

(ATTACHMENT)



## ANALYTIC STRESS RELIEVING, INC. PRE-QUALIFICATION FORM (PQF)

The Analytic Stress Team of Supervisor and Technicians work together and with our clients to provide the highest quality workmanship with the lowest cost possible. We have an excellent record of "Critical Path" and "High Profile" projects while still maintaining Safety, Quality, and Budget considerations.

Before we mobilize to any project, we work to anticipate potential problems and resolve them. This type of planning helps Analytic Stress Successfully complete complex projects.

Analytic Stress appreciates the opportunity to work with you. We trust that the information provided to you is complete and sufficient.

Patrick Gauthier  
*President, Analytic Stress Relieving Inc.*

**ANALYTIC STRESS RELIEVING, Inc**  
Pre-Qualification Form (PQF)

**GENERAL INFORMATION**

1. Company Name: <i>Analytic Stress Relieving, Inc.</i>		Telephone: <i>(337) 237-8790</i>
Street Address: <i>117 Board Road</i> <i>Lafayette, LA 70508</i>		Mailing Address: <i>117 Board Road</i> <i>Lafayette, LA 70508</i>
2. Officers:		Years With Company :
President: <i>Pat Gauthier</i>		<i>30 years</i>
Treasurer: <i>Dalton Meaux</i>		<i>29 years</i>
3. Total years organization has been in business under present firm name: <i>30 years</i>		
4. Parent Company Name: <i>Analytic Stress Relieving Inc.</i> City: <i>Lafayette</i> State: <i>LA</i> Zip: <i>70508</i>		
Subsidiaries: <i>NA</i>		
5. Under Current Management Since: <i>March 1979</i>		
6. Contact for Insurance Information: <i>Cindy Prejean</i> Title: <i>Safety Director</i> Telephone: <i>(337) 237-8790</i> Fax: <i>1257</i>		
7. Insurance Carrier(s)		
Name	Type of Coverage	Telephone
<i>ACE American Insurance</i>	<i>Worker's Compensation</i>	<i>(337) 233-0530</i>
<i>ACE American Insurance</i>	<i>General Liability</i>	<i>(337) 233-0530</i>
<i>ACE American Insurance</i>	<i>Automobile Liability</i>	<i>(337) 233-0530</i>
8. Self Insured for Worker's Compensation Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Contact for Requesting Bids: <i>Paul Douglas</i> Title: <i>National Contracts Mgr.</i> Tele: <i>(409) 842-3852</i> Fax: <i>5018</i>		
10. PQF Completed By: <i>Cindy Prejean</i> Title: <i>Safety Director</i> Telephone: <i>(337) 237-8790</i> Fax: <i>1257</i>		

**ORGANIZATION**

11. Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation
12. Percent Owned: <i>100% Woman Owned</i> EEO Category: <i>347</i> D&B: <i>099637209</i> Tax ID: <i>72-0875269</i> <i>Dun Rating 1R4</i>
13. Services Performed: <i>Heat Treating /Stress Relief</i> SIC Code: <i>3398</i>
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction Design <input type="checkbox"/> Original Equipment Manufacturer and Installer <input type="checkbox"/> Project Maintenance <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Original Equipment Manufacturer and Maintenance <input type="checkbox"/> Service Work (e.g. janitorial, clerical, etc.) <input checked="" type="checkbox"/> Manpower and Resource <input checked="" type="checkbox"/> Other
14. Description of Additional Services Performed: <i>Refractory Curing, Coatings, Dry-Outs, Annealing, Warming Systems, Fixed Base and Temporary Heat Treating Furnaces</i>
15. Other types of work within the services performed that are subcontracted to others: <i>None</i>
16. Major Equipment (e.g. cranes, JLG's, forklifts) that ASRI has available for work available at facility sites and the method of establishing competency to operate.  <i>Specialized Heat Treating Equipment only, Electrical Resistance and Gas Fired methods. Training established by means of in-house training, testing and certification.</i>
17. ASRI normally employs: <input type="checkbox"/> Union Personnel <input checked="" type="checkbox"/> Non-Union Personnel
18. Annual Dollar Volume for the Past Three Years: <i>2007: 39,000,000 2008: 40,700,000 2009: 40.3 Mil</i>
19. Largest Job During the Last 3 Years: <i>5.3 Mil</i>
20. ASRI's Desired Project Size:    Maximum: <i>No Maximum</i> Minimum: <i>No Minimum</i>
21. Financial Rating: <i>(D&amp;B) 1R4</i> Net Worth: <i>\$16,324,000</i>

