	7.4	3.1	4.3
Roofing contractors	23816	8.7	5.6	3.1
Siding contractors	23817	-	4.5	1.5
Other foundation, structure, and building exterior contractors	23819	5.6	3.2	2.4
Building equipment contractors	2382	7.1	3.3	3.8
Electrical contractors	23821	6.2	2.8	3.4
Plumbing, heating, and air-conditioning contractors	23822	8.3	4	4.3
Other building equipment contractors	23829	4.4	2.3	2.1
Building finishing contractors	2383	6.9	4.2	2.7
Drywall and insulation contractors	23831	7.4	4.3	3.1
Painting and wall covering contractors	23832	4.1	2.7	-
Flooring contractors	23833	5.6	3.6	2
Tile and terrazzo contractors	23834	-	-	-
Finish carpentry contractors	23835	8.1	5.3	2.8
Other building finishing contractors	23839	9	-	4
Other specialty trade contractors	2389	6.1	3.3	2.7
Site preparation contractors	23891	5.2	3.2	2
All other special trade contractors	23899	7	3.5	-
Landscape architectural services	54132	2.9	2	0.9
Waste management and remediation services	562	7.6	5.3	2.4

<b><u>Incidence Rate</u></b>	<b><u>Action</u></b>
Does Not Exceed 150% of Total and Lost Work Day Case Rates	<b><u>Qualified under Section B</u></b>
Rate Between 150%-200% of Total and Lost Work Day Rates	<b><u>Qualification Pending</u></b> Contractor must submit the following items to FCC Prequalification Safety for review: 1. Contractor's written analysis of why the incidence rate is high. 2. Copy of Contactor's complete OSHA 300 Log and/or Workers Compensation Loss Runs for each of the past three years. 3. A copy of Contractor's Illness and Injury Prevention Program and Code of Safe Practices. 4. A description of any actions contractor is currently taking to reduce workplace injuries and illnesses. Evaluate above information and answers to other sections of the Questionnaire.
Rate Exceeds 200%	<b><u>Subject to Disqualification under Section B.</u></b> Contractor must submit information identified above. Greater burden on contractor to obtain safety prequalification. Evaluate above information and answers to other sections of the Questionnaire.

		<b>YES</b>	<b>NO</b>
1.	DOES CONTRACTOR'S WRITTEN ANALYSIS OF WHY THE INCIDENT RATES ARE HIGH CORRELATE TO THEIR LOSSES AS FOUND ON THE CONTRACTOR'S OSHA 300 LOGS AND/OR WORKERS' COMPENSATION LOSS RUNS?	[ ]	[ ]
2.	HAS THE CONTRACTOR SUBMITTED THEIR OSHA 300 LOGS AND/OR WORKERS' COMPENSATION LOSS RUNS FOR THE PAST THREE YEARS?	[ ]	[ ]

3.	HAS THE CONTRACTOR SUBMITTED AN INJURY AND ILLNESS PREVENTION PROGRAM (“IIPP”) WHICH MEETS THE MINIMUM REQUIREMENTS OF 8CCR3203, AND A COPY OF THEIR CODE OF SAFE PRACTICES?	<input type="checkbox"/>	<input type="checkbox"/>
4.	DOES THE CONTRACTOR’S DESCRIPTION OF ACTIONS CURRENTLY BEING TAKEN TO REDUCE EMPLOYEE INJURIES, ILLNESSES, AND WORKERS’ COMPENSATION LOSSES REFLECT CORRECTIVE ACTION FOCUSED ON THE TYPES AND CAUSES OF LOSSES FOUND ON THE CONTRACTOR’S OSHA 300 LOGS AND/OR WORKERS’ COMPENSATION LOSS RUNS?	<input type="checkbox"/>	<input type="checkbox"/>

Sample calculations for use in completing and scoring Section B:

A company has 3 OSHA recordable injuries (3 entries on their OSHA 300 Log for a given year). One case was a lost-workday injury, two cases did not involve lost workdays. The company worked 50,000 hours that year.

