



LOS ANGELES UNIFIED SCHOOL DISTRICT FACILITIES CONTRACTS

CONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

OVERVIEW

By submitting this Contractor **SAFETY** Prequalification Questionnaire to the Los Angeles Unified School District (“District” and/or “LAUSD”), a contractor (“Applicant,” and/or “YOU”) is requesting to be prequalified for a period of up to one (1) calendar year to bid as a prime contractor on any District informal construction contract and to be listed as a first-tier non-Mechanical, Electrical, or Plumbing (“MEP”) subcontractor to perform non-MEP component work on any District formal construction project. This questionnaire replaces any previous Safety Prequalification Questionnaires issued by the District.

Applicant must answer **ALL** questions, fill in **ALL** blanks and provide **ALL** required references. If a particular question does not apply, then the response must indicate that it is not applicable (“N/A”). Applicant must provide current, accurate, and complete information. Incomplete or inaccurate documentation may result in rejection of the questionnaire or the denial of prequalification.

The Contractor Safety Prequalification Questionnaire, along with any supporting documentation and Performance and Safety evaluation forms, are not public record and are not open to public inspection.

Applicant’s submission of the Contractor Safety Prequalification Questionnaire specifically authorizes the District to investigate any and all statements made by Applicant, and the District is entitled to request and obtain from Applicant and/or any third parties additional documentation or information which the District believes may be relevant, and to use and rely on such documentation and information in its prequalification determination. If any false information or data is submitted in this Contractor Safety Prequalification Questionnaire, the District may either deny Applicant’s Contractor Safety Prequalification or revoke previously granted approval, or, if an award has previously been made, terminate any construction contract. Any material or intentional omission or false statement may result in Applicant’s disqualification. If any information provided by Applicant becomes inaccurate, Applicant must immediately notify the District and provide updated accurate information in writing, under penalty of perjury. Failure to do so may result in the disqualification or revocation of Applicant’s prequalification. The District may adjust, increase, limit, suspend or rescind Applicant’s Contractor Safety Prequalification based on subsequently learned information. Applicant’s Contractor Safety Prequalification will not preclude the District from post-bid consideration and determination of whether a bidder has the quality, fitness, capacity and experience to satisfactorily perform the proposed work, and has demonstrated the requisite trustworthiness. The District reserves the right to impose additional requirements and contractor qualifications for specific construction contracts that exceed the prequalification requirements.

APPLICANT MUST VERIFY ACCURACY OF ALL ANSWERS UNDER OATH BY AFFIXING ON PAGE 11 (CERTIFICATION) THE SIGNATURE OF A PERSON AUTHORIZED TO SIGN ON BEHALF OF APPLICANT.

PREQUALIFICATION QUESTIONNAIRE SUBMITTAL

Prequalification questionnaires are accepted on an ongoing basis. Prequalification will be valid for one (1) calendar year beginning on the day following the District’s written notice that Applicant has received prequalification approval, provided that during such time Applicant remains in good standing with all District prequalification and contract requirements and has not been deemed a nonresponsible bidder. If Applicant fails to be approved for prequalification, then, depending upon the reason for the disqualification, a waiting period may be imposed before Applicant may reapply.

MANDATORY SAFETY PREQUALIFICATION

Safety Prequalification is required for every Applicant, regardless of prequalification Level, that submits a bid and performs work on any District construction contract (regardless of type, size or scope). No additional prequalification Level (I, II, or III) is required if Applicant intends to bid solely on Informal (A & B Letter) contracts.

