

**General Information**

Type of Services:  
 Have you ever been an AECOM Employee:  
 Have you been specifically requested to complete this form in support of an AECOM U.S. Federal contract?  
 (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**

Name	Email	Phone	Address	Title	Key
					Yes

**Type of work performed**

Type of work

Indicate your business classifications (add a separate row for each)

Qualification	Applicable NAICS code(s)	City	State/Province	Federal	Agency Name	Exp. Date

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?:  
 If yes, Please enter reason:

**Number of personnel in your organization**

**Current Employees:**

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

Type/Name of License	Country	State/Province	License Number


Has any license ever been denied or revoked?:

Has a complaint ever been filed with a Contractor's State License Board against your firm?:

**Work Experience**

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

Project Name	Location	Client	Description/Scope of Work	Contract Amount
Client Contact	Phone	Comp. Date		

Please list the major projects your firm currently has in progress

Project Name	Location	Client	Description/Scope of Work	Complete?
% Complete	Client Contact	Phone	Comp. Date	

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

Project Name	Location	Client	Description/Scope of Work	% Comp.
Contract Amount	Client Contact	Phone	Project Manager	Comp. Date

**Finance**

**Financial Information**

**The Finance section is only viewable by you, and the AECOM Finance approvers**

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

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

**If you are a US Firm, please attach a W-9 US Tax Form.**

**If you are not a US Firm, please see the attached AECOM Foreign Vendors package, complete and upload the appropriate forms.**

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

Attach a form:

Form Name	Form Description

**Bankruptcy**

List and briefly explain all bankruptcy actions your company has entered into the last seven years. (If

## AECOM - SUBPORT Prequalification Questionnaire



"None", please so state.)

### Bank Reference

Financial Institution:

Address:

Telephone No.:

Point of Contact:

### Supplier Account Receivables Contact

Last Updated:

Name:

Phone Number:

Email Address:

Does your business currently accept major credit cards?:

AECOM Supplier Number #:

To be completed by AECOM

### Finance Statement

Please attach your firm's most recent financial statement (audited, if available) OR an income statement OR a profit and loss statement (P&L) for the entity that will be signing

the contract.

(All information submitted shall be confidential and availability shall be restricted to Procurement, and Finance only)

Comment:

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Tax Registration / Federal Tax ID

(TIN) or Employer Identification (EIN) Number:

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?

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### 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 charged or fined?

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 not related to that AECOM employee's work at or for AECOM?

If any of the above questions were answered 'Yes', please fill in below or upload an explanation document here:

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### Work History

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:



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g)	Total Corporate Hours Worked (hourly and salaried employees)			
h)	Total Recordable Incident Rate (TRIR) ([f x 200,000] / g)			
i)	Lost Workday Case Rate (LCWR) ([b x 200,000] / g)			
j)	Days Away, Restricted and Transfer (DART) Rate ((b+d) x 200,000] / g)			
k)	Severity Rate(SR) ([c / f])			

**\*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?:  
 Please attach copies of your OSHA No. 300 log(s) for the most recent three (3) years along with your most current log to date of this submission:  
 Upload

Does your firm have a written corporate/Company Safety Policy and Safety Manual? :

**If yes, please upload Safety Policy:** Upload

**If yes, please upload Safety Manual:** Upload

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

- Training:
- Incident Reporting and Investigation:
- Inspections:
- Hazard Assessments:
- Emergency Response Procedures:

For Canadian companies, please upload Letter of Good Standing/Clearance Letter

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

If yes, Please attach certificates:

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):

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)

- Alternative fuels
- Carpooling
- version
- 
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**AECOM - SUBPORT Prequalification Questionnaire**

Energy conservation

Paper reduction

Trash recycling program

Travel reductions

Use of environmentally friendly products

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**Safety - Additional Questions I**

Number of years in business:

Experience Modification Rates

**AECOM - SUBPORT Prequalification Questionnaire**



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)

Year: EMR: Policy Number: Carrier:

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: if exempt from OSHA record keeping, please provide a summary of all work related injuries and illnesses for the past three years.

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

**\*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.

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

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):

Do you have a written safety and health manual:

If yes, please attach the Table of Contents:

If so, does it comply with Title 8 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

Equipment Type (Backhoe, Skid-steer, Etc.)	Manufacturer	Model Name
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Do you have an employee training program?

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Does it include instructions in the following?

Company safety policy/rules	Hot Work
Confined Space Entry* (29 CFR 1910.146)	Decontamination Procedures
Health and Safety Plan Requirements	Hazard Communication (29 CFR 1910.1200)? Toxic Substances
Chemical and Physical Hazard Recognition	Electrical Safety/Lockout-Tagout (29 CFR 1910.147)
Emergency Response Procedures	Safety Belts and Lifelines, Fall Protection* (29 CFR 1926 Subpart M)
Injury Reporting	First Aid/CPR If so, how many employees)
Personal Protective Equipment (29 CFR 1910.132)	
Non-injury Accident Reporting (near-miss)	Drum Handling
	Drilling Hazards
Respiratory Protection (29 CFR 1910.134)/ Respiratory Fit Testing	Hearing Conservation (29 CFR 1910.95)
	Compressed Gas Cylinders (29 CFR 1910 Subpart M)
Portable Fire Extinguisher (29 CFR 1910.157)	
	Trenching/Excavation (29 CFR 1926 Subpart P)
Railroad Roadway Worker Protection* (49 CFR 214)	
	Environmental Awareness Training

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

\* 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:



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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

**AECOM - SUBPORT Prequalification Questionnaire**



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?

**Bonding**

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.

Name			
Company			
Address			
Telephone			

**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:**

Name	Title
Name	Title

**Insurance**

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

**Workers' Compensation**

Coverage Limits                      *Statutory*

**Employer's Liability**

Coverage Limits                      *EL Each Accident*

Coverage Limits                      *EL Disease – Ea. Employee*

Coverage Limits                      *EL Disease – Policy Limit*

**Commercial General Liability**

Coverage Limits                      *Each Occurrence*

Coverage Limits                      *General Aggregate*

Coverage Limits                      *Products Comp/OP Agg*

**Automobile Liability**

**AECOM - SUBPORT Prequalification Questionnaire**

Coverage Limits *Combined Single  
Limit/Each Accident*

**Marine**

Coverage Limits *Marine*

**Aircraft**

Coverage Limits *Aircraft*

**Professional Liability**

Coverage Limits *Each Claim*

Coverage Limits *Aggregate*

**Pollution Liability**

Coverage Limits *Each Claim*

Coverage Limits *Aggregate*

**Umbrella/Excess**

Coverage Limits *Each Occurrence*

Coverage Limits *Aggregate*

Coverage applies to : *Workers' Compensation*

*Commercial*

*Auto*

*Professional*

*Pollution*

*Other*

**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 here (do not delete historical certificates):

**Quality Procedures**

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

If yes, please attach.

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

Name of organization:

Upload Certification/Certificate:

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 you have been specifically requested to support AECOM on U.S. federally funded projects, the following additional questions are required to be completed.

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

If yes, enter your Cage Code

If no we encourage your firm to get registered at [www.sam.gov](http://www.sam.gov)

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

**AECOM - SUBPORT Prequalification Questionnaire**



If yes the date performed:

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

If "Disapproved" please explain:

**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 that all questions have been answered in a full and complete manner to the best of their knowledge. The undersigned further affirms that they are duly authorized by the corporation identified herein to provide this information.

Name:

Date:

Title:

**Extra files/information can be added here for review**

Attach copies of your extra files here: \* [Upload](#)