

# USA CONTRACTOR PRE-QUALIFICATION



Thank you for your interest in supporting Black Diamond. In order to best match your capabilities with upcoming opportunities, please fill out the following information and return to [prequalification@blackdiamondgroup.com](mailto:prequalification@blackdiamondgroup.com)

**Please select which Black Diamond entity you will be working for:**

BOXX Modular Inc.                      Black Diamond Energy Services, Inc.                      MPA Systems LLC

All questions must be answered thoroughly. Incomplete responses will result in your company's HSE qualification submittal potentially being denied. Depending on the evaluation, the subcontractor may be asked to submit risk mitigation or HS&E execution plans.

To comply with our HSE requirement, we expect all subcontractors, and vendors accessing a location or project site, to provide the following information (check attached):

OSHA 300 A Summary Logs - required for companies with 10 or more employees.

EMR verification from your insurance carrier.

Health, Safety and Environment Manual including policies and procedures in PDF format (if applicable)

\*Only required for sub-contractors performing work on a project site.

Completed Prequalification Package including Part 2 (If applicable)

Void Cheque or EFT Details and W9

**All information and the completed qualification form must be submitted as a single submittal.**

Part 1 – General Information				
Legal Company Name				
Federal Tax Number		Current Licenses:		
Company Type				
Corporation	Partnership	Individual	Joint Venture	Limited Liability Company
Street Address				
City		State	Zip Code	
Email Address				
Form Completed By		Company Contact		

## Part 1 – General Information continued

Telephone Number Mobile / Alternate Phone Number

Fax Number Federal Tax ID Number

Date (YYYY/MM/DD) Type of Work Code(s)\*

## Part 2 – Safety Information

Provide your EMR for the current year and two previous:

Current: Last: Previous to last:

Are your employees 10 hr. OSHA Certified? Yes No

If yes how many positions?

Are your employees 30 hr. OSHA Certified? Yes No

If yes how many positions?

In the table below, provide the three most recent full years of incident information for your company:

Year	Average # of Employees	Exposure Or Employee Hours	Number of Recordable Cases	DART Rate	ORIR	# of Lost Workdays	Severity Rate	# of Fatalities	Vehicle Accident Rate
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)

\*The reference guide for filling out the table can be found on page 7.

Has your company received any health, safety, and environmental citations from a regulatory agency during the last three (3) years? Yes No

If yes, please provide details, including copies of the citations.

## Part 2 – Safety Information continued

Does your company have a written Alcohol and Substance Abuse Program?  
 If yes, please attach a copy to this document. Yes      No

If no, is your company willing to work under Black Diamond's  
 Alcohol and Substance Abuse Program? Yes      No

Does your company have a written Occupational Health and Safety program?  
 If yes, please attach a copy to this document. Yes      No

Please indicated if your company has any of the following:

An Affirmative Action Plan for employees	Yes	No
Training/orientation on sexual harassment in the workplace	Yes	No
A written Disciplinary Policy	Yes	No
A written Hazardous Communication Program	Yes	No
Safety orientation for new hires	Yes	No
Mandatory weekly safety meetings	Yes	No
A designated Safety Officer for your company	Yes	No
A Substance Abuse Policy	Yes	No
Pre-hire Testing	Yes	No
Post-hire/Random Testing	Yes	No

**If you do not have a written OH&S program or an HSE manual, please sign the following indicating that you agree to adhere to Black Diamond's HSE program. Black Diamond's HSE manual will be provided to you.**

Identify the individual within your company directly responsible for the HSE program administration.

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

## Part 3 – Transport Operations

### Instructions:

This section is to be completed by applicant wishing to supply transport services. It shall be completed in conjunction with the previous sections.

### Scope

Motor vehicle incidents business operations:

- Licensed company owned, leased, or rented vehicles (employee or contractor drivers)
- Employee driving a personal vehicle for business use

### Exclusions:

- Contractors driving non-company owned, leased, or rented vehicles
- Non-business use of a licensed company owned, leased, or rented vehicle (employee or contractor drivers). See definition of Business Use of a Vehicle.

## Part 3 – Transport Operations continued

Are you in good standing with the Transportation Regulatory Board in your jurisdiction? Yes  No

**All transport companies must provide:**

- Copy of current Carrier Profile
- Copy of Transportation Manual (if separate from Safety Manual supplied as Part 1 of this qualification)
- Sufficient Cargo limit coverage listed on Certificate of Insurance for proposed scope of work

Please enter the past three years' "MVA" Motor Vehicle Accident and Citation records to complete the following. Please ensure subcontractors (if applicable) are included in these statistics.

CURRENT YEAR
Number of Miles Driven
Vehicle Collisions
Non-Collision incident
Number of Speed Violations
Total Vehicle Incident Rate
D.O.T. Number
FMCSA Status
Do you do FMCSA reviews on all commercial drivers?

## Part 4 – References

**Company Reference 1** Contact Name and Phone Number

Project Description

**Company Reference 2** Contact Name and Phone Number

Project Description

## Part 4 – References continued

### Company Reference 3

Contact Name and Phone Number

Project Description

### Equipment and Facilities

Total number of operating facilities:

*Attach a list of locations if there are multiple.*

Percentage of owned as compared to leased trucks and heavy equipment

Percentage Owned

Percentage Leased

## Part 5 – Contractual and Associations

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate “no” if irrelevant. Provide sufficient and appropriate detail information such as “project name, owner, contact person and contact phone number, and amount of contract, etc.”

Any judgments, claims or suits pending or outstanding against your company?

If yes, include a brief explanation of each.

Yes

No

Any judgments, claims or suits pending or outstanding by you against a client or general contractor? If yes, include a brief explanation of each.

Yes

No

Any citations by OSHA for violations in the last five (5) years?

If yes, please include list of violations and status

Yes

No

## Part 5 – Contractual and Associations continued

Any State or Federal Prevailing Wage violations or judgments?  
If yes, please include list of violations and status. Yes      No

Have you been assessed liquidated damages for late completion of a project within the last three (3) years? If yes, include a brief explanation of each. Yes      No

Have you worked for Black Diamond under your current or another company name? If yes, under which company name? Yes      No

Have you previously worked on a Black Diamond project.  
If yes, list up to three (3) most recent projects. Yes      No

## Part 6 – Insurance Requirements

Minimum requirement for liability insurance of \$2,000,000 and \$1,000,000 for Workers Compensation. Failure to provide proof may result in your company or firm being disqualified to work on any project or location.

Insurance Type	Insurance Company	Limits	Date of Renewal
Automobile			
Employers Liability			
General Liability			
Excess Insurance			
Bonding Company		Bonding Capacity	

Workers Compensation Insurance. (Must be current). Certificate of insurance naming: **BOXX Modular Holdings Inc. 3475 High River Road Fort Worth, TX 76155** as additional insured and show **Commercial General Liability with a minimum of \$1,000,000 coverage.**

## Part 7 – Financial Summary

D&B (Dun & Bradstreet) #:

## Part 8 – Signature

I certify that the information in this application is correct and complete. This document must be signed by a company officer or authorized representative.

Name of Company Principal

Signature of Company Principal

Date (YYYY/MM/DD)

## Part 9 – Form Information

Guidance for Completing HSE Table (page 2)

**(A) YEAR:** List the three most recent full calendar years. If less than a year, please specify months.

**(B) Average # of Employees:** List the average # of employees who worked during the year. An employee shall be defined as any person engaged in activities for an employer from whom direct payment for services is received. Include working owners and officers.

**(C) Exposure or Employee Hours:** List the total number of hours worked during the year by all employees, including those in operating, production, maintenance, transportation, clerical, administrative, sales and all other activities.

**(D) Number of Recordable Cases:** List the total number of Recordable cases that occurred in that year. Recordable cases are any work-related injury case requiring more than first aid and all occupational illnesses. Recordable cases include all occupational illnesses, and all occupational injuries resulting in days away from work, restricted work activity, temporary or permanent transfer, medical treatment other than first aid, loss of consciousness, significant injury or illness diagnosed by a physician or other health care professional, or the termination of an injured or ill employee.

**(E) DART Rate (Days Away, Restricted or Transferred):** A mathematical calculation that describes the number of recordable injuries and illnesses per 100 full-time employees that resulted in days away from work, restricted work activity and/or job transfer that a company has experienced in any given time frame.

**(F) ORIR:** OSHA Recordable Incident Rate required for companies with 11 or more employees.

**(G) Number of Days Away from work:** List the total number of days away from work experienced by all employees during the year. For the purposes of this questionnaire, days away from work with restricted activity should not be added in this column. Only Recordable cases that result in one or more days away from work should be counted. Remember to count the number of calendar days the employee was unable to work as a result of the injury or illness regardless of whether or not the employee was scheduled to work on those days (vacations holidays and weekends are included)!

**(H) Severity Rate:** 
$$\frac{\text{Total number of lost Workdays} \times 200,000}{\text{Exposure or Employee Hours}}$$

**(I) EM R- Experience Modification Rate:** We require verification for the EMR, and discount rate data requested in the questionnaire, any of the following methods would be acceptable.

- A letter from your insurance agent, insurance carrier, or state fund (on their letterhead), verifying the EMR or discount rate listed above
- A copy of the last three (3) years' experience rating calculations sheets, which your insurance carrier should forward to you annually.
- A copy of the page of your last three years insurance policies that show the modification rate and the coverage period.

## Part 9 – Form Information continued

**(J) Number of Fatalities:** List the total number of fatalities that result from occupational injuries or illnesses. Deaths that occur in the workplace but are not the result of occupational injuries should not be included.

**(K) Vehicle Accident Rate:** 
$$\frac{\text{Total Vehicle Accidents X 1 000 000}}{\text{Total Miles Driven}}$$

Additional Information: Additional information concerning injury and illness record keeping can be found in 29 CFR 1904 and OSHA'S "Recordkeeping Guidelines for Occupational Injuries and Illness" booklet.

**First Aid Case:** Any one-time treatment and subsequent observation of minor scratches, cuts burn, splinters, and so forth which do not require medical care even though provided by physician or registered professional personnel. These are not included in the TRIF calculation.

**Medical Treatment Case:** Any treatment (other than for first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. These are not to be confused with First Aid Cases.

**Lost Workday Case/ Lost Workday:** An injury involving time away from work. Time begins on the day following the injury and includes all regularly scheduled workdays. Weekends or days when no actual work time is lost because the employee could not have worked even if not injured are not included.

**Restricted Workday Case:** Any work-related or incurred injury/illness which involves days of restricted work activity.

**Recordable Injury:** Work related or incurred injury/illness, which required medical attention by a physician; as opposed to treatment by a physician, which is of a first aid only or one-time (non-serious) nature. Medical Treatment - Any treatment (other than for first aid) administered by a physician or by registered professional personnel under the standing orders of a physician.

**Work-Related Case:** An injury or illness suffered by an employee, which results from a work accident or from an exposure involving a single incident in the work environment or an illness caused by exposure to environmental factors associated with employment. Occupational Injury - Any injury such as a cut, fracture, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment. Occupational Illness - Any abnormal condition or disorder of an employee, which results from an exposure to environmental factors associated with employment.

Guidance for Completing Transportation Detail (pages 3,4)

### Definitions

**Reportable Motor Vehicle Incident** – A reportable motor vehicle incident is any incident involving a licensed **motor vehicle** while on **business uses** which results in a recordable injury, vehicle damage or other property damage.

- Who was injured, what property was damaged, the amount of damage, where the incident occurred?
- (On or off-road), is not a factor.