SAFETY PREQUALIFICATION REQUIREMENTS:

Applicant must satisfy **ALL** of the following requirements:

1. Possess an appropriate current and active California State Contractor's license.
2. Be currently registered as a public works contractor with the California Department of Industrial Relations ("DIR").
3. Obtain a 10-digit LAUSD SAP vendor number by visiting the LAUSD Prequalification website: <https://www.laschools.org/new-site/prequalification/>. The SAP Vendor Number must be provided at the time of submittal.
4. Fully complete and submit the most current version of the District's Safety Prequalification Questionnaire.
5. **Contractor Performance Requirements:** Applicant's performance history will be measured according to two separate components: (1) Field Component, and (2) Compliance Component. Applicant must pass both Components, the sum of which is the Contractor Performance Score (CPS):

- (1) **Field Component:** The Field Component is based on Applicant's verified Contractor Performance Evaluations ("CPE's"). CPE's are used to report the safety and performance of Applicant on completed LAUSD informal contracts. Applicants must receive an average score of at least 20 out of 50 points on the CPE's based on the last three (3) LAUSD informal construction contracts completed within the last five (5) years. If Applicant does not have at least three (3) completed LAUSD informal construction contracts within the past five (5) years, a default score of twenty (20) points will be applied for each non-LAUSD construction contract.

NOTE: If the District determines that there are substantial safety and/or performance issues with a contract, a preliminary Performance Evaluation of Applicant may be conducted during the course of that project, prior to its completion, and from that evaluation, if necessary, appropriate action will be taken.

- (2) **Compliance Component:** If Applicant has completed LAUSD construction contracts either as a prime contractor or a subcontractor in the past five (5) years, its compliance with specific criteria will be measured and scored. To satisfy this requirement, Applicant must receive a minimum score of thirty-five (35) out of fifty (50) points. If Applicant has not completed LAUSD construction contracts in the past five (5) years, it will receive a score of fifty (50) points. The applicable compliance criteria are as follows:
 - a. Labor Compliance
 - b. Project Stabilization Agreement ("PSA")
 - c. Bid Issues/Protests
 - i. Requests to be Released from Bid
 - ii. Bid Protests on LAUSD bids that were deemed by LAUSD to be without merit
 - iii. Number of subcontractor substitution requests (for either your firm or a subcontractor) that were denied or for which a penalty was assessed
 - d. Assessments
 - i. Liquidated Damages assessed
 - ii. Stop notices
 - iii. Permanent Withholds due to failure to complete punch list items or for stop notices that were not released

LAUSD INSURANCE GUIDELINES FOR NON-OCIP CONTRACTORS

Actual insurance requirements will be determined by the nature and scope of work. If you have any questions regarding the insurance requirements, please contact Risk Finance at (213) 241-0329 or email at riskfinance@lausd.net.

CONTRACTOR INSURANCE LIMITS:

COMMERCIAL GENERAL LIABILITY

Per Occurrence Limit	\$1,000,000
Personal & Advertising Injury	\$1,000,00
General Aggregate Limit	\$3,000,00
Products & Completed Operations Aggregate	\$3,000,00
Fire Damage (Any One Fire)	\$300,000
Medical Payments (Any One Person)	\$10,000

COMMERCIAL AUTO POLICY

Combined Single Limit	\$1,000,000
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***All owned, hired and non-owned autos must be covered*

WORKER'S COMPENSATION

Employer Liability	Statutory \$1,000,000
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ERRORS AND OMISSIONS (E&O)***

Per Occurrence	\$1,000,000
General Aggregate	\$1,000,000

****Errors and Omissions or Professional Liability coverage is required for all professional services and consulting contracts.*

POLLUTION LIABILITY****

Per Occurrence	\$2,000,000
General Aggregate	\$2,000,000

*****Required for contractor working on hazardous chemicals and waste, sewer; well drilling work included, but not limited to.*

Self-Insured Retention programs above \$25,000 must be approved by Risk Management.

The Commercial General Liability Policy and the Commercial Automobile Policy must contain an additional insured endorsement wording of:

**LOS ANGELES UNIFIED SCHOOL DISTRICT &
THE BOARD OF EDUCATION OF THE CITY OF LOS ANGELES
333 S. Beaudry Avenue, 28th Floor, Los Angeles, CA 90017**

SUBMITTAL OF PREQUALIFICATION QUESTIONNAIRE

Applicant's questionnaire and supplemental documents, as well as any questions regarding the District's prequalification process, must be directed via email to: prequalification@laschools.org.

RENEWAL OF PREQUALIFICATION

In order to avoid a lapse in prequalification, a new completed Prequalification Questionnaire must be submitted by Applicant and approved by the District prior to expiration of Applicant's existing Prequalification term. It is the responsibility of the Applicant to ensure submittal is received in a timely manner to avoid lagged processing times.