The Total Case Incidence Rate is:  $(3 \times 200,000) / 50,000 = 12$   
The Lost Workday Case Incidence Rate is:  $(1 \times 200,000) / 50,000 = 4$   
The No Lost Workday Case Incidence Rate is:  $(2 \times 200,000) / 50,000 = 8$

A company has 1 OSHA recordable injury with no lost workdays. The company worked 50,000 hours that year.

The Total Case Incidence Rate is:  $(1 \times 200,000) / 50,000 = 4$   
The Lost Workday Case Incidence Rate is:  $(0 \times 200,000) / 50,000 = 0$   
The No Lost Workday Case Incidence Rate is:  $(1 \times 200,000) / 50,000 = 4$

**Section C. OSHA Citation (Violation) History.** In accordance with the provisions of Government Code Section 4420.5, evaluation of prospective bidders, including contractors and subcontractors, shall include consideration of the contractor and subcontractors OSHA record in regard to “serious and willful violations of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code”, issued during the past five year period.

<u>Response</u>	<u>Action</u>
“No”	<b><u>Qualified under Section C</u></b>
“Yes”	<p><b>Qualification Pending.</b> Contractor must submit the following items to FCC Prequalification Safety for review:</p> <ol style="list-style-type: none"> <li>1. Copies of all citations (violations) received in five year period.</li> <li>2. Description of abatement activities for each citation (violation).</li> <li>3. Copy of Injury and Illness Prevention Program and Code of Safe Practices.</li> <li>4. Copy of OSHA 300 Logs and/or Workers Compensation Loss Runs for the past three years.</li> </ol> <p>Evaluate above information and answers to other sections of the Questionnaire.</p>
<b>Subject to Disqualification Under Section C.</b> Contractor fails to submit required items.	

**If the Contractor has answered “No” to having received any citation(s) classified as “serious”, “willful”, “repeat”, or “failure to abate”, and such citations are found during the verification process, the Contractor will not be pre-qualified. A waiting period will be imposed by LAUSD before the Contractor can reapply.**

If the Contractor reports, and is found to have citation(s) classified as “willful”, the Contractor will be subject to review in accordance with Section F. Please refer to Section F for further instructions and information.

**If the Contractor has been requested to provide information as described above, the information will be evaluated as follows:**

- ❖ All items must receive a “yes” upon review of the submittal to fulfill the requirements of Section A.
- ❖ Contractors with 10 or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log but **must** provide copies of their workers’ compensation insurance loss runs.
- ❖ Contractors may be requested to provide specific sections of their safety program that pertain to the nature of the citations. For example, a contractor with citations for fall protection issues standards may be requested to provide a copy of their Fall Protection Program and related training records.

		<b>YES</b>	<b>NO</b>
1.	HAS THE CONTRACTOR SUBMITTED COPIES OF ALL SERIOUS, WILLFUL, REPEAT, AND FAILURE-TO-ABATE CITATIONS RECEIVED IN THE LAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
2.	HAS THE CONTRACTOR PROVIDED A DESCRIPTION OF ABATEMENT ACTIVITIES FOR EACH CITATION (VIOLATION)? ARE THE ABATEMENT ACTIVITIES CONSISTENT WITH, AND APPROPRIATE FOR THE NATURE OF THE CITATION (VIOLATION)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	HAS THE CONTRACTOR SUBMITTED AN INJURY AND ILLNESS PREVENTION PROGRAM (“IIPP”) WHICH MEETS THE MINIMUM REQUIREMENTS OF 8CCR3203, AND A COPY OF THEIR CODE OF SAFE PRACTICES?	<input type="checkbox"/>	<input type="checkbox"/>
4.	HAS THE CONTRACTOR SUBMITTED THEIR OSHA 300 LOGS AND/OR WORKER’S COMPENSATION LOSS RUNS FOR THE PAST THREE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>

**Section D.** This section contains eighteen questions requiring a “yes” or “no” answer. Questions are assigned a weighted value as shown in Section D of the Questionnaire.

