



Contractor Survey Questionnaire

Company

DECLARATION

The undersigned hereby warrants that the information contained herein is true, accurate and current as of the date first written.

The undersigned understands that this information may be used in bidder and/or contractor selection processes, and any mistakes or other inaccuracies may be grounds for disqualification as a bidder and/or breach of contract.

The undersigned authorizes YCI Methanol One, LLC to conduct any investigations it determines necessary to verify the statements, documents and information submitted with this form to clarify the financial and technical aspects of this submission. For this purpose, the undersigned hereby authorizes any public officials, engineers, banks, depositories, manufacturers, distributors, etc. or any other person(s) or firm(s) to furnish or verify pertinent information provided in this questionnaire regarding your competence and standing.

The information provided herein comprises;

Section A: Corporate and Financial, pages 2-6

Section B: Operations and Services, pages 7-11

Section C: Current and Past Projects, page 12

Section D: Project Control, page 13

Section E: Safety, pages 14-19

Section F: QA/QC, pages 20-21

Company Representative's **Signature**

Date



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SECTION A: CORPORATE AND FINANCIAL

1. Company's Registered Legal Name: _____

2. Main Phone No.: _____ 3. Fax No.: _____

4. Physical Address: _____
(Number and Street)

(City, State and Zip Code)

5. Mailing Address: _____
(P. O. Box)

(City, State and Zip Code)

6. E-mail: _____

7. Internet Web Page: _____

8. Subsidiary/Division of _____

9. Address of Headquarters _____

10. Major Owners: _____

11. Other Branch Offices:

a. Physical Address: _____
(Number and Street)

(City, State and Zip Code)

b. Physical Address: _____
(Number and Street)

(City, State and Zip Code)

c. Physical Address: _____
(Number and Street)

(City, State and Zip Code)

12. Date founded _____

13. Under present management since _____



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14a. Corporation

b. Partnership

c. Individual Proprietorship

d. If corporation, indicate State: _____

e. If individually owned, by whom: if partnership, list partners:

15a. Company is _____% minority owned.

b. Company is _____% women owned.

c. EEO Classification: _____

d. If Company is at least 51% minority or women owned, is it operated by this (these) individual(s)?

Yes

No

16. List other companies owned and type(s) of service(s) provided by each: (Submit a "List of Services" for each company):

17. Bank References:

Bank Name

Individual's Name/Phone No.

18. Insurance in Force:



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(Complete the following or attach current Insurance Certificates)

A. Comprehensive General Liability Coverage:

- i. Bodily Injury: One Person \$___ Each Accident \$
- ii. Property Damage: Each Accident \$___ Aggregate \$
- iii. Excess Liability Coverage \$

19. Affiliations with Other Companies (Identify if associated/affiliated with other company entities):

MISCELLANEOUS:

20. Provide summary of assets and liabilities for last three years:

	20____	20____	20____
i. Total Assets in US (\$)			
ii. Current Assets in US (\$)			
iii. Total Liabilities in US (\$)			
iv. Net Worth (i. minus iii.)			
v. Current Assets Less Current Liabilities in US (ii Minus iii)			

21. Total Gross Income from contracting during last three years in US

	20____	20____	20____
Annual Sales			

22. Largest dollar volume job in last 5 years _____



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23. Do you have your company books audited by a CPA at least once per year?

Yes No

a. If yes, attach a copy of your most recent audited financial statement.

24. Do you furnish information to Dun and Bradstreet?

Yes No

a. If yes, please advise account number and current rating.

Account No: _____ Rating: __

25. Bonding Capacity: \$ _____ Bonding Rate: __

26. Surety (ies): _____

a. Is Surety currently listed on the US Department of Treasury Circular TD 570?

Yes No

b. AM Best Rating of Surety: ____

27. Has your company or any of its affiliates ever filed for bankruptcy?

Yes No

a. If yes, provide the court case number and date of filing below.

28. Has your company or any of its affiliates assigned any accounts receivable in the last 5 years?

Yes No

a. If yes, provide details including dates, projects, credit agencies/factoring agencies, and amounts.

b. Do you currently have any Accounts Receivables (A/R) factored?

Yes No

c. If yes, what percentage of your total A/Rs are factored?



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_____ % of Total A/R currently factored.

d. Are you planning to factor any of this Subcontract's payables?

Yes No

e. If yes, please indicate the name of the factoring agent: _____

29. Is your company or any of its affiliates presently or at any time in the past ever entered into litigation or claim disputes with YCI Methanol One, LLC or any of its affiliates?

Yes No

a. If yes, provide a brief explanation below including offices involved, dates and principal individuals involved.

30. Have any of your chief operating officers ever been previously employed by other companies which have had litigation or claim disputes with YCI Methanol One, LLC., Inc. or any of its affiliates.

Yes No

a. If yes, provide a brief explanation below including offices involved, dates and principal individuals involved.



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SECTION B: OPERATIONS AND SERVICES

1. Names of the Following:

- a. President _____
- b. Officers _____
- c. Other Principals _____
- _____

2. Contact regarding proposals:

- a. Name _____
- b. Position/Title _____
- c. Direct Telephone _____
- d. Cell Phone _____
- e. E-mail Address _____

3. Contact regarding information contained in Qualification Questionnaire:

- a. Name _____
- b. Position/Title _____
- c. Direct Telephone _____
- d. Cell Phone _____
- e. E-mail Address _____



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4. Contractor's State Licenses:

Number	State	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Contractor Organization Memberships:

6. Tax Identification No.: _____

7. Union Agreements

Union Contractor Non-Union Contractor

a. Trades with whom you have National Agreements

Expiration Date
_____ / /
_____ / /
_____ / /
_____ / /

b. Trades with whom you have Local Agreements:

Expiration Date
_____ / /
_____ / /
_____ / /

8. Total Number of Current Employees

a. Office _____

b. Field Supervision _____



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- c. Field Force _____
- d. Other _____
- e. Total _____

9. Peak Manpower in last five years _____

10. Lowest Manpower in last five years _____

11. Types of contracts undertaken:

- | | | | | |
|------------|--------------------------|-----|--------------------------|----|
| Lump Sum | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Unit Price | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cost Plus | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Negotiated | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

A. Minimum Value of Contract Undertaken : _____

B. Maximum Value of Contract Undertaken : _____

12. Geographical areas of operation (states/countries):

13. List of Subcontractor owned construction equipment enclosed:

- Yes No

14. Does Company have an Engineering Department? Yes No

a. If yes, list Engineering Disciplines:

COST Code	SIC/NAIC Code	Direct	Subcontra	Description
				<u>SITE CLEARING AND DEMOLITION</u>
51100		<input type="checkbox"/>	<input type="checkbox"/>	Demolition - General Facilities
51200		<input type="checkbox"/>	<input type="checkbox"/>	Demolition - Concrete Recycling
51300		<input type="checkbox"/>	<input type="checkbox"/>	Demolition - Plant Dismantling
51400		<input type="checkbox"/>	<input type="checkbox"/>	Hauling - Dirt, Debris etc.
51500		<input type="checkbox"/>	<input type="checkbox"/>	Site Clearing & Grubbing



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COST Code	SIC/NAIC Code	Direct	Subcontra	Description
51600		<input type="checkbox"/>	<input type="checkbox"/>	Soil Remediation
51700		<input type="checkbox"/>	<input type="checkbox"/>	Fence Installation
51710		<input type="checkbox"/>	<input type="checkbox"/>	Fencing, Temporary
				<u>CIVIL, EARTHWORK, SITE IMPROVEMENTS</u>
52100		<input type="checkbox"/>	<input type="checkbox"/>	Soil Stabilization
52110		<input type="checkbox"/>	<input type="checkbox"/>	Soil Stabilization - Lime Injection
52120		<input type="checkbox"/>	<input type="checkbox"/>	Soil Stabilization - Dynamic Compaction
52200		<input type="checkbox"/>	<input type="checkbox"/>	Earth Moving, Excavation, Backfill, Grading
52300		<input type="checkbox"/>	<input type="checkbox"/>	Earth Hauling and Dumping
52400		<input type="checkbox"/>	<input type="checkbox"/>	Erosion Control
52500		<input type="checkbox"/>	<input type="checkbox"/>	Pond Liners
52600		<input type="checkbox"/>	<input type="checkbox"/>	Dewatering
52700		<input type="checkbox"/>	<input type="checkbox"/>	Hydro trenching
52800		<input type="checkbox"/>	<input type="checkbox"/>	Road Boring
52900		<input type="checkbox"/>	<input type="checkbox"/>	Directional Drilling
53100		<input type="checkbox"/>	<input type="checkbox"/>	Asphalt Paving
53200		<input type="checkbox"/>	<input type="checkbox"/>	Railroad Construction
53300		<input type="checkbox"/>	<input type="checkbox"/>	Wharves & Piers
53400		<input type="checkbox"/>	<input type="checkbox"/>	Water Wells
53500		<input type="checkbox"/>	<input type="checkbox"/>	Fencing, Permanent
53600		<input type="checkbox"/>	<input type="checkbox"/>	Seeding, Hydromulch
				<u>PILING</u>
54100		<input type="checkbox"/>	<input type="checkbox"/>	Drilled Piers
54200		<input type="checkbox"/>	<input type="checkbox"/>	Auger cast Piles
54300		<input type="checkbox"/>	<input type="checkbox"/>	Driven Piles - Timber, Sheet, Pipe, H-Pile
54310		<input type="checkbox"/>	<input type="checkbox"/>	Driven Piles – Pre-stressed Concrete Piles
54320		<input type="checkbox"/>	<input type="checkbox"/>	Driven Piles - Steel Casing / Hel-Cor Type Piles
54400		<input type="checkbox"/>	<input type="checkbox"/>	DeWaal Piles
54500		<input type="checkbox"/>	<input type="checkbox"/>	Caissons
				<u>CONCRETE</u>
56100		<input type="checkbox"/>	<input type="checkbox"/>	Concrete Construction – Foundations, Grade Beams, Etc.
56200		<input type="checkbox"/>	<input type="checkbox"/>	Concrete Construction – Super Structures (above grade
56300		<input type="checkbox"/>	<input type="checkbox"/>	Concrete Paving
56410		<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Floor Slabs
56420		<input type="checkbox"/>	<input type="checkbox"/>	Concrete – Super Flat Floor Slabs
56510		<input type="checkbox"/>	<input type="checkbox"/>	Precast Concrete – Design and Manufacture
56520		<input type="checkbox"/>	<input type="checkbox"/>	Precast Concrete – Field Installation
56610		<input type="checkbox"/>	<input type="checkbox"/>	Concrete Pumping
56620		<input type="checkbox"/>	<input type="checkbox"/>	Concrete Cutting & Core Drilling
56630		<input type="checkbox"/>	<input type="checkbox"/>	Pressure Grouting



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COST Code	SIC/NAIC Code	Direct	Subcontra	Description
				CONSULTING SERVICES
96100		<input type="checkbox"/>	<input type="checkbox"/>	Non Destructive Testing
96200		<input type="checkbox"/>	<input type="checkbox"/>	Surveying, Mapping and Scanning
96210		<input type="checkbox"/>	<input type="checkbox"/>	Topographic Surveying & Mapping
96220		<input type="checkbox"/>	<input type="checkbox"/>	Surveying & Layout
96240		<input type="checkbox"/>	<input type="checkbox"/>	Photography
96250		<input type="checkbox"/>	<input type="checkbox"/>	Laser Imaging
96260		<input type="checkbox"/>	<input type="checkbox"/>	Infrared Scanning
96270		<input type="checkbox"/>	<input type="checkbox"/>	Ground Radar Services
96330		<input type="checkbox"/>	<input type="checkbox"/>	General Inspection Services
96410		<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Services (Soils Investigation)
96420		<input type="checkbox"/>	<input type="checkbox"/>	Concrete & Soil Testing

15. Description of other services not listed above:



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SECTION C: CURRENT AND PAST PROJECTS

1. Attach a list of major projects completed in the last three years (including customer name, start and end dates, approximate value, and type of work undertaken).
2. Attach a list of current projects in progress (including customer name, start and end dates, approximate value, and type of work undertaken).
3. Attach a man-hour curve representing present and anticipated construction backlog per month for at least the next twelve (12) months.



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SECTION D: PROJECT CONTROLS

1. Please respond to the following questions regarding Project Controls (Cost and Scheduling) Systems on a separate document.
2. How is your construction schedule developed? Who does it? What software do you utilize? Do you develop/issue manpower staffing profiles for the project?
3. How do you earn progress on the project? How often is progress measured and reported? How much time elapses after work is completed before progress reports are issued?
4. Provide change management procedures.
5. What are your normal payment terms? What are the normal payment terms (trickle down) for your sub-contractors?
6. Provide copies of typical weekly and monthly reports (including Executive summary, Safety, Project Highlights, Areas of concern, Three-week look ahead, Pre-award- Level 1 and 2 schedules, Post-award - Level 3 schedule with workforce histograms, Progress Curves, Schedule of Values)



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SECTION E: SAFETY

1. List your firm's **Worker's Compensation Insurance Experience Modification Rate (EMR)** for the 3 most recent years as evidenced in Workmen's Compensation Insurance premiums. If not Interstate rated, provide your intrastate EMR. **Attach written confirmation from your insurance carrier validating EMRs.**

2018 _____	_____	
2017 _____	_____	
2016 _____	_____	

2. If Company's EMR is exactly 1.0 for any year, is it due to Company being too new or too small to have an EMR Classification? Yes No

a. *If Self-insured, provide employee Work Hours per Claim. (WH/CL)

<u>Year</u>	<u>*WH/CL</u>
_____	_____
_____	_____
_____	_____

3. Using the last 3 year's OSHA **Log of Work-Related Injuries and Illnesses**, fill in the number of injuries in the appropriate following spaces and provide current year to date experience. **Please attach copies of your OSHA Log (300 & 300A) of Work-Related Injuries and Illnesses for the years indicated.**



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3.1 No. of deaths each year
(Total of Column G on OSHA 300 Log)

3.2 No. of cases involving Days Away From Work **or**
Job Transfer or Restriction (Total of Columns H
and I on OSHA 300 Log)

3.3 No. of Other Recordable Cases (Total of
Column J on OSHA 300 Log)

3.4 No. of cases involving Days Away From Work
(Total of Column H on OSHA 300 Log)

TOTAL OSHA LOG: (a) (Sum 3.1+3.2+3.3)

Current Year to Date	20	20	20

4. Total employee hours worked by local office for last three years (field, supervisory and clerical). **Do not include any non-work time**, even though paid.

TOTAL, EACH YEAR: (b)

To calculate Incidence Rate (c), multiply Total for each year (a) x 200,000 and divide by the total number of employee hours for that year (b):

OSHA Incidence Rate: (c)

Current Year to Date	20	20	20

Current Year to Date	20	20	20

5. Number of upheld OSHA Citations (MSHA if mining operations):

Current Year to Date	20	20	20

a. Submit an attachment summarizing upheld citations including subject, original monetary penalty and final settlement.

Yes

No

6. Do you have a written safety program?



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a. A manual to cover safety activities	<input type="checkbox"/>	<input type="checkbox"/>
b. Incentives for safe man hours worked	<input type="checkbox"/>	<input type="checkbox"/>
c. Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>
 7. Do you have an orientation program for new hires?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are comprehension exams given?	<input type="checkbox"/>	<input type="checkbox"/>
b. How many hours are spent on safety portion of the orientation? ___ Hours		
c. How is Safety Orientation delivered? Verbally <input type="checkbox"/> , Written <input type="checkbox"/> , Audio-Visual <input type="checkbox"/>		
d. Include copy of Contractor's Safety Orientation Program.		
e. Does your program include instructions of the following?	YES	NO
Company Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Company Safety Rules, Procedures with Client's rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>
Work Permits	<input type="checkbox"/>	<input type="checkbox"/>
Safety Meeting Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Work Hazard	<input type="checkbox"/>	<input type="checkbox"/>
Injury Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Driving Safety	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>
Rigging Safety	<input type="checkbox"/>	<input type="checkbox"/>
MSDS	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Policy	<input type="checkbox"/>	<input type="checkbox"/>
Company Safety Record	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Recognition	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Respirator Protection	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>
Safety Belts and Lifelines	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>
Ladder/ Stairway Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>
f. Are employees give safety handbooks?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are employees new to the jobsite visibly identified?	<input type="checkbox"/>	<input type="checkbox"/>



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YES NO

h. Is disciplinary action taken against workers/employees not adhering to safety practices?

i. Do you hold site safety meetings for field supervisors?

j. How often?

- | | | |
|-----------------------|--------------------------|---------------------|
| Weekly | <input type="checkbox"/> | Time Duration _____ |
| Bi-Weekly | <input type="checkbox"/> | Time Duration _____ |
| Monthly | <input type="checkbox"/> | Time Duration _____ |
| Less often, as needed | <input type="checkbox"/> | Time Duration _____ |

8. Do you have a program for newly hired or promoted foremen?

a. If yes, do the meetings include the following instructions?

- | | | |
|----------------------------------|--------------------------|--------------------------|
| Safety Work Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Supervision & Enforcement | <input type="checkbox"/> | <input type="checkbox"/> |
| Tool Box Safety Meetings | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident Reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| Accident Investigation | <input type="checkbox"/> | <input type="checkbox"/> |
| New Employee Orientation | <input type="checkbox"/> | <input type="checkbox"/> |

9. During foreman performance reviews, do you use safety as a criteria for rating purposes?

10. Are field superintendents/supervisors required to give safety advice with each task assigned?

11. Do you hold craft "toolbox" safety meetings?

a. Are subcontractors included?

b. How often?

- | | | |
|-----------------------|--------------------------|---------------------|
| Weekly | <input type="checkbox"/> | Time Duration _____ |
| Bi-Weekly | <input type="checkbox"/> | Time Duration _____ |
| Monthly | <input type="checkbox"/> | Time Duration _____ |
| Less often, as needed | <input type="checkbox"/> | Time Duration _____ |

c. How are they documented? _____



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- | | YES | NO |
|---|--------------------------|--------------------------|
| 12. Are safety awards or incentives for excellent safety performance a standard feature of your safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are Material Safety Data Sheets (MSDS) provided for your employees and clients at the job site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have a written company drug program?
a. If yes, please provide a copy of your program and policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have a written hazard communication program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have a written respirator protection program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have one or more full time: | | |
| Physicians | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Professionals | <input type="checkbox"/> | <input type="checkbox"/> |
| Industrial Hygienists | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you maintain a jobsite first aid facility? | <input type="checkbox"/> | <input type="checkbox"/> |

a. What are the qualifications of your site staff with respect to first aid?

- | | | |
|--|--------------------------|--------------------------|
| 19. Are Accident Reports circulated to your management? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is safety a weighted factor in evaluating in the performance of: | | |
| Foreman | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor | <input type="checkbox"/> | <input type="checkbox"/> |
| Management | <input type="checkbox"/> | <input type="checkbox"/> |

21. Provide 3 recent references from Customer Safety Representatives where you have performed work.

a. Customer _____ Approximate Value _____

Type of Work: _____

Safety Contact _____ Phone: _____

b. Customer _____ Approximate Value _____

Type of Work: _____

Safety Contact _____ Phone: _____



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c. Customer _____ Approximate Value _____

Type of Work: _____

Safety Contact _____ Phone: _____

22. Who is the most senior staff safety professional at your company?

Name _____

Title _____

Phone _____

23. OSHA - VPP

Please answer the following inquiries on a separate document.

- a. Describe your company's experience with OSHA VPP.
- b. Describe your approach to managing the development of your site's safety and health policy.
- c. Describe how top management is visibly involved in the safety and health programs.
- d. Describe how site safety and health functions fit into your overall management organization.
- e. Describe the system used for holding line managers and supervisors accountable for safety and health and how that system is documented.
- f. Describe how safety and health are a part of your overall management planning, such as setting production goals, increasing or decreasing the workforce, or introducing a new line.
- g. Describe oversight, coordination, and enforcement methods used to ensure that the contractor safety and health program is adequate and is implemented properly.
- h. Describe how you involve your employees in your safety and health program.

24. Furnish copies of:

- a. Corporate Environmental Health and Safety Policies/Procedures
- b. Substance Abuse Policy
- c. Company Training Programs
- d. Employee Orientation
- e. Short Service Worker Program
- f. Behavioral-based Safety Program



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SECTION F: QA/QC

1. Do you have a QA/QC program manual? Yes No

a. If yes, attach a copy of your basic QA/QC manual in its entirety.

b. State standards (ISO 9000. NQA 1, ASME Sect/ 1 & VIII. etc.) your program is designed to meet.

2. Is your company certified to ISO: 9001 9002 9003 9004

a. If no, are you planning to apply for an ISO certification? Yes No

3. Do documented procedures exist to support the QA/QC Manual Yes No

a. If no, how is your QA/QC program implemented?

4. Do you operate a formal review/audit of the QA/QC program? Yes No

a. How are findings identified, documented and resolved?

5. Describe your corrective action process as it relates to resolving the cause of any non-conformance or deficiencies identified during the audit of the QA/QC program.

6. Does the QA/QC Manager have any responsibilities other than QA/QC? Yes No

a. If yes, please specify.

7. Do you conduct in-house craft or supervisor training programs? Yes No

a. If Yes, how often? _____



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8. Describe your program for training company personnel in the QA/QC program requirements.

9. How do employees make recommendations for procedures/process improvements to enhance productivity and efficiency?

10. Do you have a formal written quality improvement policy or corporate mission statement?

Yes No

a. Is it published to all employees and posted?

Yes No

11. Do you have laboratory-certified welding procedures?

Yes No

12. List Certificates of Authorization and/or stamps you hold and the issuing authority.

13. Has use of any Code Stamp ever been refused or suspended? If so, state which, and give reasons and dates.