PROCEDURE FOR ADMINISTRATIVE APPEAL OF PREQUALIFICATION RESULTS

There is no administrative appeal permitted from the District's rejection or denial of a Contractor Prequalification Questionnaire due to its incomplete or untimely submission. A list of prequalified contractors will be made available by the District to all bidders at least five (5) business days prior to the date fixed for the public opening of sealed bids. The closing time for bids will not be changed in order to accommodate supplementation of incomplete or untimely submissions. Prior to disqualifying Applicant, the District will provide a written notice to Applicant stating the conditions that may lead to disqualification. Request for a Prequalification Administrative Review ("PAR") shall be submitted in writing by Applicant within **fourteen (14) calendar days** from date of issuance of the District's written notification. A PAR notice will thereafter be sent to Applicant by the District, providing Applicant with the deadline for submittal of all evidence to be considered at the PAR, as well as the date, time and location of the PAR. Applicant's failure to respond to any PAR notices, or attend the PAR, will result in disqualification. The District's written determination following the PAR shall be considered final.

FINGERPRINTING

If pending a District contract award, Contractor, its employees, agents, subcontractors, and subcontractor employees who go to school sites when students are present will be required to comply with the requirements of the California Education Code Sections 45125.1 and 45125.2 at no cost to District. In accordance with Section 45125.1 (d) all personnel going to the school site(s) must submit his or her fingerprints to the California Department of Justice (DOJ) in a manner authorized by the DOJ to determine whether the employee has been arrested or convicted of any crime. All personnel who may come in contact with students must be cleared by DOJ (Section 42125.1(f)). Any person who has been arrested or convicted of any serious or violent felony, as defined by California Penal Code Sections 667.5 and 1192.7 will not be allowed on District property. Contractor is responsible for the administration and all costs relating to the fingerprinting and screening by the DOJ of all candidates. Confirmation of the DOJ clearance or confirmation that the fingerprints have been submitted to DOJ must be submitted to the District prior to employees visiting the school site. Contractor is responsible for ensuring all employees are instructed as to appropriate conduct where children are present. For more information and to download forms, please visit the DOJ: <https://oag.ca.gov/fingerprints>.

CONTRACTOR SAFETY PREQUALIFICATION

This Contractor Safety Prequalification section evaluates Applicant's overall safety performance and determines whether Applicant has an acceptable safety record. Once prequalified, Applicant must ensure that it and **all tiers** of its subcontractors meet all of LAUSD's Safety Prequalification requirements. Failure by Applicant or any of its subcontractors to meet these criteria at all times may be grounds for Applicant's disqualification.

The information required in this questionnaire must include all construction work undertaken by the Applicant and any partnership, joint venture, or corporation that any principal of the Applicant participated in as a principal or owner for the last three (3) calendar years and the current calendar year prior to the date of submittal. Separate information shall be submitted for each particular partner or joint venture. The Applicant may be requested to submit additional information or an explanation of data for evaluation of their safety record. Failure to provide all information listed below could result in exclusion from the bid process.

I. APPLICANT INFORMATION

Please fill out Applicant's current information below. Provide the name of Applicant's firm as it appears on the Contractors State License Board (CSLB). Provide Applicant's physical street address, as well as the contact person for this Safety Prequalification Questionnaire.

Applicant Name (Name of Firm): _____

Doing Business As: _____ Federal ID #: _____
(Attach Fictitious Name Statement)

State License Number: _____ License Class: _____

DIR public works contractor Registration Number and Expiration Date: _____

SAP Vendor Number: _____

Street Address: _____
(P.O BOX IS NOT ACCEPTABLE)

City: _____ State: _____ Zip Code: _____

Applicant's Contact Person: _____

Business Phone: _____ Fax: _____ Email: _____

Entity Type (Check One): ☐ Corporation (attach copy of the Articles of Incorporation or the Minutes of the Corporation)
☐ Partnership (attach a copy of the partnership agreement creating the partnership and specifying that all partners agree to be fully liable for the performance of a construction contract)
☐ Sole Proprietor ☐ Joint Venture

Date of incorporation/formation: _____ Under the laws of what state: _____

Is Applicant certified by a public works agency as (Please check the appropriate box/es and attach proof):

☐ Small Business Enterprise or ☐ Disabled Veterans Business Enterprise

Certifying Agency _____

SECTION A.

