AECOM - SUBPORT Prequalification Questionnaire

General Information
Type of Services:

Does your firm want to support federal programs? (Additional information will be required):

Name and address of your business
Name:
Corporate Street Address:
City:
Country:
State/Province:
Zip Code:
Telephone Number:
Fax Number:
Website:

Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Address</th>
<th>Title</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Type of work performed
Type of work

Indicate your business certifications

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Applicable NAICS code(s)</th>
<th>City</th>
<th>State</th>
<th>Federal</th>
<th>Agency Name</th>
<th>Exp. Date</th>
</tr>
</thead>
</table>

Preferred Currency:

Organization and Experience
Business Type:
Other (specify):
Year founded:
Country of formation:
State/Province of formation:

Has your firm’s legal status (i.e. corporation, partnership, LLC or sole proprietorship) changed in the past five (5) years?:

Number of personnel in your organization
Home office/admin:
Professionals:
Field (if applicable):
Total:

Licensing Information
Please provide key personnel professional licenses, if any, required for you to perform your services

<table>
<thead>
<tr>
<th>Type/Name of License</th>
<th>Country</th>
<th>State/Province</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Has any license ever been denied or revoked?:

Version 4.7.2
Work Experience

Please list the major projects your firm has completed in the past three (3) years.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Location</th>
<th>Client</th>
<th>Description/Scope of Work</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please list the major projects your firm currently has in progress.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Location</th>
<th>Client</th>
<th>Description/Scope of Work</th>
<th>% Complete</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Please list the major projects your firm has worked on for AECOM.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Location</th>
<th>Client</th>
<th>Description/Scope of Work</th>
<th>% Comp.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Finance

Please attach your firm’s most recent financial statement (audited, if available) for the entity that will be signing the contract.

Would you like to receive electronic payments in lieu of paper checks? If so please complete the ACH Authorization Agreement form:

If you are a US Sub, please attach a W-9 US Tax Form. If you are not a US Sub, please see the attached AECOM Foreign Vendors package, complete and upload the appropriate forms.

- AECOM Foreign Vendors package
- AECOM Statement of Services
- All US Tax Forms can be found at http://www.irs.gov/Forms-&-Pubs

Bankruptcy

List and briefly explain all bankruptcy actions your company has entered into the last seven years. (If “None”, please so state.)

Bank Reference

Financial Institution:

Address:

Telephone No.:

Point of Contact:

Please indicate this year’s estimated annual sales volume:

Please indicate below the annual sales volume for the past two (2) years or provide a comment on your annual sales.
AECOM - SUBPORT Prequalification Questionnaire

Year Annual Sales Volume

Comment:

Are you listed in Dun & Bradstreet?:
If yes, what is your Dun & Bradstreet Number?:
Has your firm conducted operations by any other name in the past five (5) years? List here
Is your firm owned or controlled by a parent or any other organization?
  Parent Name:
Is the parent outside the US?
If yes, where?

Integrity
  During the past five (5) years, has your firm, its parent, a subsidiary or affiliate been declared ineligible or disbarred to bid on a contract?:
  During the past seven (7) years, has your firm, its parent, a subsidiary, affiliate, or any principal, officer or director been convicted of a crime, indicted or otherwise
  Does your firm, its parent, a subsidiary or affiliate or any principal, officer or director thereof have any business or financial dealings with an employee of AECOM?:
  If any of the above questions were answered "Yes", please fill in below or upload an explanation document here:

Work Experience
  During the past five (5) years, has your firm or any other organization led by your firm's principals, executive officers and directors failed to complete any contract work or been terminated for cause?:
  During the past five (5) years, has your firm been involved in a claim with AECOM?:
  If yes, please fill in or upload an explanation document here:

  Has your surety ever been called upon to finish one of your construction projects?:
  If yes, please fill in or upload an explanation document here:

References
  Bonding reference (if applicable)
    Agent Name:
    Company Name:
    Phone Number:
    Address:

Capacity
  Single limit:
  Total program bonding limit:
  Net Capacity available:

Safety
  Will your firm be performing Field Services as AECOM project sites?: Yes

Is your firm owned or controlled by a parent or any other organization?
  Parent Name:
Is the parent outside the US?
If yes, where?
AECOM - SUBPORT Prequalification Questionnaire

Please list your firm’s Workers’ Compensation interstate experience modification rate (EMR) for the most recent three (3) years (If available, please attach a copy of your insurance agent’s verification letter):

Year: EMR:

Do you have a full-time safety representative or a qualified person responsible for safety?:

Contact person for safety issues:

Name:

Title:

Phone:

Has your firm had any OSHA fines or jobsite fatalities within the last three (3) years?:

If yes, please fill in location, cause and corrective actions:

Please provide additional OSHA injury statistical data:

<table>
<thead>
<tr>
<th>Data</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Number of Lost Workday Cases (not days lost)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Number of Restricted Workday Cases (not restricted days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Number of Medical Treatment Cases* (not including first aid)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Total Recordable Cases (a + b + c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Total Corporate Hours Worked (hourly and salaried employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Recordable Case Frequency Rate (RCFR) ([d x 200,000] / e)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Medical Treatment Case is a case in which an on-the-job injury requires other than first aid treatment (and is not considered a restricted or lost workday) as defined by the U.S. Bureau of Labor Statistics recordability criteria (i.e., prescribed medication, physical therapy - more than one visit, fractures, imbedded foreign body, etc.). First aid injury treatment cases are not required to be added to the OSHA Form 300 log.

Note If you check Yes, you are required to only complete rows d) and e) in the above table.

Does your firm have a written Company Safety Policy and Program?:

If no, indicate how you confirm the following are addressed:

Training:

Incident Reporting and Investigation:

Inspections:

Hazard Assessments:

Emergency Response Procedures:

If yes, please attach the Table of Contents:

Do you have any certificates or awards related to SH&E (e.g., OHSAS 18001, COR, etc.)?:

If yes, please list:

List any SERIOUS, REPEAT, WILLFUL, or CRIMINAL citations your firm has had in the last three (3) years. Please describe. (Attach supplemental information as required):

Attach supplemental information as required:
AECOM - SUBPORT Prequalification Questionnaire

Are you performing field activities associated with environmental remediation cleanup, mining, refineries or petrochemical, controlled hazardous waste sites, construction management where AECOM is responsible for safety?

Environmental Management and Sustainability

Is your firm certified to ISO 14001?:

If yes, upload certificate:

If no, do you have documented policy or system for sustainability or management of your impact on the environment?:

If yes, please fill in or upload the document:

Do you have any of the following "green" programs? (check all that apply)

Safety - Additional Questions I

Number of years in business:

Experience Modification Rates

a) List your firm’s Experience Modification Rate (EMR) for the three (3) most recent years. (Information is available from your Workers’ Compensation Insurance Carrier)

<table>
<thead>
<tr>
<th>Year</th>
<th>EMR</th>
<th>Policy Number</th>
<th>Carrier</th>
</tr>
</thead>
</table>

Carrier Telephone:

Policy Anniversary Date:

Type of Policy:

If Intrastate, please list applicable states:

b) If your organization does not have an EMR or your EMR is greater than 1.0, please explain why.

Please provide additional OSHA injury statistical data:

<table>
<thead>
<tr>
<th>Data</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Number of Lost Workday Cases (not days lost)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Number of Restricted Workday Cases (not restricted days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Number of Medical Treatment Cases* (not including first aid)</td>
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<tr>
<td>d) Total Recordable Cases (a + b + c)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e) Total Corporate Hours Worked (hourly and salaried employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Recordable Case Frequency Rate (RCFR) [(d x 200,000) / e]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Fatalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Average number of employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) OSHA recordable cases that resulted in DART cases Number DART (b) cases x 200,000 hrs. = Incidence Rate Number annual hours worked</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Medical Treatment Case is a case in which an on-the-job injury requires other than first aid treatment (and is not considered a restricted or lost workday) as defined by the U.S. Bureau of Labor Statistics recordability criteria (i.e., prescribed medication, physical therapy - more than one visit, fractures, imbedded foreign body, etc.). First aid injury treatment cases are not required to be added to the OSHA Form 300 log.

Does your organization have fewer than 10 employees?:

Note If you check Yes, you are required to only complete rows d) and e) in the above table.
AECOM - SUBPORT Prequalification Questionnaire

List any fatalities your firm has had in the last three (3) years. Include location, cause, and corrective actions.