**Score as shown in Questionnaire: Questions 1 to 19.**

**Score 0 points: “No” responses and questions not answered.**

**Add the points for all questions answered “yes”. To automatically qualify under Section D, the Contractor must achieve 85 points. A total of 100 points are possible.\***

**Total Points 85-100 Action Qualified under Section D**

**70-84 Qualification Subject to Review.** Contractor must submit a written response to each item answered “no” on questionnaire describing the reason for noncompliance. Qualification may require evidence of a correction to obtain a “yes” response.

Evaluate above information and answers to other sections of the Questionnaire.

**Below 70 Subject to Disqualification under Section D.** Contractor must submit information identified above. Greater burden on contractor to obtain Safety Prequalification. Qualification requires evidence of a “yes” response.

Evaluate above information and answers to other sections of the Questionnaire.

\*In Section D, items #1, 6, 7, 8, 12, 17, and 18 are required of all contractors, regardless of the how many points are scored in Section D without one or more of these items.

**Section E Scoring Instructions:**

CONTRACTOR		REVIEW DATE	
REVIEWED BY		LOSS RUN DATA DATE	
REVIEW PERIOD (from / to)		<b>REVIEW PERIOD:</b> the period since the Contractor’s prior date of (Safety) Prequalification, or OCIP inception if applicant is seeking initial (Safety) Prequalification.	

- This section pertains to the LAUSD claims history of the Contractor applicant.
- If a Contractor has no prior claims history with LAUSD, this Section does not apply.
- If a Contractor has no claims history to evaluate for a particular item, full credit is given for that item.
- For Contractors who have worked only as a subcontractor in the LAUSD OCIP and are seeking their initial Prequalification, all LAUSD OCIP Workers’ Compensation and General Liability claims incurred by the Contractor are to be considered regardless of the date of occurrence.
- Source data for this review is obtained from the LAUSD OCIP Insurance Carrier Loss Runs.

**E1: Average Workers’ Compensation Claim Value:** What is the average value of OCIP Workers’ Compensation claims to date for the Contractor and its Subcontractors?

<b>COSTS PAID</b>	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000.00 – \$49,999.99 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points
<b>TOTAL INCURRED COSTS</b>	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000 – \$49,999 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points

**E2: Average General Liability Claim Value:** What is the average value of OCIP General Liability claims to date for the Contractor and its Subcontractors?

<b>COSTS PAID</b>	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000.00 – \$49,999.99 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points
<b>TOTAL INCURRED COSTS</b>	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000 – \$49,999 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points

**E3: Maximum Workers’ Compensation Claim Values:** What is the maximum dollar value of any Workers' Compensation claim for the Contractor and its subcontractors since the last date of prequalification or 24 months, whichever is longer?"

<b>COSTS PAID</b>	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points
<b>TOTAL INCURRED COSTS</b>	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points

**E4: Maximum General Liability Claim Values:** What is the maximum dollar value of any Workers' Compensation claim for the Contractor and its subcontractors since the last date of prequalification or 24 months, whichever is longer?"

<b>COSTS PAID</b>	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 – \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points
<b>TOTAL INCURRED COSTS</b>	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 – \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points

**COSTS PAID SCORE** =  $\frac{\quad}{E1} + \frac{\quad}{E2} + \frac{\quad}{E3} + \frac{\quad}{E4} = \underline{\quad}$

**TOTAL INCURRED COST SCORE\*** =  $\frac{\quad}{E1} + \frac{\quad}{E2} + \frac{\quad}{E3} + \frac{\quad}{E4} = \underline{\quad}$

\* **IF THE CONTRACTOR DOES NOT SCORE AT LEAST 70 POINTS BASED ON THE “TOTAL INCURRED COST” SCORE, THE QUESTIONNAIRE SHALL BE REFERRED TO THE MANAGER OF FACILITIES CONSTRUCTION CONTRACTS AND THE FACILITIES RISK MANAGER FOR FURTHER REVIEW AND ACTION.**

**Section E Scoring Instructions:**

**85-100 points** Contractor qualified under Section E.

**70-84 points** Contractor subject to review under Section E.

Section E Review: Request the following items from the Contractor:

- ◆ Injury and Illness Prevention Program and Code of Safe Practices (Section D, #1)
- ◆ Training Records (Section D, #17). This is to include all subcontractors.
- ◆ Safety Meetings (Section D, #18). This is to include all subcontractors.
- ◆ Contractor Safety Representative Qualifications (Section F, #3,4,5).