Workers Compensation insurance coverage covering all employees and operations of Applicant is required at all times.

Applicant may be disqualified if either its (a) current EMR, or (b) average EMR for the most recent three-year period, is above 1.00, in which case, it must submit all of the following to LAUSD:

- Applicant's written analysis of why the EMR is above 1.00;
- Worker's Compensation Loss Runs for the past three (3) full calendar years;
- Copy of Applicant's Illness and Injury Prevention Program ("IIPP") and Code of Safe Practices;
- Written description of actions currently being taken by Applicant to reduce employee injuries, illnesses and Workers' Compensation losses; and
- A list of on-site safety representatives and proof of their OSHA 10-hour training.

The District will determine, based on the information submitted, whether Applicant has satisfied the requirements of Section A even if it has a current or three-year average EMR above 1.00.

Workers Compensation Insurance - Experience Modification Rate (EMR)

- Please obtain from your insurance agent/broker/carrier Applicant's **intrastate** EMR's for the last three (3) rating periods. If Applicant does not have an intrastate rating, provide its interstate EMR's. However, **preference is given to Intrastate EMR's**. Then, complete the following data and check the appropriate box for interstate or intrastate EMR.

	<u>Policy Year</u>	<u>Experience Modification Rate</u>	<u>Rating Type</u>
Current EMR	_____	_____	<input type="checkbox"/> Intrastate
1 year ago	_____	_____	<input type="checkbox"/> Interstate
2 years ago	_____	_____	
3 years ago	_____	_____	

By initialing here, I certify that Applicant does not have an EMR*. _____

** Applicant must submit a copy of your firm's Loss Runs for the last three (3) calendar years if your firm does not have an EMR.*

Is Applicant's EMR for the most recent three-year period an average of 1.00 or less? ☐ Yes ☐ No

Is Applicant self-insured for Workers Compensation Claims? ☐ Yes* ☐ No

**If yes, please attach a copy of the latest Annual Report to the State of California Dept. of Industrial Relations and/or State of California Certificate of Self-Insurance.*

2. Anniversary Rating Date: _____ Rating Bureau File # _____

3. Name of Applicant's Workers' Compensation carrier _____

SECTION B.

Applicant will be evaluated on OSHA Incident Rates compared to the most current data provided by the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor ("BLS"). Applicant may be disqualified if its average total recordable injury/illness rate or average lost work rate for the most recent three-year period exceed the applicable statistical standards for its business category.

If Applicant's average total recordable injury/illness rate or average lost work rate for the most recent three-year period exceed the applicable statistical standards for its business category, it must submit all of the following to LAUSD:

- Applicant's written analysis of why its Incidence Rate is higher than the BLS Incidence Rates;
- Copy of Applicant's complete OSHA 300 Log for each of the past three (3) years. Applicants with ten (10) or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log, but must provide copies of its Workers' Compensation Insurance Loss Runs for the past three (3) years;

- c. Copy of Applicant's Illness and Injury Prevention Program ("IIPP") and Code of Safe Practices;
- d. Written description of actions currently being taken by Applicant to reduce employee injuries and illnesses; and
- e. A list of on-site safety representatives and proof of their OSHA 10-hour training.

LAUSD will determine, based on the information submitted, whether Applicant has satisfied the requirements of Section B even though it has an Incidence Rate above the BLS Incidence Rates.

OSHA Recordable Incidence Rates

To answer the following questions, utilize data obtained from Applicant's OSHA 300 "Log and Summary of Occupational Injuries and Illnesses," or Workers' Compensation Loss Run (if your company has ten (10) or fewer employees).

ALL FIRMS HAVE DATA TO REPORT AND MUST COMPLETE THIS SECTION!