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**COMPANY WORK HISTORY**

<b>22. Major Jobs in Progress:</b>							
<b>Customer/ Location</b>	<b>Type of Work</b>	<b>Size \$</b>	<b>Customer Contact</b>	<b>Telephone</b>			
Wyatt Field Service	PH/PWHT	2.5M	Dean Conly	713-297-1707			
ExxonMobil	PH/PWHT	1.25M	Jerry Zimmerman	409-757-3890			
Valero Refining	PH/PWHT	675K	Brant Stoker	901-775-5710			
<b>23. Major Jobs Completed in the Past 3 Years:</b>							
<b>Customer/ Location</b>	<b>Type of Work</b>	<b>Size \$</b>	<b>Customer Contact</b>	<b>Telephone</b>			
BP Products	PH/PWHT	2.0M	Robert Cooksley	409-945-4850			
Hovensa	PH/PWHT	1.4M	Paul Felterman	340-692-7287			
ExxonMobil	PH/PWHT	600K	Gary Marshall	225-977-7711			
<b>24. Judgments, Claims or Suits pending or outstanding against ASRI:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>25. Involvement in Bankruptcy or reorganization proceedings:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>26. Worker Compensation Experience Modification Rate (EMR) Data:</b>							
EMR is:		EMR for the last three years:					
<input checked="" type="checkbox"/> Interstate Rate		2007: 0.60					
<input type="checkbox"/> Intrastate Rate		2008: 0.61					
<input type="checkbox"/> Monopolistic State Rate		2009: 0.59					
<input type="checkbox"/> Dual Rate							
State of Origin: All States		EMR Anniversary Date: 04-10					
<b>27. Injury and Illness Data:</b>							
<b>a. Employee hours worked in the last 3 Years (Excluding Subcontractors)</b>	<b>Hours/Year</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>			
	Field	788,183	760,577	620,569			
	Total	862,086	880,577	838,532			
<b>b. OSHA 300 Forms for the past Three (3) Years</b>		<b>2007</b>	<b>2008</b>	<b>2009</b>			
<i>Injury Related Fatality:</i>		<i>No.</i>	<i>Rate</i>	<i>No.</i>	<i>Rate</i>	<i>No.</i>	<i>Rate</i>
Total Col. 1 x 200,000 Rate = ----- Total Employee Hours		0	0	0	0	0	0
<i>Lost workday case injuries involving days away from work, or days of restricted work activity, or both.</i>							
Total Col. 2 x 200,000 Rate = ----- Total Employee Hours		0	0	0	0	0	0
<i>Lost workday case injuries involving days away from work.</i>							
Total Col. 3 x 200,000 Rate = ----- Total Employee Hours		0	0	0	0	0	0
<i>Injuries involving medical treatment only.</i>							
Total Col. 6 x 200,000 Rate = ----- Total Employee Hours		0	0	0	0	0	0
<b>Total OSHA Recordable Injury Rate</b> (Total Col. 1 + 2 + 3) x 200,000 Rate = ----- Total Employee Hours		1	.24	0	0	0	0

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OSHA 200 Forms for the past Three (3) Years (Cont.)	2007		2008		2009	
	No.	Rate	No.	Rate	No.	Rate
<i>Illness Relate fatality</i> Total Col. 8 x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Lost workday case injuries involving days away from work.</i> Total Col. 3 x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Lost workday case illness involving days away from work, or days of restricted work, activity, or both.</i> Total Col. 9 x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Lost workday case illnesses involving days away form work</i> Total Col. 10 x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Illnesses not involving lost workdays or restricted workdays</i> Total Col. 13 x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Total OSHA Recordable Illness Rate</i> (Total Col. 8 + 9 + 13) x 200,000 Rate = ----- Total Employee Hours	0	0	0	0	0	0
<i>Total OSHA Recordable Injury/Illness Rate</i> (Total Col. 1 + 2 + 6 + 8 + 9 + 13) x 200,000 Rate = ----- Total Employee Hours	1	.24	0	0	0	0

28. Regulatory (EPA, OSHA, Etc.) Citations in the last three years:  Yes  No

**SAFETY & HEALTH MANAGEMENT**

29. Highest ranking safety/health professional in the company: *Cindy Prejean*

Title : *Safety Director* Telephone: *(337) 237-8790* Fax: *1257*

30. Does ASRI have or provide:

- a. Full time Safety/Health Director  Yes  No
- b. Full Time Site Safety/ Health Supervisor (As Required)  Yes  No
- c. Full Time Job Safety Health Coordinator (As Required)  Yes  No

31. Does ASRI have or provide:

- a. Company Paid health insurance  Yes  No
- b. Company paid dental insurance  Yes  No
- c. Paid sick leave  Yes  No
- d. Safety/Health incentive program  Yes  No
- e. Company paid safety/health training  Yes  No

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**SAFETY & HEALTH PROGRAMS & PROCEDURES**