The following Motor Vehicle Incidents are deemed **non-preventable by the driver** and are therefore, not reportable to Black Diamond Group. If however, a company determines through investigation that a particular incident (of the type listed below) was preventable (driver failed to take reasonable precautions) they must report it to preserve the intent of capturing preventable vehicle incidents.

**Properly Parked** - The vehicle was properly parked at the time of the incident (see "Properly Parked Motor Vehicle")

**Animal Strikes** - The vehicle is damaged due to striking or being struck by an animal.

**Standing in Traffic** - At the time of the vehicle incident, the vehicle is stopped in a traffic lane in response to an officer, signal, stop sign, or to traffic conditions.

**Road Debris, Rocks, Gravel, Tar** - Damage caused solely by striking road debris (e.g., potholes, a nail, truck tire tread) as well as rocks or gravel thrown by vehicles, or by getting road tar on the vehicle. However, if rocks or gravel thrown from the vehicle causes a subsequent motor vehicle incident causing injury, vehicle or property damage the incident is a motor vehicle incident.

**3rd Party Citations** - Vehicle incidents in which the 3rd party receives a citation, and the company vehicle operator does not.



## Part 9 – Form Information continued

**Flood, Earthquake, Lightning, Natural Disasters, etc.** - Incidents that result in injury, vehicle, or property damage solely as the result of floods, earthquakes, lightning, etc., are not motor vehicle incidents. However, if a driver enters high water resulting in injury, vehicle or property damage, the incident is a motor vehicle incident.

**Properly Parked Motor Vehicle** - A properly parked motor vehicle is one that is completely stopped and parked where it is legal to park such a vehicle or to stop for the purpose of loading or unloading persons or property.

**Motor Vehicle** - A licensed Company-owned vehicle (COV), employee-owned vehicle (EOV) on business use, or a Company rented or leased vehicle. It does not include pieces of equipment operated as vehicles on fixed rails, industrial forklifts, road building machinery, crawler cranes, draglines, farm equipment, or similar equipment. The load (e.g. trailer) on a motor vehicle is to be considered a part of the vehicle, if a motor vehicle incident occurs that involves the load.

**Business Use of a Vehicle** - Business use of a company-owned, leased, or rented vehicle is applicable to employees and contractors and includes all Miles driven while on duty, including commuting to and from work, driving to and from a call-out location and going to and from lunch. Business use of a personal vehicle includes all Miles driven which the employee is eligible to be reimbursed for the mileage driven.

**Total Vehicle Incident Rate** – The total vehicle incident rate is the number of motor vehicle incidents per one million Miles driven for business use and is calculated as follows:

$$\text{Total Vehicle Incident Rate} = \frac{(\text{Vehicle Collision} + \text{Non-Collision Incidents}) \times 1\,000\,000}{\text{Business Use Miles Driven}}$$

### Interpretations

**Motor Vehicle Incident** - Any vehicle or property damage shall be considered in determining a vehicle incident, regardless of the amount of damage, cost of the repair or whether the repair is actually made. Incidents involving the use of incidental equipment such as cranes and related equipment mounted on a motor vehicle are not to be considered motor vehicle incidents unless the motor vehicle is a licensed vehicle being operated as a motor vehicle at the time of the incident.

**Non- collision Incidents** – Non-collision incidents such as the upset, rollover, jackknife, or run-off-the- road type incidents that cause injury, vehicle or property damage are motor vehicle incidents.

**Two Vehicles – Same Company** - If two vehicles of the same company collide, the Incident is to be considered as two motor vehicle incidents unless one of the vehicles was properly parked.

**Driverless Motor Vehicle** (Runaways, Etc.) - Injury, vehicle or property damages resulting from an incident caused by a driverless motor vehicle in motion are motor vehicle incidents.

**Shifting Cargo** (Abrupt Stops, Starts, Turns) - When abnormal driving (fast starts, stops, or excessive speed on turns or over rough roads, detours, etc.) causes the shifting of cargo, which results in injury, vehicle or property damage (other than the cargo), the incident is a motor vehicle incident.