1. Industry Comparison Information. Enter your NAICS Code below:
North American Industry Classification System (NAICS) Code _____
2. What is Applicant's company-wide OSHA Total Case Incidence Rate* (recordable cases) for the **last three (3) years**?

Year	# of Cases	Co. Hours*****	Rate

3. What is Applicant's company-wide Lost Workday Case Incidence Rate** (recordable cases with lost workdays or restricted duty) for the **last three (3) years**?

Year	# of Cases	Co. Hours*****	Rate

4. What is Applicant's company-wide number of No Lost Workday Case Incidence Rate*** (recordable cases without lost workdays) for the **last three (3) years**?

Year	# of Cases	Co. Hours*****	Rate

Information to aid in completing Section B, #2, 3 and 4:

$$* \quad \text{OSHA Total Case Incidence Rate} = \frac{\text{Total \# of Recordable Cases} \times 200,000}{\text{Company Man-hours}}$$

$$** \quad \text{Lost Workday Case Incidence Rate} = \frac{\# \text{ of Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$$

$$*** \quad \text{No Lost Workday Case Incidence Rate} = \frac{\# \text{ of No Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$$

$$**** \quad \text{Co. Hours} = \text{Hours worked by all employees on the Company payroll in the applicable calendar year.}$$

- Additional information regarding this section can be found in the LAUSD Safety Resource Guide
- Do not use the number of lost workdays in these three (3) calculations.
- Rates are not a "%", nor should the number be similar to "0.00024".

- To verify your calculations for a given year, check your math as follows:

$$\text{Lost Workday Case Rate} + \text{No Lost Workday Case Rate} = \text{Total Case Incidence Rate}$$

SECTION C.

In accordance with the provisions of Government Code Section 4420.5, evaluation of Applicant shall include consideration of its OSHA record with respect to “serious and willful violations of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code” issued during the past five (5) year period.

OSHA Citation (Violation) History

Has Applicant received any “serious”, “willful”, “repeat”, or “failure to abate” OSHA violations (citations) within the past sixty (60) months, beginning immediately prior to submittal of this Questionnaire? This question includes such citations if they have been appealed or contested, but have not yet been resolved.

- [☐] No *If Applicant has answered “no” to having received any citations classified as “serious,” “willful,” “repeat” or “failure to abate” and such violations are found during the verification process the Applicant may not be prequalified. A waiting period may be imposed by LAUSD before the Applicant can reapply.*
- [☐] Yes *If yes, list total number of citations (violations) by type per year in the table below. Submit copies of all citations and descriptions of abatement actions, your company Injury and Illness Prevention Program and Code of Safe Practices, **and** your OSHA 300 Log and Summaries and/or Workers’ Compensation Loss Runs for each of the last three (3) years.*

Year	Serious	Willful	Repeat	Failure to Abate	Total

SECTION D.**District Safety Policies and Procedures (16 Questions)**

Applicant must respond “yes” or “no” to each question, and answers are assigned a weighted value. To satisfy the requirements under Section D, Applicant must:

(1) Receive a score of at least 85 out of 100 points; and

(2) Respond “Yes” to questions 1, 6, 7, 10, 15 and 16 (see Title 8, California Code of Regulations, Section 3203).