<b>32. Written Safety and Health Program :</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the program address the following key elements:		
• Management commitment and expectations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Employee participation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Accountabilities and responsibilities for mangers, supervisors, and employees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Resources for meeting safety & health requirements	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Periodic safety and health performance appraisals for all Employees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Hazard recognition and control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>33. Does the program include work practices and procedures such as:</b>		
a. Equipment Lockout and Tag-out (LOTO)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Confined Space Entry	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Injury & Illness Recording	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Fall Protection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Personal Protective Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Portable Electrical/Power Tools	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Vehicle Safety	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Compressed Gas Cylinders	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Electrical Equipment Grounding Assurance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Powered Industrial Vehicles (Cranes, Forklifts, JLG's, etc.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
k. Housekeeping	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
l. Accident/ Incident Reporting	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
m. Unsafe Condition Reporting	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
n. Emergency Preparedness, including evacuation plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
o. Waste Disposal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>34. Written programs for the following:</b>		
a. Hearing conservation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Respiratory Protection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Where applicable , have employees been:		
• Trained	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Fit Tested	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Medically Approved	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Hazard communication	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>35. Is there a company substance abuse program:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does it include the following:		
• Pre-employment Testing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Random Testing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• Testing for Cause	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• DOT Testing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>36. Can employees read, write, and understand English such that they can perform their job tasks safely without an interpreter:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>Safety &amp; Health Programs &amp; Procedures (Continued)</b>			
<b>37. Medical</b>			
a. Are medical examinations conducted for:			
• Pre-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Pre-placement Job Capability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Pulmonary	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Respiratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Applicable On-site first aid and other medical services: <i>Technicians are trained and certified in First Aid and CPR. Lead Technicians are specified to provide this service.</i>			
c. Are inter-company personnel trained to perform First-Aid and CPR:			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>38. Site safety and health meetings for :</b>			
• Field Supervisors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency Weekly
• Employees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Weekly
• New Hires	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Weekly
• Subcontractors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Weekly
Are the safety and health meetings documented:			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>39. Personal Protection Equipment (PPE)</b>			
a. Is applicable PPE provided for the employees			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are there programs to assure that PPE is inspected and maintained			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>40. Does ASRI have a corrective action process for addressing individual safety and health performance deficiencies</b>			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>41. Equipment and Materials:</b>			
a. Are systems established for applicable health, safety, and environmental specifications for acquisition of materials and equipment			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are inspections conducted on operating equipment (e.g., cranes, forklifts, JLG's) in compliance with regulatory requirements			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is operating equipment maintained in compliance with regulatory requirements			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Are the applicable inspection and maintenance certification records for operation equipment maintained			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>42. Subcontractors:</b>			
a. Are safety and health performance criteria used in the selection of subcontractors			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are subcontractors ability to comply with applicable health and safety requirements part of the selection process			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are subcontractors required to have a written Safety & Health Program			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Are subcontractors included in:			
• Safety & Health Orientation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Safety & Health Meetings	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Inspections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Audits	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>43. Inspections and Audits</b>			
a. Are Safety and Health Inspections conducted			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are safety and health program audits conducted			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are corrections of deficiencies documented			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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**SAFETY & HEALTH TRAINING**

**44. Craft Training**

- a. Have employees been trained in appropriate job skills  Yes  No
- b. Are employees job skills certifies where required by regulatory or industry consensus standards  Yes  No
- c. List crafts which have been certified:
- *Introductory (New Hire)*
  - *Level I Technicians*
  - *Level II Field Technicians*
  - *Level III Sr. Supervisory Technicians*
  - *Combustion Technicians*
  - *Recorder Calibration*

**45. Safety & Health Orientation**

- |   | New Hires                               |                             | Supervisors                             |                             |
|---|---|-----------------------------|---|-----------------------------|
| a. Is there a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the program provide instruction on the following :  |   |                             |   |                             |
| • New worker Orientation  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Safe Work Practices   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Safety Supervision  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Toolbox Meetings  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Emergency Procedures  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • First Aid Procedures  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Incident Investigation  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Fire Protection and Prevention  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Safety Intervention   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Hazard Communication  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. How long is the orientation program: <i>(4 to 8 hours)</i>   |   |                             |   |                             |

**46. Safety & Health Training**

- a. Are regulatory safety and health training requirements known for employees  Yes  No
- b. Have employees received the required safety and health training and retraining  Yes  No
- c. Are there specific safety and health training programs for supervisors  Yes  No

**47. Training Records**

- a. Are safety, health and crafts training records retained for employees  Yes  No
- b. Do the training records include the following:
- Employee Identification  Yes  No
  - Date of Training  Yes  No
  - Name of the Trainer  Yes  No
  - Method used to verify understanding
- c. How is the understanding or the training verified
- Written test  Yes  No
  - Oral test  Yes  No
  - Performance test  Yes  No
  - Job monitoring  Yes  No

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**INFORMATION SUBMITTAL**

Copies of checked  Items provided with completed PQF:

- EMR documentation from insurance carrier
- Insurance Certificate(s)
- OSHA 200 Logs (*Past 3 Years*)
- Safety & Health Program
- Safety & health Incentive Program
- Substance Abuse Program
- Hazard Communication Program
- Respiratory Protection Program
- Housekeeping Policy
- Accident/Incident Investigation Procedure
- Unsafe Condition Reporting Procedure
- Safety & Health Inspection Form
- Safety & Health Audit Procedure Form
- Safety & Health Orientation (*Outline*)
- Safety & Health Training Program (*Outline*)
- Example of Employee Safety & Health Training Records
- Safety & Health Training Schedule (*Sample*)
- Safety & Health Training for Supervisors (*Outline*)

**PQF EVALUATION**

**CONTRACTOR IS :**

- Acceptable for Approved Contractor /Vendor List
- Conditionally acceptable for Approved Contractor /Vendor List

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_