<table>
<thead>
<tr>
<th>Equipment Type (Backhoe, Skid-steer, Etc.)</th>
<th>Manufacturer</th>
<th>Model Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an employee training program?</td>
<td>Hot Work</td>
<td></td>
</tr>
<tr>
<td>Company safety policy/rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confined Space Entry* (29 CFR 1910.146)</td>
<td>Decontamination Procedures</td>
<td></td>
</tr>
<tr>
<td>Health and Safety Plan Requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical and Physical Hazard Recognition</td>
<td>Electrical Safety/Lockout-Tagout (29 CFR 1910.147)</td>
<td></td>
</tr>
<tr>
<td>Emergency Response Procedures</td>
<td>Safety Belts and Lifelines, Fall Protection* (29 CFR 1926 Subpart M)</td>
<td></td>
</tr>
<tr>
<td>Injury Reporting</td>
<td>First Aid/CPR If so, how many employees</td>
<td></td>
</tr>
<tr>
<td>Personal Protective Equipment (29 CFR 1910.132)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drum Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-injury Accident Reporting (near-miss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drilling Hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Conservation (29 CFR 1910.95)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Confined Space Entry, Decontamination Procedures, Electrical Safety/Lockout-Tagout, Safety Belts and Lifelines, Fall Protection, First Aid/CPR, Personal Protective Equipment, Drum Handling, Non-injury Accident Reporting, Drilling Hazards, Hearing Conservation, Respiratory Protection, Compressed Gas Cylinders,

List any SERIOUS, REPEAT, WILLFUL, or CRIMINAL citations your firm has had in the last three (3) years. Please describe. (Attach supplemental information as required):

Attach supplemental information as required:

Does your firm have a written Company Safety Policy and Program?:

If yes, please attach the Table of Contents:

If so, does it comply with Title 6 CCR Section 3203 (Illness and Injury Prevention Program IIPP)?

Please attach a copy. (California only)

Do you plan to operate heavy equipment? If yes, please provide detail on operator experience and provide copies of state certifications/licenses if applicable.

Please list type(s) of equipment to be operated

<table>
<thead>
<tr>
<th>Equipment Type (Backhoe, Skid-steer, Etc.)</th>
<th>Manufacturer</th>
<th>Model Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an employee training program?</td>
<td>Hot Work</td>
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</tr>
<tr>
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<td>Non-injury Accident Reporting (near-miss)</td>
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<td>Hearing Conservation (29 CFR 1910.95)</td>
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*Confined Space Entry, Decontamination Procedures, Electrical Safety/Lockout-Tagout, Safety Belts and Lifelines, Fall Protection, First Aid/CPR, Personal Protective Equipment, Drum Handling, Non-injury Accident Reporting, Drilling Hazards, Hearing Conservation, Respiratory Protection, Compressed Gas Cylinders,
AECOM - SUBPORT Prequalification Questionnaire

1910 Subpart M

Portable Fire Extinguisher (29 CFR 1910.157)

Trenching/Excavation (29 CFR 1926 Subpart P)

Railroad Roadway Worker Protection* (49 CFR 214)

If you provide Trenching/Excavation safety training, do you have a Competent Person?

Environmental Awareness Training

* If you responded yes to providing training to the marked categories, please provide a copy of your written program for review.

Does this training comply with the OSHA HAZWOPER standard at 29 CFR 1910.120(e)(3)?

Can you provide documentation of such training, if required?

Have you developed and implemented a behavioral-based safety program?

If yes, which program do you implement?

- Loss Prevention System (LPS)
- Behavioral Safety Technologies (BST)
- Safety Quality Edge
- Liberty Mutual
- Safety Performance Solutions
- Other

Safety - Additional Questions II

Do you have a medical surveillance program as required by 29 CFR 1910.120(f)?

Does your company have a written Alcohol and Substance Abuse Program?

If yes, does it include the following?

- 5-panel substance testing?
- Pre-employment/pre-job assignment testing (within 30 days of pre-job assignment)?
- Post-accident drug and alcohol testing?

Reasonable suspicion drug and alcohol testing?

Do you hold periodic safety meetings for your employees?

- Daily:
- Weekly:
- Bi-Weekly:
- Monthly:
- Less often, as needed:

Does your company perform Job Hazard Analyses (JHA) for new and existing tasks?

If yes, please provide an example of a recently completed JHA.

Do you conduct field safety inspection/audits of work in progress?

If yes, who conducts the inspection?

How often?

Do you conduct routine equipment inspections/maintenance on your vehicles including drill rigs, excavators etc.?
If yes, who conducts the inspection?

How often?

Does your company have post accident investigation procedures?

If yes, please provide a brief description of the process.

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

How is this notification accomplished:
Safety meeting?

If yes, how soon after event?

Written notification?

If yes, is this notification posted near the site where the incident occurred?

Are accident reports distributed to management?

To whom?

How Often?