Section E Review scoring:

- 20 points Injury and Illness Prevention Program and Code of Safe Practices (Section D, #1)
- 10 points\* Training Records (Section D, #17).
- 10 points\* Safety Meetings (Section D, #18).
- 8 points Contractor Safety Representative Qualifications (Section F, #3, 4 and 5)
- 48 points

**Contractors must score 40 points to qualify under the Section E Review.**

\* If there are Subcontractors, Contractors must provide representative samples (i.e. – more than one document) for a majority (more than half) of their Subcontractors to receive credit for these items. (The same principle of providing a representative sample for a majority of all subcontractors is used in the Section F review.) (Subcontractors are determined using the Enrolled Contractor List)

**0 – 69 points, “COSTS PAID”:**

Contractor is subject to review per the provisions of Section F.

**0 – 69 POINTS, “TOTAL INCURRED COST”:**

Contractor is subject to further review by the Manager of Facilities Construction Contracts and the Facilities Risk Manager.

Contractor may be subject to review per the provisions of Section F, or Contractor may be subject to other actions up to and including disqualification for a time period as determined by LAUSD.

**Section E Review Scoring Sheet:**

**CONTRACTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EVALUATED BY:** \_\_\_\_\_

This contractor was subject to review under the terms of Section E.

REVIEW PERIOD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

	Points possible	Points received
<b>IIPP and Code of Safe Practices</b>	<b>20</b>	
<b>Training Records</b>	<b>10</b>	
<b>Safety Meetings</b>	<b>10</b>	
<b>Safety Representative</b>	<b>8</b>	
<b>Total</b>	<b>48</b>	

**Section F.** This Section applies to those Contractors who (1) did not accurately report information in Section A or Section C, (2) Contractors with “willful” citations in Section C, or (3) Contractors who did not qualify in Section E. All items must receive a “Yes” answer to qualify.

		YES	NO
Item 1:	Did the Contractor provide documentation as requested for the “Yes” answers in Section D, and achieve a score of 85 points or more?	<input type="checkbox"/>	<input type="checkbox"/>
Item 2:	Did the Contractor provide accurate and current evidence of Safety Prequalification for a majority of all known Subcontractors in accordance with the requirements of the LAUSD OCIP Insurance Manual and Safety Standards?	<input type="checkbox"/>	<input type="checkbox"/>
Item 3:	Did the Contractor provide the name(s) of their Safety Representative(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Item 4:	Did the Contractor provide evidence of OSHA 10 or 30-Hour Construction Outreach Training for each of their Safety Representatives?	<input type="checkbox"/>	<input type="checkbox"/>
Item 5:	Did the Contractor provide evidence of current and recognized First Aid and CPR training for each of their Safety Representatives?	<input type="checkbox"/>	<input type="checkbox"/>

If the Contractor fails to qualify in Section F, a waiting period will be imposed by LAUSD before the Contractor can reapply.

**Scoring of the Safety Prequalification Questionnaire:**

Contractors must qualify under each Section (A through F) to obtain Safety Prequalification status.

Section	Description	Circle One:
A	Workers’ Compensation Insurance	Qualified / Not Qualified
B	OSHA / Lost Workday Incidence Rates	Qualified / Not Qualified
C	OSHA Citation (Violation) History	Qualified / Not Qualified
D	Safety Policies and Procedures	Qualified / Not Qualified
E	LAUSD Safety and Loss History	Qualified / Not Qualified / Not Applicable
F	Contractor Audit Review	Qualified / Not Qualified / Not Applicable