



# Stell Subcontractor Prequalification Questionnaire

## General Information

Full Legal name of Business as Reportable to IRS: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Company Name: \_\_\_\_\_

Primary P.O.C.: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State/Region: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Services Offered

Drilling:     Surveying:     Asbestos:     Lead Based Paint:

Analytical Lab Services:

Other:     List Other Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

States Certified to Offer Services: \_\_\_\_\_

## Accounting

Tax ID Number: \_\_\_\_\_

Business Licenses & Certifications:

Business License # or Certification Number: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Does your firm have an approved Accounting System, as granted by either an agency of the US Government (e.g, DCAA) or any state government?    Yes     No

If "Yes" to the above questions, please specify which agency(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contracting

Business Integrity:

Are you currently suspended from receiving contracts by a government agency?

Yes:     No:

Are you currently debarred from receiving contracts by a government agency?

Yes:     No:

Comments: \_\_\_\_\_

\_\_\_\_\_



**Contracting (continued)**

Have you ever had a contract Terminated for Cause?

Yes:  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Do you have FAR compliance policies? Yes:  No

Do you have an ethics policy? Yes:  No

Does the company require employees to receive annual refresher training and certify that they have read, understand, and will comply with a written Code of Conduct?

Yes:  No

Socioeconomic Status

*Please check all that apply.*

US Government Agency  Historically Black College  Foreign Owned Business (must attach W8)

Educational Institution  Minority Educational Organization

**Large Business**

Non-Profit Organization  AbilityOne Non-Profit Organization

**Small Business**

If so, please check all that apply:

Self-Certified SDB  Woman Owned Business

Veteran Owned  SBA HUBZone certified

Service Disabled Veteran  Disabled Veteran

Small Disadvantaged  Handicapped/Disabled

**Ethnicity**

Native American  Asian-Pacific American

Native Hawaiian  Native Alaskan

Hispanic Americans  African-Americans

Indian Tibet / ANC  Subcontinent-Asian Americans

Hawaiian Native Organization  Other: \_\_\_\_\_

Is your company registered with the System for Acquisition Management (SAM)?

Yes:  No:

DUNS Number: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

Primary NAICS: \_\_\_\_\_

SIC Code: \_\_\_\_\_

Are your company's Reps and Certs Maintained in SAM? Yes:  No:

State DBE Certifications: \_\_\_\_\_

WBE in state(s): \_\_\_\_\_

MBE in state(s): \_\_\_\_\_

HUB in state(s): \_\_\_\_\_



**Health and Safety**

List your firm's Workers' Compensation Interstate Experience Modification Rate (EMR) for the most recent three years:

2015 \_\_\_\_\_ 2014 \_\_\_\_\_ 2013 \_\_\_\_\_

Does your company have a written Corporate Health and Safety Plan in accordance with OSHA 1910.120?

Yes:  No:

If yes, please attach.

Does your company maintain a medical surveillance program in accordance with OSHA 1910.120?

Yes:  No:

If yes, provide your company's physician of record:

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

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

Do your employees have the following training? If so, indicate the approximate number of employees with each training:

	Yes	No	# employees
OSHA 40 hour training with annual 8-hour refresher per 1910.120	<input type="checkbox"/>	<input type="checkbox"/>	_____
OSHA 24 hour training with annual 8 hour refresher per 1910.120	<input type="checkbox"/>	<input type="checkbox"/>	_____
OSHA 8 hour supervisor training per 1910.120	<input type="checkbox"/>	<input type="checkbox"/>	_____
OSHA 30 hour construction training	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid/CPR/Bloodborne Pathogen	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you prepare written Site Specific Safety Plans in accordance with OSHA 1910.120 for environmental field activities?

Yes:  No:

Has your company received any OSHA (Federal or State) violations in the last three years?

Yes:  No:

If yes, list all OSHA violations your company has received during the past three years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Quality Assurance**

Do you have a company-wide quality control/quality assurance plan?

Yes:  No:

Does your company have a written Quality Assurance (QA) Program Manual?

Yes:  No:

If your company does NOT have a written QA Program Manual, would you be willing to document and submit a QA Program description for Stell's approval, or accept in writing and implement, without liability to Stell, Stell's QA Program as your company's own QA Program?

Yes:  No:

Within the past 3 years, has your company had work rejected that required re-work costs in excess of fifty thousand (\$50,000.00) dollars?

Yes:  No:



**Quality Assurance (continued)**

Please provide an explanation of the cause and extent of the re-work below.

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What percentage of the total project budget did the re-work costs constitute?

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**Certification**

*Stell Environmental Enterprises will use this document as part of its subcontractor qualification and rating process. By submitting this form, signer (sender) represents the information provided is complete and accurate as of the date of this submission.*

Authorized Company Representative

Please Print Name:

Signature:

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Title

Date:

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Return completed form or direct any questions to:

Stell  
25 East Main Street  
Elverson, PA 19520

**or**

Donna Simpson  
Contracts Specialist / Paralegal  
[DSimpson@stellee.com](mailto:DSimpson@stellee.com)