Is safety a specific evaluation criterion in the annual performance reviews of:
Employees?

Supervisors?

Management?

Is your company proposing to perform work considered to be Safety Sensitive Duties such as operations, maintenance or emergency response functions on a pipeline or LNG facility as regulated under 49CFR parts 192, 193 or 195, and subject to the DOT’s Pipeline and Hazardous Materials Safety Administration?

Is your company proposing to perform work in the Motor Carrier industry regulated under 49 CFR Part 382 and subject to the Federal Motor Carrier Safety Administration?

Is your company proposing to perform work in the Maritime industry regulated under 46CFR Parts 4 & 16 and subject to the US Coast Guard (Department of Homeland Security)?

If the answer to one of the three questions above is yes, does your company have the following:

Anti-Drug and Alcohol Misuse Prevention Plan

Statistical data or MIS reports

Covered employee lists

Background check forms

Supervisor training records

Please note that AECOM is not requesting copies of this information at this time since it is of a confidential nature. If your company is selected to perform work by AECOM that is subject to DOT Drug and Alcohol requirements, prior to starting any work AECOM will select a third party to review the above information for your company. AECOM will review the results from the third party review and will only utilize your company’s services if your Drug and Alcohol programs meet the DOT requirements.

Safety - Additional Questions III
Do you plan to subcontract any portion of the work?

References
If you have never worked for AECOM previously, please provide three safety and performance references for projects of similar size and scope to those you will conduct for AECOM. Include name, address, and phone number.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Certification
The authorized individual signing below hereby certifies that the above information is accurate.

| Name/Title | Telephone |

List of items to be submitted with Form, checked items are required to be submitted.

- EMR documentation from your insurance carrier
  *(upload as many documents as needed)*
- OSHA 300 Logs (Past 3 years) for new Subcontractors,
  Past year for Renewal Subcontractors *(upload as many documents as needed)*
- IIPP Copy (California Companies Only)
- Copy of additional safety policies *(upload as many documents as needed)*
- Safety & Health Program *(TABLE OF CONTENTS ONLY)*
- Safety & Health Incentive Program
- Accident/Incident Investigation Procedure

List the employees in your organization who are responsible for developing/implementing your corporate SH&E program:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

Insurance
Indicate the limits by type of insurance your firm carries (in addition to required by laws).

**Workers' Compensation**

- In Place?
- Coverage Limits

**Employer's Liability**

- In Place?
- Coverage Limits

**Commercial General Liability**

- In Place?
- Coverage Limits

**Automobile Liability**

- In Place?
- Coverage Limits

**Professional Liability**

- In Place?
- Coverage Limits

What is your annual aggregate limit amount?

**Umbrella/Excess**

- In Place?
- Coverage Limits
AECOM - SUBPORT Prequalification Questionnaire

Pollution Liability

In Place?

Coverage Limits

Workers' Compensation

Has your firm ever had its Workers' Compensation dropped?

If yes, provide the reason:

When?

If your firm does not meet the minimum AECOM insurance requirements, AECOM will contact your firm as deemed appropriate.

Attach copies of your insurance certificates:

Quality Procedures

Does your firm have a written plan or procedures associated with the work being performed?

If yes, please attach.

Are your firm's Quality Procedures certified by any independent organization?

Name of organization:

Will your firm provide a written Project Quality Plan identifying what Quality Procedures will be followed on work done for AECOM?

If yes, please attach

Would your firm prefer to implement specific AECOM Quality Management procedures as requested by the AECOM Project Manager?

U.S. Federal Requirements

If your firm would like to support AECOM on U.S. federally funded projects, the following additional questions and Representation and Certifications are required to be completed.

Is your company registered in the System of Award Management (SAM)?

If no we encourage your firm to get registered at www.sam.gov

Has your accounting system been audited by the Defense Contract Auditing Agency (DCAA)?

If yes the date performed:

Did your firm's accounting system receive an "Approved" rating?

If "Disapproved" please explain:

Please complete, sign and date the following Representation and Certification, and attach here.

Representation and Certification

Additional information

Please enter any additional information you feel will help us determine your firm’s qualifications and expertise, including owner or general contractor references, etc.

The undersigned hereby affirms under threat of perjury that all questions have been answered in a full and complete manner and that none of the answers are misleading, ambiguous or incomplete. The undersigned further affirms that they are duly authorized by the corporation identified herein to provide this information and that the undersigned signed his name hereto by order of the board of directors of said corporation, or such other governing body.

Name:

Date:

Title: