

Pre Qualification Form - GENERAL INFORMATION

1. Company Name: Yokogawa Corporation of America			Telephone: Corporate: (281) 340-3800			Fax: Corporate: (281) 325-1122		
Street Address:			Mailing Address:					
125360 West Airport Blvd.			125360 West Airport Blvd.					
Sugar Land, TX 77478			Sugar Land, TX 77478					
2. How many years has your organization been in business under your present firm name? 46 years								
3. Ultimate Parent Company Name: Yokogawa Electric Corporation								
City: Tokyo				Country: Japan				
Subsidiaries:								
Yokogawa Corporation of America, Sugar Land, TX 77478								
Contact for Insurance Information:								
Momoyo Yamaguchi, Marsh USA, Inc.								
Title: Client: Vice President			Telephone: 404-995-3392			Fax: 404-995-2523		
4. Insurance Carrier(s):								
Name			Type of Coverage			Telephone		
Sompo Japan Insurance Company of America			Statutory			(212) 416-1225		
5. Are you self- insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
6. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?								
If yes, please attach copies.			Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>		

PQF - SAFETY & HEALTH MANAGEMENT

7. Highest ranking safety/health professional in the company: Stan Lambert

**Title: Corporate Manager,
Safety & Health, North
America**

Telephone: 281-325-1273

Fax: 281=325=1122

8. Do you have or provide:

- | | | | |
|---|-----|--------------------------|-----------------------------|
| | Yes | X | No |
| a. Full time Safety/Health Director | Yes | <input type="checkbox"/> | No X |
| b. Full time Site Safety/Health Supervisor | Yes | X | No <input type="checkbox"/> |
| c. Full Time Job Safety/Health Coordinator | Yes | X | No <input type="checkbox"/> |

9. Do you have or provide:

- | | | | |
|---|-----|---|-----------------------------|
| | Yes | X | No <input type="checkbox"/> |
| a. Safety/Health Incentive Program | Yes | X | No <input type="checkbox"/> |
| b. Company paid safety/health training | Yes | X | No <input type="checkbox"/> |

PQF - SAFETY & HEALTH PROGRAMS & PROCEDURES

10. Do you have a written Safety and Health Program?

Yes X No

Does the program address the following key elements?

- | | | | |
|---|-----|---|-----------------------------|
| • Management commitment and expectations | Yes | X | No <input type="checkbox"/> |
| • Employee participation | Yes | X | No <input type="checkbox"/> |
| • Accountabilities and responsibilities for managers, supervisors, and employees | Yes | X | No <input type="checkbox"/> |
| • Resources for meeting safety & health requirements | Yes | X | No <input type="checkbox"/> |
| • Periodic safety and health performance appraisals for all employees | Yes | X | No <input type="checkbox"/> |
| • Hazard recognition and control | Yes | X | No <input type="checkbox"/> |

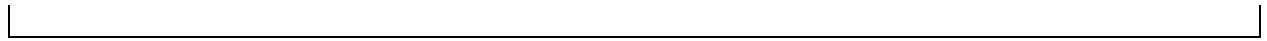
11. Does the program include work practices and procedures such as:

- | | | | | |
|--|-----|---|----|--------------------------|
| a. Equipment Lockout and Tagout | Yes | X | No | <input type="checkbox"/> |
| b. Confined Space Entry | Yes | X | No | <input type="checkbox"/> |
| c. Injury & Illness Recording | Yes | X | No | <input type="checkbox"/> |
| d. Fall Protection | Yes | X | No | <input type="checkbox"/> |
| e. Personal Protective Equipment | Yes | X | No | <input type="checkbox"/> |
| f. Portable Electrical/Power Tools | Yes | X | No | <input type="checkbox"/> |
| g. Vehicle Safety | Yes | X | No | <input type="checkbox"/> |
| h. Compressed Gas Cylinders | Yes | X | No | <input type="checkbox"/> |
| i. Powered Industrial Vehicles
(Cranes, Forklifts, JLGs, etc. | Yes | X | No | <input type="checkbox"/> |
| j. Housekeeping | Yes | X | No | <input type="checkbox"/> |
| k. Accident/Incident Reporting | Yes | X | No | <input type="checkbox"/> |
| l. Unsafe Condition Reporting | Yes | X | No | <input type="checkbox"/> |
| m. Emergency Preparedness,
including evacuation plan | Yes | X | No | <input type="checkbox"/> |
| n. Waste Disposal | Yes | X | No | <input type="checkbox"/> |

12. Do you have written programs for the following:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Hearing Conservation | Yes | X | No | <input type="checkbox"/> |
| b. Respiratory Protection
Where applicable, have
employees been: | Yes | X | No | <input type="checkbox"/> |
| X Trained | | | | |
| X Fit Tested | | | | |
| X Medically approved | | | | |
| c. Hazard Communication | Yes | X | No | <input type="checkbox"/> |
| 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). | Yes | <input type="checkbox"/> | No | X |

13. Do you have a substance abuse program?	Yes X	No <input type="checkbox"/>
If yes, does it include the following?	Yes X	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Pre-employment Testing 	Yes X	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Random Testing 	Yes X	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Testing for Cause 	Yes X	No <input type="checkbox"/>
<ul style="list-style-type: none"> • DOT Testing 	Yes <input type="checkbox"/>	No X
14. Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? If no, provide a description of your plan to assure that they can safely perform their jobs.		
15. Medical		
a. Do you conduct medical examinations for:		
<ul style="list-style-type: none"> • Pre-employment 	Yes <input type="checkbox"/>	No X
<ul style="list-style-type: none"> • Preplacement Job Capability 	Yes <input type="checkbox"/>	No X
<ul style="list-style-type: none"> • Hearing Function (Audiograms) 	Yes <input type="checkbox"/>	No X
<ul style="list-style-type: none"> • Pulmonary 	Yes <input type="checkbox"/>	No X
<ul style="list-style-type: none"> • Respiratory 	Yes X	No <input type="checkbox"/>
b. Describe how you will provide first aid and other medical services for your employees while on site.		
Specify who will provide this service:	1st Responders (Trained personnel in our Newnan, Freeport and Sugar Land Facilities and for site personnel when required by clients.)	
c. Do you have personnel trained to perform first aid and CPR?		
Yes X	No <input type="checkbox"/>	



16. Do you hold site safety and health meetings for:		
Field Supervisors	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Frequency_Daily_____
Employees	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Frequency <u>Monthly</u>
New Hires	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Frequency_Orientation_____
Subcontractors	Yes <input type="checkbox"/>	No <input type="checkbox"/> Frequency_Daily_____
Are the safety and health meetings documented?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
17. Personal Protection Equipment (PPE)		
a. Is applicable PPE provided for employees?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a program to assure that PPE is inspected and maintained?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
18. Do you have a corrective action process for addressing individual safety and health performance deficiencies?		
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
19. Subcontractors		
a. Do you use safety and health performance criteria in selection of subcontractors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Do your subcontractors have a written Safety & Health Program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Do you include your subcontractors in:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Safety & Health Orientation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Safety & Health Meeting	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Inspections	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Audits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
20. Inspections and Audits		
a. Do you conduct safety and health inspections?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Do you conduct safety and health program audits?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

c. Are corrections of deficiencies documented? Yes X

No

23. Training Records

a. Do you have safety and health and crafts training records for your employees? Yes X No

b. Do the training records include the following:

Employee identification Yes X No

Date of training Yes X No

Name of Trainer Yes X No

Method used to verify understanding Yes X No

c. How do you verify understanding of training?
(Check all that apply.)

Written test

Oral test

Performance test

Job Monitoring

Other (List)