**Weston Solutions, Inc.**

**Subcontractor Qualification Questionnaire (Page 1 of 2)**

Weston Solutions, Inc. will use this document as part of its subcontractor qualification and rating process. By completing and submitting this Questionnaire, preparer represents the information provided herein is complete and accurate as of the date of this submission.

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| **SECTION A: Company Profile** |
| Company Name      | Year Established      | #Yrs w/ Present Co. Name      |
| Street Address (Headquarters)      | Former Co. Name (if any)      |
| City      | State      | Zip Code      | SAM.gov Registered? [ ]  Yes [ ]  No | DUNS Number      | CAGE Code      |
| Country      | Primary NAICS Code       | Other NAICS code(s)      |
| **Contact Information** | **Primary Business Activity(s)**[ ]  Laboratory Services[ ]  Construction/GC[ ]  Consulting[ ]  Engineering[ ]  Environmental Field Services[ ]  Trade Contractors | **Company Type/Ownership**Choose One:[ ]  Corporation [ ]  Partnership[ ]  Sole Proprietorship[ ]  Other      ------------------------------------Choose One:[ ]  Publicly Held[ ]  Privately Held |
| Name      |
| Telephone      |  |
| E-Mail Address      |
| WWW Internet Web Address      |
| **List Service(s) Provided**:       |
| **Business Classification (based on Primary NAICS Code)** |
| [ ]  Large Business[ ]  Non Profit/Educational[ ]  Small Business   |   Small Business Subsets (if applicable):  [ ]  Small Disadvantaged [ ]  Woman-Owned [ ]  HUB Zone (SBA Cert.) [ ]  Veteran-Owned [ ]  8(a) Cert Exp. Date:       | [ ]  Disabled Veteran[ ]  Native American[ ]  Native Hawaiian[ ]  ANC/HNO/Tribal Owned |
| **SECTION B: Security Requirements** |
|  Does the Company have existing procedures for handling:* Confidential business information and proprietary data? [ ]  Yes [ ]  No
* Classified contracts and information as required by DFARS 204.4? [ ]  Yes [ ]  No
* Covered Defense Information (CDI) as required by DFARS 252.204-7012? [ ]  Yes [ ]  No
 |
| **SECTION C: Health and Safety** |
| Does your company have a written Health and Safety (H&S) Program Manual? [ ]  Yes [ ]  No |
| **Experience Modification Rate (EMR)**Does your firm have an EMR? [ ]  Yes [ ]  No(*applicable to firms whose workers’ comp premium is ≥$10,000 and have been in business ≥ 2 years).* *If yes, list your firm’s EMR for most recent 3 years:* | **OSHA Recordable Incident Rate**Is your firm subject to OSHA record keeping because of size (>10 employees) or industry type? [ ]  Yes [ ]  NoIf yes, list your firm’s OSHA Recordable Incident Rate for most recent 3 years: |
|  | Year20  20  20   | Rate                |  |  | Year20  20  20   | Rate                |  |
| Within the last five years, has your firm been in any of the following circumstances [ ]  Yes [ ]  NoIf yes, check appropriate block(s) below:[ ]  Had either a state or the federal Occupational Safety and Health Administration (OSHA) cite serious violations and assess penalties against your firm? If yes, # of instances:      [ ]  Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NoV) and/or assess penalties against your firm? If yes, # of instances:      [ ]  Had a period when your firm had employees without workers’ compensation insurance or state approved self- insurance?[ ]  Experienced a work-related fatality or an accident that resulted in the hospitalization of ≥ 4 or more employees? If yes to any of the above, provide explanation       |

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**Subcontractor Qualification Questionnaire (Page 2 of 2)**

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| **SECTION D: Financial/Legal** |
| Is your firm listed in Dun & Bradstreet? (D&B) [ ]  Yes [ ]  No If yes, list your firm’s current D&B financial ratings. | Year20   | Rating      |  |
| Within the last five years, has your firm been in any of the following circumstances [ ]  Yes [ ]  No If yes, check appropriate block(s) below.[ ]  Filed for bankruptcy under any of the bankruptcy codes?[ ]  Had a business license or certification suspended?[ ]  Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project? [ ]  Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project? If yes, # of Instances:      [ ]  Been terminated for cause by a client concerning work on a project? If yes, # of instances:      [ ]  Had a surety make payments on your firm’s behalf to satisfy a claim made against a performance or payment  bond issued on your firm’s behalf in connection with a construction project, either private or public?  If yes, # of instances:      [ ]  Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an  insurance policy for your firm? If yes, # of times and when:      If yes to any of the above, please provide explanation     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 question, please specify which agency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **SECTION E: Quality** |
| **Quality**Does your company have a Quality policy? [ ]  Yes [ ]  No |
| **SECTION F: Sustainability** |
| **Sustainability**Does your company have a formal sustainability program, or a program with explicitgoals to go beyond regulatory requirements for environmental compliance? [ ]  Yes [ ]  No |
| **SECTION G: Ethics** |
| **Ethics and Compliance**Does your company have a written code of conduct for its employees? [ ]  Yes [ ]  No |
| **SECTION H: References** |
| **Prior Weston Experience?** [ ]  Yes [ ]  No Provide references for 3 major clients for projects performed in the most recent 3 years. |
| **Project # 1**Client Name:      POC Name:      Phone#:       | **Project # 2**Client Name:      POC Name:      Phone#:       | **Project # 3**Client Name:      POC Name:      Phone#:       |
| **Weston Solutions, Inc. 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 Title Date**Return Completed Form to:** **SupplyChain.Admin@westonsolutions.com** |