No.	Question	YES	NO	Points
1.	Injury and Illness Prevention Program. Does Applicant have an effective, written Injury and Illness Prevention Program (IIPP) in accordance with 8CCR §1509 & §3203? [LC §6401.7]. If yes, copy of the Program must be available at the jobsite.	<input type="checkbox"/>	<input type="checkbox"/>	21
2.	Does Applicant have a safety policy statement endorsed by top management? [LC §6401]	<input type="checkbox"/>	<input type="checkbox"/>	2
3.	Does Applicant’s on-site safety representative have the authority and been allocated sufficient time to audit and enforce compliance with job site safety protocol? [LC §6401.7(a)(7)]	<input type="checkbox"/>	<input type="checkbox"/>	4
4.	Does Applicant have a disciplinary action program that includes provisions for acting on safety and health issues of its employees (and subcontractors, if applicable), and is the program enforced? [LC §6401.7(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	4
5.	Is safety pre-planning included in project planning and/or progress meeting(s) in order to ensure that safety and loss control activities are integrated into the project work plan? [LAUSD OCIP Requirements – Safety Standards]	<input type="checkbox"/>	<input type="checkbox"/>	4
6.	Does Applicant have a comprehensive Hazard Communication Program that (a) details locations for Material Safety Data Sheets (MSDS) and (b) contains provisions for multi-employer job sites? [8 CCR §5194]	<input type="checkbox"/>	<input type="checkbox"/>	6
7.	Does Applicant conduct ongoing job site safety and health inspections, and are the inspection records kept on file and available for review? [LC §6401.7(A)(2)] Is there written verification that job site safety and health violations have been reviewed and corrective action taken? [LC§6401.7(b) and (D)]	<input type="checkbox"/>	<input type="checkbox"/>	13
8.	Safety Reviews/Hazard Analysis. Are all critical (hazardous) job activities identified and Job Safety Analysis’ (JSA, a.k.a. Job Hazard Analysis, or JHA) conducted by Applicant (and its subcontractors, if applicable)? [LC§6401.7(A)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
9.	Are the procedures for critical (hazardous) job activities written and reviewed with all of Applicant’s employees (including subcontractor employees)? [LC 6401.7(a)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	4
10.	Accident/Incident Investigation and Analysis. Does Applicant have a written accident/incident investigation procedure in which: (a) all accidents/incidents (including those of its subcontractors, if applicable) are investigated to determine their root cause, and (b) corrective action is taken by site supervision and management, and (c) written investigation and corrective action records are available for review? [8CCR §3203(a)(5) and (b)]	<input type="checkbox"/>	<input type="checkbox"/>	6
11.	Are reports completed for “near miss” incidents that might have caused serious injury, property or equipment damage? [LC §6403(b)]	<input type="checkbox"/>	<input type="checkbox"/>	4
12.	Emergency Response. Does Applicant have a comprehensive written emergency response plan (i.e., fire, toxic spills, bomb threats, natural disasters, crowd and traffic control, and media relations) for job sites; and do all employees (including its subcontractor employees, if applicable) receive project-specific emergency response training? [8 CCR §3220 (a) and (e)]	<input type="checkbox"/>	<input type="checkbox"/>	4
13.	Substance Abuse Control Program. Does Applicant have a written Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
14.	Does Applicant require its subcontractors of all tiers to have a/or comply with its Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2

15.	Employee Training. Does Applicant ensure that all employees (including subcontractor employees) are trained in accordance with its written training plan, and (a) are competent to perform the work required, and (b) that job tasks requiring specific training and/or certification are performed by employees having the appropriate training documentation and certificates, and the documentation is maintained and available for review? [LC §6401.7(c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	11
16.	Is documentation on file and available for review to verify that training and safety meetings for Applicant (and its subcontractors, if applicable) have been completed? [LC §6401.7(c) and 8CCR §1509(e)]	<input type="checkbox"/>	<input type="checkbox"/>	11

CONTRACTOR SAFETY QUESTIONNAIRE CERTIFICATION

(Contractor is required to complete this form)

STATE OF CALIFORNIA, COUNTY OF _____

I have read the Los Angeles Unified School District's (LAUSD) Contractor Safety Prequalification Questionnaire and know its contents.

CHECK APPLICABLE INFORMATION:

I am ☐ an Officer, ☐ a partner, ☐ a _____ of
(State position or office held with your firm)

Firm's Name _____

and I certify under penalty of perjury under the laws of the State of California: (1) that I am authorized to make this verification for and on its behalf and I make this verification as one who is authorized to do so; (2) that the "prequalified" determination means only that I should be competent to bid on and perform a public works contract for LAUSD and that it does not mean anything else; and (3) matters stated in the foregoing document are true as a matter of my own knowledge except as to those matters which are based on information and/or belief, and as to those matters I believe them to be true.

Executed on _____, at _____, California.

I declare under penalty of perjury of the laws of the State of California that all statements contained herein are true and accurate.

Type or Print Name

Signature