**Injury to Pedestrians or Bystanders** - Incidents that result in injury to pedestrians or bystanders caused by contact with a moving vehicle, or an object carried on or set in motion by the vehicle are motor vehicle incidents.

**Persons Falling From Motor Vehicle** - Injury, vehicle or property damage that result from persons falling from moving motor vehicles are motor vehicle incidents. However, if the vehicle is properly parked, such incidents are not motor vehicle incidents.

**Vehicle Evasive Action** - If injury, vehicle or property damage results from an incident caused by an effort of the driver to evade some person or object, the incident is a motor vehicle incident.

**Carbon Monoxide, etc.** - Incidents that result in death or illness solely because of inhalation of carbon monoxide exhaust gases, etc., are not motor vehicle incidents. However, if for example, a driver becomes drowsy from breathing carbon monoxide and the vehicle then runs off the road and turns over, the incident would be a motor vehicle incident.

**Firearms** - Incidents that result in injury, vehicle or property damage solely as the result of the discharge of firearms are not motor vehicle incidents. However, if, for example, a bullet strikes a driver and he then loses control of the vehicle and hits an object, the incident would be a motor vehicle incident.

**Established Intent to Injure or Cause Property Damage** - Incidents that are established by investigation as being planned by the company driver for the purpose of injuring or causing property damage are motor vehicle incidents.

## Part 9 – Form Information continued

**Incidents on Private Property** - Whether an incident happens on the public highways or on private property is not a factor.

**Roadway or Driveway Damage** - Damage to a roadway or driveway, on private property, driven over with the owner's consent, caused solely by the weight of the vehicle is not a motor vehicle incident. If injury, vehicle or other property damage occurs because, for example, a vehicle skids or is driven off the driveway, the incident is a motor vehicle incident.

**Mechanical Failures** - Mechanical failures that result in damage to the failed parts of the vehicle only (clutch burnout, gear stripping, tire failures, etc.) are not motor vehicle incidents. Failures (such as tire or brake failures) that result in incidents that cause injury, further vehicle damage or property damage are motor vehicle incidents.

**Towing or Pushing** - Damage resulting from towing or pushing operations alone is not a motor vehicle accident. If injury or property damage occurs because, for example, the tow rigging fails and the vehicle gets away, the incident is a motor vehicle accident.

**Repair and Servicing** - Injury, vehicle or property damage occurring from repair or service work alone (vehicle falling off jack or hoist, tire explosion while inflating, finger cut by fan belt, etc.) is not a motor vehicle incident. If injury, vehicle or property damage occurs because of, for example, an incident while the vehicle is being driven (by company employee) to test brakes, etc., the incident is a motor vehicle incident.

**Fires or Explosions** - Fires or explosions, or both, causing injury, vehicle or property damage, that are not the result of a motor vehicle incident or do not cause such an incident, as elsewhere defined, are not motor vehicle incidents.

**Objects falling on a Motor Vehicle** - Damage resulting solely from objects falling on a motor vehicle -- for example, a tree falling on a vehicle in a windstorm, objects dropped from an overpass or building construction job --- is not a motor vehicle incident. If injury, vehicle, or property damage occurs because the driver attempts to dodge a falling object, the incident is a motor vehicle incident.

**Objects or Liquids Falling from a Motor Vehicle** - When objects or liquids fall from a company motor vehicle or from an employees' personal vehicle being operating for company use which causes injury, vehicle, or property damage other than to the object or liquid, the incident is a motor vehicle incident. If the object or liquid falls from a 3rd party motor vehicle and strikes the company vehicle the incident is not a motor vehicle incident. If, however the company vehicle operator attempts to dodge the object or liquid and as a result an injury, vehicle or property damage occurs (other than caused by the falling object or liquid) the incident is a motor vehicle incident.

**Off-Road Minor Wear and Tear** – Vehicle damage (paint scrapes etc.) from contact with grass and brush or items concealed within brush consistent with normal operations performed off-road or on the Right-of- Way are not motor vehicle incidents